

## 2021 Health Comparison Chart – With Enhanced PPO

Children may be covered until they reach the age of 26. Coverage will end on the last day of the month a child turns 26.

Medical Plan Coverage	HuskyCare PPO		HuskyCare HDHP 1		HuskyCare HDHP 2	
<p><b>A detailed Summary of Benefits Coverage is available at <a href="http://www.mtu.edu/hr/benefits/insurance">www.mtu.edu/hr/benefits/insurance</a></b></p> <p><b>Dollar amounts and percentages listed reference employee cost.</b></p> <p><b>Healthcare Coverage</b> Blue Cross Blue Shield of Michigan (BCBSM)</p> <p><b>Prescription Coverage</b> Express Scripts</p>	<ul style="list-style-type: none"> <li>\$105 per person/month, pretax deduction through payroll</li> </ul> <p><b>Preventative Exam covered In-Network at 100% one per calendar year</b></p>		<ul style="list-style-type: none"> <li>\$4 per person/month, pretax deduction through payroll</li> <li>Option to open a Health Savings Account and make pretax contributions through payroll.</li> </ul> <p><b>Preventative Exam covered In-Network at 100% one per calendar year</b></p>		<ul style="list-style-type: none"> <li>\$0 for employees and dependents</li> <li>Subsidy Credit of \$31 per person/month taxable through payroll</li> <li>Option to open a Health Savings Account and make pretax contributions through payroll.</li> </ul> <p><b>Preventative Exam covered In-Network at 100% one per calendar year</b></p>	
	<b>In-Network</b>	Out-of-Network	<b>In-Network</b>	Out-of-Network	<b>In-Network</b>	Out-of-Network
Annual Deductible	\$1,500/\$3,000	\$4,000/\$8,000	\$1,750/\$3,500	\$3,500/\$7,000	\$5,000/\$10,000	\$10,000/\$20,000
Out-of-Pocket Max (Individual/Family) (deductible is included)	\$2,500/\$5,000	\$8000/\$16,000	\$3,000/\$6,000	\$6,000/\$12,000	\$5,000/\$10,000	\$10,000/\$20,000
In-Patient Hospitalization/Surgery	30% after deductible	35% after deductible	10% after deductible	30% after deductible	0% after deductible	0% after deductible
Office Visit	30%	35% after deductible	35% after deductible	35% after deductible	0% after deductible	0% after deductible
Lab & X-Ray	30%	35% after deductible	10% after deductible	30% after deductible	0% after deductible	0% after deductible
Mental Health	30%	35% after deductible	35% after deductible	35% after deductible	0% after deductible	0% after deductible
Physical Therapy	30%	35% after deductible	35% after deductible	35% after deductible	0% after deductible	0% after deductible
Chiropractic	30%	35% after deductible	35% after deductible	40% after deductible	0% after deductible	0% after deductible
Massage Therapy	30%	35% after deductible	35% after deductible	40% after deductible	0% after deductible	0% after deductible
Durable Medical Equipment	30%	35% after deductible	35% after deductible	35% after deductible	0% after deductible	0% after deductible
Acupuncture	30%	35% after deductible	35% after deductible	40% after deductible	0% after deductible	0% after deductible
Emergency Room Visit	\$75	\$75	10% after deductible	10% after deductible	0% after deductible	0% after deductible
Retail Rx	Generic 10% (Min/Max) \$5/\$20 Brand 25% (Min/Max) \$10/\$40	Not Applicable	10% after deductible	Not Applicable	10% after deductible	Not Applicable
Mail Order Rx/3 months	Generic – 2x's copay & Brand – 2x's copay		10% after deductible		0% after deductible	

DENTAL COVERAGE	HuskyDental 1	HuskyDental 2
Delta Dental in-network benefits shown	\$28 per person/month, pretax deduction through payroll	\$25 per person/month, pretax deduction through payroll
Class I – preventative – Twice a calendar year	0%	0%
Class II – fillings, extractions, root canals	20%	50%
Class III – crowns, gold fillings, dentures	50%	50%
Class IV – orthodontic – dependents under 19	50% to a lifetime max of \$1,500	Not Available
Dollar Maximum	\$1,500 per person per year	\$1,500 per person per year

VISION COVERAGE Davis Vision in-network benefits shown	
\$9.43 per person/month	Office visit \$10 copay – once per calendar year
Davis Vision in-network benefits shown:	\$200 allowance for lenses or contacts – once every calendar year
	\$200 allowance for frames – once every 2 calendar years
<b>Safety Glasses</b> – Employee Only	Covered in full every 2 calendar years for any Fashion, Designer, or Premier frame from the Davis Vision Safety Collection.

## Current 2020 Health Comparison Chart

Children may be covered until they reach the age of 26. Coverage will end on the last day of the month a child turns 26.

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	<b>Preventative Exam covered In-Network at 100% one per calendar year</b>		<b>Preventative Exam covered In-Network at 100% one per calendar year</b>		<b>Preventative Exam covered In-Network at 100% one per calendar year</b>	
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Annual Deductible	\$2,000/\$4,000	\$4,000/\$8,000	\$1,750/\$3,500	\$3,500/\$7,000	\$5,000/\$10,000	\$10,000/\$20,000
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