

2018 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.

Medical Plan Coverage	HuskyCare PPO		HuskyCare HDHP		Opt-Out
<p>A detailed <i>Summary of Benefits Coverage</i> is available at www.mtu.edu/hr/benefits/insurance</p> <p>Dollar amounts and percentages listed reference employee cost.</p> <p>Healthcare Coverage Blue Cross Blue Shield of Michigan (BCBSM)</p> <p>Prescription Coverage Express Scripts</p>	<ul style="list-style-type: none"> • \$114.00 per person/month, pretax deduction through payroll <p style="text-align: center;">Preventative Exam covered at 100% one per calendar year</p>		<ul style="list-style-type: none"> • \$5.00 per dependent/month, pretax deduction through payroll • \$0 for employees and dual spouses in a benefit eligible position • Option to open a Health Savings Account and make pretax contributions through payroll. <p style="text-align: center;">Preventative Exam covered at 100% one per calendar year</p>		<p>\$95 monthly payment taxed to employee</p>
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Annual Deductible	\$2000/\$4,000	\$4,000/\$8,000	\$1,750/\$3,500	\$3,500/\$7,000	
Out-of-Pocket Max (Individual/Family) (deductible is included)	\$3000/\$6000	\$8000/\$16000	\$3,000/\$6000	\$6,000/\$12,000	
In-Patient Hospitalization/Surgery	35% after deductible	35% after deductible	10% after deductible	30% after deductible	
Office Visit	35%	35% after deductible	35% after deductible	35% after deductible	
Lab & X-Ray	35%	35% after deductible	10% after deductible	30% after deductible	
Mental Health	35%	35% after deductible	35% after deductible	35% after deductible	
Physical Therapy	35%	35% after deductible	35% after deductible	35% after deductible	
Chiropractic	35%	35% after deductible	35% after deductible	40% after deductible	
Massage Therapy	35%	35% after deductible	35% after deductible	40% after deductible	
Durable Medical Equipment	35%	35% after deductible	35% after deductible	35% after deductible	
Acupuncture	35%	35% after deductible	35% after deductible	40% after deductible	
Emergency Room Visit	\$75	\$75	10% after deductible	10% after deductible	
Retail Rx	Generic 10% (Min/Max) \$5/\$20 Brand 25% (Min/Max) \$10/\$40	Not covered	10% after deductible	Not covered	
Mail Order Rx/3 months	Generic – 2x's copay & Brand – 2x's copay		10% after deductible		

DENTAL COVERAGE	HuskyDental 1	HuskyDental 2
Delta Dental in-network benefits shown	\$7 per person/month, pretax deduction through payroll	\$5 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	
\$2 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
Safety Glasses – Employee Only	Covered in full every 2 calendar years for any Fashion, Designer, or Premier frame from the Davis Vision Safety Collection.