

2008 Health Plan Design

Medical Plan Coverage	HuskyCare 1		HuskyCare 2		HuskyCare 3		Opt-Out
	Contribution Required - Pre-taxed		Contribution Required - Pre-taxed		No Contribution Required Family Riders Included		\$150 monthly payment taxed to employee
	<ul style="list-style-type: none"> • \$37/Month Single • \$64/Month 2 Person • \$87/Month 3 Person • \$95/Month 4-6 Person • \$130/Month 7 + Person • F-Rider \$65/Month 		<ul style="list-style-type: none"> • \$10/Month Single • \$20/Month 2 Person • \$25/Month 3 Person • \$30/Month 4-6 Person • \$40/Month 7 + Person • F-Rider \$65/Month 				
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Annual Deductible	\$0	\$300/\$500	\$250/\$500	\$500/\$1,000	\$750/\$1,500	\$1,500/\$3,000	
Office Visit Co-pay	25%	35% ²	35%	35% ²	35% ¹	35% ²	
Coinsurance	\$0	10% ²	10%	30% ²	10% ²	30% ²	
Out-of-Pocket Max (Individual/Family)	\$750/\$1,500	\$1,500/\$3,000	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	
Lifetime Max (Per Person)	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	
Emergency Room Visit	\$50 ³	\$50 ³	\$50 ³	\$50 ³	\$50 ³	\$50 ³	
In-Patient Hospitalization	\$0	10% ²	10%	30% ²	10% ²	30% ²	
Lab & X-Ray	\$0	30% ²	10%	30% ²	10% ²	30% ²	
Mental Health	25%	30% ²	35%	35% ²	35% ¹	30% ²	
Physical Therapy	25%	30% ²	35%	40% ²	35% ¹	40% ²	
Chiropractic	25%	30% ²	35%	40% ²	35% ¹	40% ²	
Massage Therapy	25%	30% ²	35%	40% ²	35% ¹	40% ²	
Durable Medical Equipment	25%	30% ²	35%	40% ²	35% ¹	40% ²	
Acupuncture	25%	30% ²	35%	40% ²	35% ¹	40% ²	
Retail Rx	Generic 10% ³ (Min/Max) \$5/\$15 Brand 25% (Min/Max) \$10/\$30	25% ³	Generic 10% ³ (Min/Max) \$5/\$15 Brand 25% (Min/Max) \$10/\$30	25% ³	Generic 10% ³ (Min/Max) \$5/\$15 Brand 25% (Min/Max) \$10/\$30	25% ³	
Mail Order Rx/3 months	Generic - 10% - \$15/\$45 ³ Brand - 25% - \$30/\$90 ³		Generic - 10% - \$15/\$45 ³ Brand - 25% - \$30/\$90 ³		Generic - 10% - \$15/\$45 ³ Brand - 25% - \$30/\$90 ³		

1 Not subject to the deductible or coinsurance. 2 Subject to the deductible. 3 Not subject to out of pocket max. Note: "Out of Network" means the provider is not in the Blue Cross and Blue Shield PPO Network.

DENTAL AND VISION COVERAGE	HuskyDental/Vision 1	HuskyDental/Vision 2
	Contribution Required -Pre-taxed	Contribution Required - Pre-taxed
	<ul style="list-style-type: none"> • \$9/Month Single • \$19/Month 2 Person • \$23/Month 3 Person • \$26/Month 4-6 Person • \$36/Month 7 + Person • F-Rider \$9/Month 	<ul style="list-style-type: none"> • \$4/Month Single • \$8/Month 2 Person • \$10/Month 3 Person • \$12/Month 4-6 Person • \$16/Month 7 + Person • F-Rider \$0
Class I - preventative - Twice a calendar year	100% paid by Michigan Tech	100% paid by Michigan Tech
Class II - fillings, extractions, root canals	80% paid by Michigan Tech	50% paid by Michigan Tech
Class III - crowns, gold fillings, dentures	50% paid by Michigan Tech	50% paid by Michigan Tech
Class IV - orthodontic - dependents under 19	50% paid by Michigan Tech to a lifetime max of \$1,500	Not available
Dollar Maximum	\$1,500 per person per year	\$1,500 per person per year
Vision Plan	\$48 office visit - once each year \$100 frames - every 2 years - paid by Michigan Tech \$65/\$100/\$150 - lenses - every 2 years - paid by Michigan Tech \$125 - contacts - every 2 years- paid by Michigan Tech	\$48 office visit - once each year \$100 frames - every 2 years - paid by Michigan Tech \$65/\$100/\$150 - lenses - every 2 years - paid by Michigan Tech \$125 - contacts - every 2 years- paid by Michigan Tech