

2009 Health Plan Design

Medical Plan Coverage	HuskyCare PPO		HuskyCare HSA		Opt-Out
<p>**Please call the Benefits office at 487-2517 and/or refer to the Aetna Benefit Summaries for more detailed information (located on the Benefits website)</p>	Contribution Required - Pre-taxed F-Rider \$65/Month Pre-taxed		No Contribution Required F-Rider \$65/Month Pre-taxed		\$150 monthly payment Taxed to employee
	<ul style="list-style-type: none"> \$40/Month Single \$80/Month 2 Persons \$108/Month 3 Persons \$130/Month 4-6 Persons \$206/Month 7 + Persons 		<ul style="list-style-type: none"> HSA Employer Funding – Single \$750 Not-taxable January 1, 2009 \$500 & July 1, 2009 \$250 HSA Employer Funding – Family \$1,500 Not-taxable January 1, 2009 \$1,000 & July 1, 2009 \$500 Employee Maximum Contribution: Pre-taxed Single: \$3,000 - \$750= \$2,250 Family: \$5,950 - \$1,500=\$4,450 Catch-up (age 55+): \$1,000 		
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Annual Deductible	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	
Office Visit Co-pay	35%	35% ²	35% ²	35% ²	
Out-of-Pocket Max (Individual/Family)	(deductible is included) \$1,500/\$3,000	\$3,000/\$6,000	(deductible is included) \$2,500/\$5,000	\$5,000/\$10,000	
Lifetime Max (Per Person)	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	
Emergency Room Visit	\$75 ³	\$75 ³	10% ²	10% ²	
In-Patient Hospitalization	10% ²	30% ²	10% ²	30% ²	
Lab & X-Ray	10%	30% ²	10% ²	30% ²	
Mental Health	35%	35% ²	35% ²	35% ²	
Physical Therapy	35%	35% ²	35% ²	35% ²	
Chiropractic	35%	40% ²	35% ²	40% ²	
Massage Therapy	35%	40% ²	35% ²	40% ²	
Durable Medical Equipment	35%	35% ²	35% ²	35% ²	
Acupuncture	35%	40% ²	35% ²	40% ²	
Retail Rx	Generic 10% ³ (Min/Max) \$5/\$20 Brand 25% ³ (Min/Max) \$10/\$40	25% ³	10% after deductible	10% after deductible	
Mail Order Rx/3 months	Generic – 2x's copay & Brand – 2x's copay		10% after deductible		

2) Subject to the deductible. 3) Not subject to out of pocket max.

DENTAL AND VISION COVERAGE	HuskyDental/Vision 1	HuskyDental/Vision 2
	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 	Contribution Required - Pre-taxed <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 \$4
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	35% office visit co-pay – once each year \$350 allowance for glasses/lenses/contacts – every 24 months – paid by Michigan Tech	35% office visit co-pay– once each year \$350 allowance for glasses/lenses/contacts – every 24 months – paid by Michigan Tech