

2010 Retiree Health Plan Design – Pre & Post 65 (Medicare eligible retirees – Medicare is always primary for health)

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

Medical Plan Coverage	Retiree HuskyCare 2	
	In-Network	Out-of-Network
Annual Deductible	\$1,500/\$3,000	\$3,000/\$6,000
Office Visit Co-pay	35%	35% ²
Out-of-Pocket Max (Individual/Family)	\$3,000/\$6000	\$6,000/\$12,000
Lifetime Max (Per Person)	\$3,000,000	\$3,000,000
Emergency Room Visit	\$75 ³	\$75 ³
In-Patient Hospitalization	10% ²	30% ²
Lab & X-Ray	10% ¹	30% ²
Mental Health	35%	35% ²
Physical Therapy	35%	35% ²
Chiropractic	35%	40% ²
Massage Therapy	35%	40% ²
Durable Medical Equipment	35%	35% ²
Acupuncture	35%	40% ²
Retail Rx	Generic 10% ³ (Min/Max) \$5/\$20 Brand 25% ³ (Min/Max) \$10/\$40	25% ³
Mail Order Rx/3 months	Generic – 2x's copay & Brand – 2x's copay	

DENTAL AND VISION COVERAGE	HuskyDental/Vision 2
	Contribution Required - Pre-taxed <ul style="list-style-type: none"> • \$65/Month Single • \$/Month 2 Person
Class I – preventative – Twice a calendar year	100% paid by Michigan Tech
Class II – fillings, extractions, root canals	50% paid by Michigan Tech
Class III – crowns, gold fillings, dentures	50% paid by Michigan Tech
Class IV – orthodontic – dependents under 19	Not available
Dollar Maximum	\$1,500 per person per year
Vision Plan	35% office visit co-pay – once each year \$350 - \$350 allowance for glasses/lenses/contacts – every 24 months – paid by Michigan Tech