

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

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

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	Contribution Required - Pre-taxed
	<ul style="list-style-type: none"> <li>• \$65/Month Single</li> <li>• \$141/Month 2 Person</li> </ul>	<ul style="list-style-type: none"> <li>• \$54/Month Single</li> <li>• \$118/Month 2 Person</li> </ul>
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 –\$350 allowance for glasses/lenses/contacts – every 24 months – paid by Michigan Tech	35% office visit co-pay – once each year \$350 - \$350 allowance for glasses/lenses/contacts – every 24 months – paid by Michigan Tech