

NEW HIRE - MEDICAL OPTIONS COMPARISON

Important Note: The information contained on this comparison is intended to be an easy to read summary to help you and your family make choices among the different options available to you. Be sure to carefully study each option before making your choice. This comparison summarizes some of the provisions and certain features of each plan. It cannot modify or affect the coverage or benefits provided in any way. No right will accrue to you and/or your eligible dependents because of any statement, error or omission from this comparison. Its provisions do not constitute amendments, modifications or changes in any existing contract.

BENEFITS	AVAILABLE TO ALL EMPLOYEES	AVAILABLE TO ALL EMPLOYEES
	Blue Cross/Blue Shield Comprehensive Major Medical (CMM) Comprehensive Major Medical Plan	Blue Preferred Plan (PPO) Hospital & Medical/Surgical with Master Medical (MM)
INPATIENT HOSPITAL CARE		
General Conditions ◆ Semi-Private Room ◆ Drugs ◆ Intensive Care Unit ◆ Meals ◆ Hospital Equipment ◆ Special Diets ◆ Nursing Care	80% after deductible	120 days, 60-day renewal; additional days under MM with no deductible, co-pay
OUTPATIENT HOSPITAL CARE		
Emergency Room ◆ Accidental Injuries ◆ Medical Emergencies	80% after deductible 80% after deductible	Covered Covered
Physical Therapy	80% after deductible	60 consecutive days per condition; additional days under MM, 90% after the deductible
MENTAL HEALTH CARE		
Inpatient Mental Health Care	80% after deductible	120 days (combined with inpatient care days), 60 day renewal; additional days under MM; no deductible, co-pays
Inpatient Substance Abuse Care Chemical Dependency	80% after deductible	120 days, (combined with inpatient care days), 60 day renewal (no MM benefits)
Outpatient Mental Health Care	80% after deductible	90% under MM after deductible
Outpatient Substance Abuse Care Chemical Dependency	80% after deductible	Covered 100% of approved amount, no Master Medical
SPECIAL HOSPITAL PROGRAMS		
Hospice Care	80% up to a maximum that is adjusted annually	Covered up to a lifetime maximum that is adjusted annually
Specified Human Organ Transplants	80% after deductible, in approved facilities	Covered up to program maximums in approved facilities
MEDICAL AND SURGICAL CARE		
Surgery ◆ Technical Surgical Assist. ◆ Anesthesia	80% after deductible; voluntary second surgical opinion on certain surgeries. 80% after deductible 80% after deductible	Voluntary second surgical opinion; \$20 Co-pay Covered Covered
Maternity Care ◆ Delivery ◆ Pre- and Post-Natal Care	80% after deductible 80% after deductible	Covered 100% under basic; no co-pay
Inpatient Medical Care	80% after deductible	General — unlimited
Laboratory & Pathology	80% after deductible	Covered
Diagnostic Services	80% after deductible	Covered

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Diagnostic and Therapeutic Radiology	80% after deductible	Covered
Inpatient Consultations	80% after deductible	Covered
Emergency Care* (Physician) ♦ Accidental Injuries ♦ Medical Emergencies * Life threatening emergencies	80% after deductible 80% after deductible	100% under MM after deductible 100% under MM after deductible
ADDITIONAL BENEFITS		
Office Visits	80% after deductible	\$20 Co-pay
Well-Baby Care	Not Covered	\$20 Co-pay (up through 1 year)
Chiropractic Services	Covered 38 visits per calendar yr	20 Visits first 90 consecutive days, after 90 days limited to 2 visits per month. \$20 Co-pay.
Immunizations	Not Covered	\$20 Co-pay (up through age 6)
Allergy Testing	80% after deductible	Covered
Allergy Therapy	80% after deductible	Covered
Ambulance Services	80% after deductible	90% under MM after deductible
Prosthetic Appliances	80% after deductible	90% under MM after deductible
Durable Medical Equipment	80% after deductible	90% under MM after deductible
Private Duty Nursing	80% after deductible	75% under MM after deductible
Skilled Nursing Facility	80% after deductible	Covered
Assisted Reproductive Technologies	Not Covered	Not Covered
Voluntary Sterilization	80% after deductible	Covered
Routine Pap Smear	80% after deductible	Covered*
Routine Mammogram	80% after deductible	Covered
Routine Physical	Not Covered	\$20 co-pay; labs not covered*
		*If a routine PAP smear and physical are performed separately, only one is covered in a 12 month period-not both.

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	PROGRAM PROVISIONS¹	
Deductibles, Co-payments and Dollar Limitations	<p><u>Deductible:</u> \$350 per person, \$700 per family, per calendar year. Co-pays as noted.</p> <p><u>Co-payments:</u> 20% general services (\$1,000 per person out of pocket max. \$2,000 per family max.); 20% mental health care and substance abuse treatment (separate \$1,000 per person out of pocket max, \$2,000 per family max); 20% private duty nursing (separate from out of pocket maximums above).</p> <p><u>Maximum:</u> \$1 million per member per covered type of organ transplant. \$5 million per member lifetime other services.</p>	<p><u>Basic:</u> No deductible, co-pays as noted: \$1 million maximum per covered type of organ transplant.</p> <p><u>Master Medical:</u> Deductible; \$200 per person, \$400 per family per calendar year.</p> <p><u>MM Co-payments:</u> 10% for general services (\$1,000 out-of-pocket maximum); 10% for mental health care (separate \$1,000 out of pocket maximum) and 25% for private duty nursing (separate from out of pocket maximums above).</p> <p><u>Maximum:</u> \$5 million per member lifetime maximum.</p>
Payment of Covered Services		<p><u>Preferred (Network) Hospitals:</u> 100% of covered benefits, less applicable co-pays.</p> <p><u>Non-Network Hospitals:</u> 85% of BCBSMS approved payment amount, less applicable co-pays (refer to non-participating under Traditional option).</p> <p><u>Preferred (Network) Physicians:</u> 100% of BCBSM's scheduled payment amount, less applicable co-pays.</p> <p><u>Non-network Physicians:</u> 85% of BCBSM's scheduled payment amount, less applicable co-pays.</p>
<p>¹ At the time this booklet went to press, the impact of The Patient Protection and Affordable Care Act is still being evaluated and plan modifications may occur. Please refer to the www.ocbenefits.com website for the most up-to-date information.</p>		

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	PRESCRIPTION DRUG PROGRAM	
<p>NAVITUS</p> <p>www.navitus.com</p> <p>NoviXus Pharmacy Services - Mail Order www.novixus.com</p> <p><i>Note: While in the hospital, all drugs are covered under your health plan.</i></p>	<p>NAVITUS <u>Participating /Network Pharmacies:</u> Covered, co-pays, \$5 Most Generics/Some Brands; \$10 Preferred Brands/Some Generics; \$25 Non-Preferred Brands. Birth Control pills covered.</p> <p><u>Non-participating/Non-network Pharmacies:</u> Paid at 75% of allowed cost, less \$5, \$10 or \$25 Co-pay.</p> <p>NoviXus Also, available is the mail order program for drugs taken on a long-term basis. A three month supply can be ordered for a one month co-pay.</p> <p>Also, available for maintenance drugs taken on a long-term basis, a three-month supply can be obtained for a one-month co-pay at your local pharmacy.</p> <p><i>Please Note: All BCBS payments are based on approved amounts.</i></p>	<p>NAVITUS <u>Participating /Network Pharmacies:</u> Covered, co-pays, \$5 Most Generics/Some Brands; \$10 Preferred Brands/Some Generics; \$25 Non-Preferred Brands. Birth Control pills covered.</p> <p><u>Non-participating/Non-network Pharmacies:</u> Paid at 75% of allowed cost, less \$5, \$10 or \$25 Co-pay.</p> <p>NoviXus Also, available is the mail order program for drugs taken on a long-term basis. A three month supply can be ordered for a one month co-pay.</p> <p>Also, available for maintenance drugs taken on a long-term basis, a three-month supply can be obtained for a one-month co-pay at your local pharmacy.</p> <p><i>Please Note: All BCBS payments are based on approved amounts.</i></p>

Note: Hearing aides and services are not covered under any Oakland County medical plans.

Part-time Eligible employees, please contact the Employee Benefits Unit for information on employee contributions.