

SHERIFF DEPUTIES MEDICAL OPTIONS COMPARISON – NEW HIRES EFFECTIVE 12-01-09

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	<u>AVAILABLE TO ALL DEPUTIES</u> Blue Cross/Blue Shield Comprehensive Major Medical (CMM) Comprehensive Major Medical Plan	<u>AVAILABLE TO ALL DEPUTIES</u> Blue Preferred Plan (PPO) Hospital & Medical/Surgical with Master Medical (MM)	<u>NOT AVAILABLE TO DEPUTIES HIRED AFTER 12/02/09</u> Health Alliance Plan (HAP) HMO
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	Covered
OUTPATIENT HOSPITAL CARE			
Emergency Room ◆ Accidental Injuries ◆ Medical Emergencies	80% after deductible 80% after deductible	Covered Covered	Covered; \$25 Co-pay Covered; \$25 Co-pay
Physical Therapy	80% after deductible	60 consecutive days per condition; additional days under MM, 90% after the deductible	Covered-60 combined annual visits for PT/OT/ST
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	Covered
Inpatient Substance Abuse Care Chemical Dependency	80% after deductible	120 days, (combined with inpatient care days), 60 day renewal (no MM benefits)	Covered
Outpatient Mental Health Care	80% after deductible	90% under MM after deductible	\$20 Co-pay
Outpatient Substance Abuse Care Chemical Dependency	80% after deductible	Covered 100% of approved amount, no Master Medical	\$20 Co-pay
SPECIAL HOSPITAL PROGRAMS			
Hospice Care	80% up to a maximum that is adjusted annually	Covered up to a lifetime maximum that is adjusted annually	Covered up to 210 days per lifetime.
Specified Human Organ Transplants	80% after deductible, in approved facilities	Covered up to program maximums in approved facilities	Covered if authorized
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	Voluntary second surgical opinion; \$20 Co-pay Covered Covered

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	Blue Cross/Blue Shield Comprehensive Major Medical (CMM) Comprehensive Major Medical Plan	Blue Preferred Plan (PPO) Hospital & Medical/Surgical with Master Medical (MM)	Health Alliance Plan (HAP) HMO
Maternity Care ◆ Delivery ◆ Pre- and Post-Natal Care	80% after deductible 80% after deductible	Covered 100% under basic; no co-pay	Covered \$20 Co-pay per visit
Inpatient Medical Care	80% after deductible Mental health care — 45 days	General — unlimited Mental health care — 45 days	Covered
Inpatient Consultations	80% after deductible	Covered	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	\$25 co-pay \$25 co-pay
Laboratory & Pathology	80% after deductible	Covered	Covered
Diagnostic Services	80% after deductible	Covered	Covered
Diagnostic and Therapeutic Radiology	80% after deductible	Covered	Covered
ADDITIONAL BENEFITS			
Office Visits	80% after deductible	\$20 Co-pay	\$20 Co-pay***
Well-Baby Care	Not Covered	\$20 Co-pay (up through 1 year)	\$20 Co-pay***
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.	Not Covered
Immunizations	Not Covered	\$20 Co-pay (up through age 6)	Covered
Allergy Testing	80% after deductible	Covered	\$20 Co-pay***
Allergy Therapy	80% after deductible	Covered	Covered
Ambulance Services	80% after deductible	90% under MM after deductible	Covered
Prosthetic Appliances	80% after deductible	90% under MM after deductible	Covered
Durable Medical Equipment	80% after deductible	90% under MM after deductible	Covered
Private Duty Nursing	80% after deductible	75% under MM after deductible	Not Covered
Skilled Nursing Facility	80% after deductible	Covered	Covered
Assisted Reproductive Technologies	Not Covered	Not Covered	1 attempt of artificial insemination per lifetime
Voluntary Sterilization	80% after deductible	Covered	Covered
Routine Pap Smear	80% after deductible	Covered*	Covered
Routine Mammogram	80% after deductible	Covered	Covered
Routine Physical	Not Covered	\$20 co-pay; labs not covered*	\$20 Co-pay
		*If a routine PAP smear and physical are performed separately, only one is covered in a 12 month period-not both.	***All services performed during one visit will be a one time \$20 Co-pay.

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PROGRAM PROVISIONS			
Deductibles, Co-payments and Dollar Limitations	<u>Deductible:</u> \$350 per person, \$700 per family, per calendar year. Co-pays as noted. <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). <u>Maximum:</u> \$1 million per member per covered type of organ transplant. \$5 million per member lifetime other services.	<u>Basic:</u> No deductible, co-pays as noted: \$1 million maximum per covered type of organ transplant. <u>Master Medical:</u> Deductible; \$200 per person, \$400 per family per calendar year. <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). <u>Maximum:</u> \$5 million per member lifetime maximum.	Co-pays as noted
Payment of Covered Services		<u>Preferred (Network) Hospitals:</u> 100% of covered benefits, less applicable co-pays. <u>Non-Network Hospitals:</u> 85% of BCBSMS approved payment amount, less applicable co-pays (refer to non-participating under Traditional option). <u>Preferred (Network) Physicians:</u> 100% of BCBSM's scheduled payment amount, less applicable co-pays. <u>Non-network Physicians:</u> 85% of BCBSM's scheduled payment amount, less applicable co-pays.	Co-pays as noted.

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	<p>PRESCRIPTION DRUG PROGRAM</p>		
<p>NAVITUS</p> <p>(except HAP, which have their own prescription coverage).</p> <p>www.navitus.com</p> <p>WellDyneRx - Mail Order www.WelldyneRX.com</p> <p><i>Note: While in the hospital, all drugs are covered under your health plan.</i></p>	<p><u>NAVITUS</u> <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><u>WELLDYNERX</u> 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><u>NAVITUS</u> <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><u>WELLDYNERX</u> 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><u>HAP</u> <u>Participating /Network Pharmacies:</u> *Covered, co-pays \$5 Most Generic; \$10 Select Brand name; \$25 Non-Preferred. Birth Control Pills covered.</p> <p><u>Non-Network Pharmacies:</u> Not Covered.</p> <p>*If a prescription is written DAW (Dispense As Written) by a physician for a brand name drug and a generic is available, your responsible for the full cost differential between the cost of the brand and the co-pay of the generic drug, unless the physician has filed an approved medical exception.</p> <p>Also, available for maintenance drugs taken on a long-term basis. A 35 day supply or 100 doses, whichever is greater, can also be obtained for one co-pay at your local pharmacy.</p>

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

+ *Corrections Deputies Hired after 12/2/09 not eligible for HAP.*