Lansing Community College - BCBSM Western Michigan Health Insurance Pool - Benefit Comparisons - July, 2017

In-Network Cost Sharing & Visit Limits - Not an Exhaustive Listing

	WMHIP PPO Select	WMHIP Versatile 3 PPO	WMHIP Flexible Blue 2	WMHIP PPO Plan 3	WMHIP Essential HDHP
Annual Deductible	$500 Single/$1000 Family	$250 Single/$500 Family	$1300 Single/$2600 Family	$1000 Single/$2000 Family	$3000 Single/$6000 Family
Coinsurance	None	10% to max of $1000 per person up to $2000 max per Family	None	20% to max of $2500 per person up to $5000 max per Family	20% to out of pocket maximum
Out of Pocket Max- includes Deductible, co-insurance and co-pays	$2500 Single/$5000 Family	$2500 Single/$5000 Family	$2300 Single/$4600 Family	$4500 Single/$9000 Family	$4000 Single/$8000 Family
Preventive Services- 1x per year health exam, routine physical tests, annual GYN exam, etc.	100%	100%	100%	100%	100%
Well Child Care- children birth to 4 years	2 to 8 visits per year based on age	2 to 8 visits per year based on age	2 to 8 visits per year based on age	2 to 8 visits per year based on age	2 to 8 visits per year based on age
Physician Office Visits	$5 Co-Pay	$20 Co-Pay	100% After Deductible	$20 Co-Pay	80% After Deductible
Online Visits- Amwell or BCBS Provider	$5 Co-Pay	$20 Co-Pay	100% After Deductible	$20 Co-Pay	80% After Deductible
Urgent Care	100% After Deductible	90% After Deductible	100% After Deductible	80% After Deductible	80% After Deductible
ER Visit	Covered at 100%; $25 if non-emergency	90% After Deductible if emergency; additional $25 if non-emergency	100% After Deductible if emergency	$50 Co-pay if emergency; co-pay waived if admitted or for accidental injury	80% After Deductible if emergency
Diagnostic Services- scans, X-rays, labs, radiation, etc.	100% After Deductible	90% After Deductible	100% After Deductible	80% After Deductible	80% After Deductible
Maternity Service Provided by Physician- prenatal, postnatal, delivery, nursery	100% for pre and postnatal visits; 100% After Deductible for other	100% for pre and postnatal visits; 90% After Deductible for other	100% for prenatal visits; 100% After Deductible for other	100% for prenatal and postnatal visits; 80% After Deductible for other	100% for prenatal visits; 80% After Deductible for other
Hospital Services- Inpatient care and hospital services	100% After Deductible	90% After Deductible	100% After Deductible	80% After Deductible	80% After Deductible
Home Health Care	100% After Deductible	90% After Deductible	100% After Deductible	80% After Deductible	80% After Deductible
Hospice	100%	90% After Deductible	100% After Deductible	100%	80% After Deductible
Skilled Nursing Care	100% After Deductible- 120 days per calendar year	90% After Deductible- 120 days per calendar year	100% After Deductible- 90 days per calendar year	80% After Deductible- 120 days per calendar year	80% After Deductible; 90 days per calendar year
Surgical Services	100% After Deductible	90% After Deductible	100% After Deductible	80% After Deductible	80% After Deductible
Behavioral Health & Substance Abuse- Inpatient Care	100% After Deductible	90% After Deductible	100% After Deductible	80% After Deductible	80% After Deductible
Behavioral Health & Substance Abuse- Outpatient Treatment	$5 Co-Pay	100% After $20 Co-pay	100% After Deductible	100% After $20 co-pay	80% After Deductible
Rehabilitation Services (PT/OT/ST)	100% After Deductible up to 60 combined visits per year	90% After Deductible up to 60 combined visits per year	100% After Deductible up to 60 combined visits per year	80% After Deductible up to 60 combined visits per year	80% After Deductible up to 30 combined visits per year
Nutritional Counseling	100% After Deductible	90% After Deductible	100% After Deductible	80% After Deductible	80% After Deductible
Chiropractic Spinal Manipulation	100% up to 24 visits per year	90% After Deductible	100% After Deductible up to 24 visits per year	100% After $20 co-pay up to 24 visits per year	80% After Deductible up to 12 visits per year
Chiropractic Therapeutic Massage	100% After Deductible up to 24 visits per year	90% After Deductible up to 24 visits per year	Not Covered	Not Covered	Not Covered
Hearing Aids	Covered once every 3 years up to BCBSM approved amount	Covered once every 3 years up to BCBSM approved amount	Not Covered	Not Covered	Not Covered

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	WMHIP PPO Select	WMHIP Versatile 3 PPO	WMHIP Flexible Blue 2	WMHIP PPO Plan 3	WMHIP Essential HDHP
Transplants	100% for Select; 100% After Deductible for others	100% for Select; 90% After Deductible for others	100% After Deductible	100% for Select; 80% After Deductible for others	80% After Deductible
Autism Care	100% After Deductible	90% After Deductible	100% After Deductible	80% After Deductible	80% After Deductible
Durable Medical Equipment- including diabetic supplies	100% After Deductible	90% After Deductible	100% After Deductible	80% After Deductible	80% After Deductible
Eligible to Participate in Health Savings Account (HSA)?	No	No	Yes	No	Yes
Prescription Drugs					
Retail	30 day supply	30 day supply	30 day supply	30 day supply	30 day supply
Generic Drugs	$ 10.00	$ 10.00	$10 After Deductible	$ 10.00	$10 After Deductible
Brand Drug	$ 40.00	$ 40.00	$40 After Deductible	$ 40.00	$40 After Deductible for Preferred brand name drugs; $80 After Deductible for Non-Preferred
Mail Order	90 day supply	90 day supply	90 day supply	90 day supply	90 day supply
Generic Drugs	$ 20.00	$ 20.00	$20 After Deductible	$ 10.00	$20 After Deductible
Brand Drug	$ 80.00	$ 80.00	$80 After Deductible	$ 40.00	$80 After Deductible for Preferred brand name drugs; $160 After Deductible for Non-Preferred
Specialty Drugs	30 day supply	30 day supply	30 day supply	30 day supply	30 day supply
Generic Drugs	$ 10.00	$ 10.00	$10 After Deductible	$ 10.00	$10 After Deductible
Brand Drug	$ 40.00	$ 40.00	$40 After Deductible	$ 40.00	$40 After Deductible for Preferred brand name drugs; $80 After Deductible for Non-Preferred
Mandatory Maximum Allowable Cost Drugs	If your prescription is filled by a network pharmacy, and the pharmacist fills it with a brand-name drug for which a generic equivalent is available, you MUST pay the difference in cost between the BCBSM approved amount for the brand-name drug dispensed and the maximum allowable cost for the generic drug plus				

Employee Monthly Contribution	**Single**	**Two Person**	**Family**	**Single**	**Two Person**	**Family**	**Single**	**Two Person**	**Family**	**Single**	**Two Person**	**Family**	**Single**	**Two Person**	**Family**
Full Time	$ 219.55	$ 547.43	$ 681.25	$ 155.69	$ 400.98	$ 498.99	$ 106.16	$ 282.22	$ 351.17	$ 72.40	$ 216.35	$ 269.07	$ 8.63	$ 62.77	$ 78.11
Part Time ACA				$ 209.43	$ 1,064.94	$ 1,441.39	$ 159.90	$ 953.49	$ 1,302.52				$ 62.37	$ 734.04	$ 1,029.46
PT Grandfathered- Subidized				$ 349.07	$ 786.71	$ 977.86	$ 299.53	$ 675.26	$ 838.99				$ 202.00	$ 455.81	$ 565.93
PT Grandfathered- Full Premium				$ 684.43	$ 1,539.94	$ 1,916.39	$ 634.90	$ 1,428.49	$ 1,777.52				$ 537.37	$ 1,209.04	$ 1,504.46
COBRA Continuation	$ 763.25	$ 1,717.26	$ 2,137.06	$ 698.12	$ 1,570.74	$ 1,954.72	$ 647.60	$ 1,457.06	$ 1,813.07	$ 613.15	$ 1,379.56	$ 1,716.64	$ 548.12	$ 1,233.22	$ 1,534.55