Medical/Prescription Plans

The following pages provides you with a side by side comparison of your benefit options to assist you in making your decision. It is intended as an easy-to-read summary and provides a general overview of your benefits. The below is not a contract, additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay.

PLEASE REFER TO YOUR BCBSM BENEFIT SUMMARY FOR ADDITIONAL INFORMATION INCLUDING OUT-OF-NETWORK BENEFITS.

The Simply Blue PPO HSA deductibles are increasing to $1,400/$2,800 this year due to IRS regulations.

	Community Blue PPO BCBS 100/80% with $150/$300 deductible	Community Blue PPO BCBS 100/80% with $1,000/$2,000 deductible	Simply Blue PPO HSA $1,400/$2,800 Plan
	In-Network	In-Network	In-Network
Deductible per calendar year			
Individual Family (two or more)	$150 $300	$1,000 $2,000	$1,400 $2,800*
Copays			
Copays	$10 copay for office visits and office consultations $50 copay for emergency room visits	$10 copay for office visits and office consultations $50 copay for emergency room visits	All services are subject to the deductible. See "Prescription Drugs" section for Rx copays
Dollar Maximum (per HCR)			
Annual out-of-pocket maximums—applies to deductible, copays and coinsurance amounts for all covered services—including prescription drug copays and coinsurance amounts, if applicable.	$150 for one member, $300 for two or more members each calendar year	$3,500 for one member $7,000 for two or more members each calendar year	$2,250 for one person contract or $4,500 for two or more members each calendar year

*The full family deductible **must** be met under a two-person or family contract before benefits are paid for any person on the contract.

MEDICAL/PRESCRIPTION PLANS (CONTINUED)

Blue Cross Blue Shield Blue Care Network of Michigan

	Community Blue PPO BCBS 100/80% with $150/$300 deductible	Community Blue PPO BCBS 100/80% with $1,000/$2,000 deductible	Simply Blue PPO HSA $1,400/$2,800 Plan
	In-Network	In-Network	In-Network
PREVENTIVE CARE (age and maximum number of services may apply) - please refer to the BCBSM website for additional information on these services as well as a listing of all of the covered preventive services.			
Health Maintenance Exam	Covered 100%	Covered 100%	Covered 100%
Annual Gynecological Exam	Covered 100%	Covered 100%	Covered 100%
Pap Smear Screening laboratory & pathology services	Covered 100%	Covered 100%	Covered 100%
Mammography Screening	Covered 100%	Covered 100%	Covered 100%
Well-baby and Child Care	Covered 100%	Covered 100%	Covered 100%
Immunizations	Covered 100%	Covered 100%	Covered 100%
PHYSICIAN OFFICE SERVICES			
Office Visit (Illness/Injury Related) including consultations	$10 copay	$10 copay	100% after in network deductible
EMERGENCY MEDICAL CARE			
Ambulance Services (medically necessary)	100% after in network deductible	100% after in network deductible	100% after in network deductible
Hospital Emergency room	$50 copay (Waived if admitted or for an accidental injury)	$50 copay (Waived if admitted or for an accidental injury)	100% after in network deductible
Urgent Care Center	$10 copay	$10 copay	100% after in network deductible
DIAGNOSTIC SERVICES			
Laboratory and Pathology Services	100% after in network deductible	100% after in network deductible	100% after in network deductible
Diagnostic Tests and X-rays	100% after in network deductible	100% after in network deductible	100% after in network deductible
Therapeutic Radiology	100% after in network deductible	100% after in network deductible	100% after in network deductible
MATERNITY SERVICES PROVIDED BY A PHYSICIAN OR CERTIFIED NURSE MIDWIFE			
Pre-Natal and Post-Natal Care	Covered at 100%	Covered at 100%	Covered at 100%
Delivery and Nursery Care	100% after in network deductible	100% after in network deductible	100% after in network deductible
HOSPITAL CARE			
Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services & Supplies	100% after in network deductible	100% after in network deductible	100% after in network deductible

MEDICAL/PRESCRIPTION PLANS (CONTINUED)

Blue Cross Blue Shield Blue Care Network of Michigan

	Community Blue PPO BCBS 100/80% with $150/300 deductible	Community Blue PPO BCBS 100/80% with $1,000/$2,000 deductible	Simply Blue PPO HSA $1,400/$2,800 Plan
	In-Network	In-Network	In-Network
ALTERNATIVES TO HOSPITAL CARE			
Skilled Nursing Care	Covered at 100% after deductible up to 120 days per calendar year	Covered at 100% after deductible up to 120 days per calendar year	Covered at 100% after deductible, limited to 90 day maximum
Hospice Care	Covered at 100% (visit limits apply)	Covered at 100% (visit limits apply)	Covered at 100% after deductible (visit limits apply)
Home Health Care	100% after in network deductible	100% after in network deductible	100% after in network deductible
SURGICAL SERVICES			
Surgery—includes all related surgical services	100% after in network deductible	100% after in network deductible	100% after in network deductible
Voluntary Sterilization for Males	100% after in network deductible	100% after in network deductible	100% after in network deductible
HUMAN ORGAN TRANSPLANTS			
Specified Organ Transplants—designated facilities only	Covered at 100%	Covered at 100%	100% after in network deductible
Bone Marrow—specific criteria applies	100% after in network deductible	100% after in network deductible	100% after in network deductible
Kidney, Cornea and Skin	100% after in network deductible	100% after in network deductible	100% after in network deductible
MENTAL HEALTH CARE AND SUBSTANCE ABUSE TREATMENT			
Inpatient Mental Health Care & Substance Abuse Treatment	100% after in network deductible	100% after in network deductible	100% after in network deductible
Outpatient Mental Health Care	100% after in network deductible	100% after in network deductible	100% after in network deductible
Outpatient Substance Abuse Treatment	100% after in network deductible	100% after in network deductible	100% after in network deductible
OTHER SERVICES			
Allergy Testing	Covered at 100%	100% after in network deductible	100% after in network deductible
Chiropractic Spinal Manipulation (visit limitations may apply)	Covered at 100% 24 visits max	$10 copay per visit 24 visit max	Covered at 100% after deductible, up to combined 24 visits
Outpatient Physical, Speech and Occupational Therapy (visit limitations may apply)	100% after deductible, up to 60 visits per cal. yr.	100% after deductible, up to 60 visits per cal. yr.	Covered at 100% after deductible, up to 30 visits per cal. yr.
Durable Medical Equipment	100% after in network deductible	100% after in network deductible	100% after in network deductible
Prosthetic and Orthotic Appliance	100% after in network deductible	100% after in network deductible	100% after in network deductible
PRESCRIPTION DRUGS* NOTE: THE SIMPLY BLUE PLAN REQUIRE THAT YOU MEET YOUR FULL CALENDAR YEAR DEDUCIBLE BEFORE THE RX COPAYS APPLY. THIS MEANS THAT YOU WILL BE RESPONSIBLE TO PAY THE FULL COST OF ALL MEDICATIONS UNTIL YOU SATISFY YOUR DEDUCTIBLE.			
Retail Generic	$10 Covered through CVS/Caremark	$10	After deductible $5 copay up to $1,000/$2,000 copay max.
Retail Brand	$20 Covered through CVS/Caremark	$40	After deductible $25 formulary brand and $50 non-formulary brand up to $1,000/$2,000 copay max.

*Mail order prescription drugs are covered at 2X the applicable copays noted above.

EMPLOYEE CONTRIBUTIONS

Premium Conversion

To help minimize your employee contribution for your medical plan, WPS will continue to offer an IRC (Internal Revenue Code) Section 125 Premium Conversion Plan. This allows you to pay for your employee contribution for the medical coverage on a pre-tax (before tax) basis. As a result, your net take home pay will be higher than if contributions were deducted on a post-tax (after tax) basis. Contributions taken on a pre-tax basis are not subject to federal or state income taxes or FICA taxes. The amount of savings depends on your individual contribution and tax bracket.

Healthcare Premiums - January 1, 2020 to December 31, 2020

The following chart provides employees with the contributions for the plans offered this year. Figures listed are subject to change if there is a change to the cost of insurance. Amounts paid by WPS are limited by PA 152; employees are responsible for any amounts above limits set by PA 152. Employee contribution rates effective January 1 , 2020 are:

Tiers	Full Time Administrator Plan Options	Monthly Cost
Single	**CB PPO 100/80% with $150/$300 deductible**	$166.41
2 Person	**CB PPO 100/80% with $150/$300 deductible**	$574.46
Family	**CB PPO 100/80% with $150/$300 deductible**	$653.75
Single	**CB PPO 100/80% with $1,000/$2,000 deductible**	$47.49
2 Person	**CB PPO 100/80% with $1,000/$2,000 deductible**	$289.40
Family	**CB PPO 100/80% with $1,000/$2,000 deductible**	$297.44
Single	**Simply Blue PPO HSA $1,400/$2,800 Plan**	$0.00
2 Person	**Simply Blue PPO HSA $1,400/$2,800 Plan**	$0.00
Family	**Simply Blue PPO HSA $1,400/$2,800 Plan**	$0.00

Opt-Out (cash in lieu)

Employees who opt out of medical may be eligible for a cash in lieu benefit. Please refer to your collective bargaining agreement for details.

Other District Benefits

Please note, there is no change to your life and disability benefits provided by the District. For additional information on these benefits, please contact Diane Fisher, Benefits Coordinator, at **FisherD@wy.k12.mi.us** or at **734-759-6006**.