

# Medical Plan Comparison

	In-force BCBS MI PPO In Network   Out of Network		Proposed Humana MAPD Plan 1 Open Network PPO
<b>Medical Deductible</b>	\$500	\$1,000	\$100
<b>Medical Maximum Out-of-Pocket</b>	\$1,500	\$3,000	\$3,000
<b>Primary Care Visit</b>	35% coinsurance		\$10 copay
<b>Specialist Visit</b>	35% coinsurance		\$35 copay
<b>Inpatient Hospital Care</b>	10% coinsurance	30% coinsurance	\$165 copay per day, Days 1-5. \$0 thereafter
<b>Outpatient Surgery</b>	10% coinsurance	30% coinsurance	\$125 copay
<b>Inpatient Mental Health &amp; Substance Abuse</b>	10% coinsurance	30% coinsurance	\$165 copay per day, Days 1-5. \$0 thereafter
<b>Outpatient Mental Health &amp; Substance Abuse</b>	35% coinsurance		\$40 copay
<b>Skilled Nursing Facility</b>	10% coinsurance. Prior Authorization Required	30% coinsurance. Prior Authorization Required	\$0 copay per day, Days 1-10 \$20 copay per day, Days 11-20 \$150 copay per day, Days 21-100
<b>Urgent Care Center</b>	\$50	30% coinsurance	\$35 copay
<b>Emergency Room</b>	\$75 copay		\$65 copay, waived if admitted within 24 hours
<b>Ambulance</b>	10% coinsurance		\$100 copay
<b>Durable Medical Equipment</b>	35% coinsurance		20% coinsurance

\*Cost sharing for in-force BCBS MI plan is after Medicare has paid primary.

# Pharmacy Comparison

	In-force Express Scripts Prescription Drug	Proposed Humana Part D Prescription Drug
	<b>Member Pays</b>	<b>Member Pays</b>
<b>Prescription Deductible</b>	\$0	\$0
	<b>Retail 30 Day Supply</b>	
<b>Tier 1A – (Preferred Generics)</b>		
<b>Tier 1 (Generics)</b>	10% (\$5 Min / \$20 Max)	\$10
<b>Tier 2 (Brands)</b>	25% (\$10 Min / \$40 Max)	\$20
<b>Tier 3 (NP Brands)</b>	25% (\$10 Min / \$40 Max)	\$40
<b>Tier 4 (Specialty)</b>	Follows Formulary status	\$80
	<b>Retail 90 Day Supply</b>	
<b>Tier 1A – (Preferred Generics)</b>		
<b>Tier 1 (Generics)</b>	10% (\$15 Min / \$60 Max)	\$30
<b>Tier 2 (Brands)</b>	25% (\$30 Min / \$120 Max)	\$60
<b>Tier 3 (NP Brands)</b>	25% (\$30 Min / \$120 Max)	\$120
<b>Tier 4 (Specialty)</b>	Follows Formulary status	Limited to a one-month supply at a time
	<b>Mail-Order 90 Day Supply</b>	
<b>Tier 1A – (Preferred Generics)</b>		
<b>Tier 1 (Generics)</b>	10% (\$10 Min / \$40 Max)	\$0
<b>Tier 2 (Brands)</b>	25% (\$20 Min / \$80 Max)	\$40
<b>Tier 3 (NP Brands)</b>	25% (\$20 Min / \$80 Max)	\$80
<b>Tier 4 (Specialty)</b>	Follows Formulary status	Limited to a one-month supply at a time
	<b>Part D Coverage Specifications</b>	
<b>Prescription Maximum Out-of-Pocket</b>	\$1,500 Option 1/\$3,000 Option 2	\$2,000
<b>RX Tiers</b>	3 Tier	4 Tier
<b>Drug Formulary</b>		Most Comprehensive (Open)
<b>Utilization Management</b>	Prior Authorizations, Quantity Limits, and Step Therapy	Prior Authorizations, Quantity Limits, and Step Therapy
<b>Once Maximum Out-of-Pocket is reached</b>	Members pay \$0	Members pay \$0