

BATTLE CREEK HEALTH SYSTEM – 2009 HIGHLIGHTS

MEDICAL PLAN

New for 2009: This year you have a choice between two medical plans: the PPO – High Option B, and the new BCN Healthy Blue Living plan. Healthy Blue Living is an innovative health plan that rewards members with lower costs for pursuing their health goals. The Healthy Blue Living plan has two levels of benefits:

- **Enhanced** offers lower co-payments and deductibles to participants who adopt a healthy lifestyle.
- **Standard** has higher co-payments and deductibles for participants who choose not to participate in designated wellness and disease management interventions.

You automatically will enjoy the enhanced benefit level of for the first 90 days of coverage if you and your spouse:

- Complete a Health Risk Appraisal,
- Meet with your primary care physician(s) to complete a Qualification form, and
- Adopt a healthy lifestyle.

If you and your spouse do not commit to the above within your first 90 days of coverage, you will be dropped to the standard benefit level. See your open enrollment packet for more detailed information.

If you currently are enrolled in the Blue Care Network HMO and you do not make a new medical plan election for 2009, you will automatically be enrolled in the BCN Healthy Blue Living plan.

The information provided below presents associate co-insurance / co-payment responsibility, as well as a brief summary of features, for each of the plans.

MEDICAL Plan Highlights	PPO – High Option B			BCN Healthy Blue Living HMO	
	Trinity Health Facility ¹	In-Network ⁴	Out-of Network ⁵	Enhanced	Standard
Annual deductible Individual Family	\$400 \$800	\$400 \$800	\$800 \$1,600	N/A N/A	\$500 per participant / \$1,000 per contract per calendar year
Co-insurance (associate responsibility, after deductible)	0%	20%	40%	Varies based on service, refer to summary plan description	
Office visit	\$20	\$20	40%	\$30	\$40
Urgent care visit (non-life-threatening)	\$30	\$30	40%	\$50	\$60
Emergency room visit (life-threatening)	\$75			\$100	\$100 after deductible
Inpatient admissions	\$0	\$250	\$500	25% co-pay /adm	30% after deductible
Outpatient surgery	0% (after \$50 co-pay)	20% (after \$100 co-pay)	40% (after \$200 co-pay)	Varies based on service, refer to summary plan description	
Out-of-pocket maximums² Individual Family	\$1,000 \$2,000	\$2,000 \$4,000	\$4,000 \$8,000	N/A	N/A
Prescription co-payment³ Generic Brand formulary Brand non-formulary	Retail (34-day supply) / mail order (90-day supply) \$10 / \$20 \$20 / \$40 \$40 / \$80			\$10/\$20 \$20/\$40 \$40/\$80 Retail (34-day supply) / mail order (90-day supply)	\$15/\$30 \$50/\$100 \$N/A Retail (34-day supply) / mail order (90-day supply)
Lifetime maximum	\$2 million			N/A	

¹Applies to facility fees only, does not include professional fees.

²Co-payments and deductibles do not apply to out of pocket maximums.

³\$2 discount per prescription at the BCHS retail pharmacy.

³If the brand drug has a generic equivalent and **you and / or your physician** request the brand drug, you will pay the brand co-pay plus the difference between the ingredient cost of the brand drug and the generic drug.

⁴Community Blue Network.

⁵Out-of-network subject to balance billing.

DISCLAIMER: The information provided in this document is designed to assist you with understanding your plan options under Trinity Health's Flexible Benefits Program. It is only an overview; it is not intended to be a comprehensive description of your benefit plan design(s). The summary plan descriptions and official plan documents cover these plans in more detail and should be referred to with inquiries on what services are covered by the plan. Whenever there is a discrepancy between printed materials, the official plan documents will prevail.

To view the official summary plan documents, visit <http://mybenefits.trinity-health.org> and click on your Ministry Organization's link.