

TRINITY HEALTH HOME OFFICE, WEST MICHIGAN

MEDICAL PLAN HIGHLIGHTS

New for 2009: You have the choice of three medical plans – Personal Care Account (PCA) PPO, Healthy Blue Solutions PPO A and Healthy Blue Living BCN - HMO. The information provided below represents associate co-insurance / co-payment responsibility.

Healthy Blue Solutions PPO A rewards your decision to actively adopt a healthier lifestyle by reducing your co-payments and deductibles. The Healthy Plan Solutions plan offers two levels of benefits:

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

You will automatically enjoy the plan's enhanced benefit level for the first 120 days of coverage if you and your spouse:

- Complete a Health Risk Appraisal (HRA) by 1/31/2009, and
- Based on your HRA results, attend the first of four appointments with a BCBSM health coach by 4/15/2009.

If you and your spouse do not commit to the above, you will be dropped to the standard benefit level on your 121st day of coverage. See your open enrollment packet for more detailed information.

Healthy Blue Living (BCN HMO) 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.

DISCLAIMER: The information provided in this handout is designed to assist you with understanding your plan options under Trinity Health's Flexible Benefits Program. It is only an overview and 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 the Trinity Health Home office link.

PCA PPO				Healthy Blue Solutions PPO A						Healthy Blue Living BCN - HMO	
MEDICAL Plan Highlights				Enhanced Benefit Level			Standard Benefit Level			Enhanced	Standard
	Trinity Facility ¹	In Network ⁴	Out of Network ⁵	Trinity Facility ¹	In Network ⁴	Out of Network ⁵	Trinity Facility ¹	In Network ⁴	Out of Network ⁵	Enhanced	Standard
Personal Care Account (PCA) Funded by Trinity Health	Individual / Two Person / Family \$400 / \$800 / \$1,200			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Annual Deductible Individual Family	Individual / Two Person / Family \$1,250 / \$2,500 / \$3,750			\$300 \$600	\$300 \$600	\$600 \$1,200	\$500 \$1,000	\$500 \$1,000	\$1,000 \$2,000	None	\$500 per member/\$1,000 per contract per calendar year
Preventive Services (primary care physicians)	100% covered (for covered services)	100% covered (for covered services)	100% covered (for covered services)	\$15	\$15	30%	\$20	\$20	40%	\$20	\$30
Co-insurance (associate responsibility, after deductible)	0%	20%	40%	0%	10%	30%	10%	20%	40%	None	None
Office Visit	20%	20%	40%	\$15	\$15	30%	\$20	\$20	40%	\$20	\$30
Urgent Care Visit (non-life threatening)	10%	20%	40%	\$25	\$25	\$25	\$30	\$30	\$30	\$50	\$60
Emergency Room Visit (life threatening)	\$75	\$75	\$75	\$75	\$75	\$75	\$100	\$100	\$100	\$100 – copay waived if admitted	\$125 – copay waived if admitted
Inpatient Admissions	N/A	\$250	\$500	\$0	\$250	\$500	\$250	\$500	\$1,000	25% Copay/adm	30% (after deductible)
Outpatient Surgery	0%	20% (after \$75 co-pay)	40% (after \$150 co-pay)	0% (after \$50 co-pay)	10% (after \$100 co-pay)	30% (after \$200 co-pay)	10% (after \$50 co-pay)	20% (after \$100 co-pay)	40% (after \$200 co-pay)	25% Copay/adm	30% (after deductible)
Out of Pocket Maximums² Individual Family	Individual / Two Person / Family In Network - \$1,500/\$2,250/\$3,000 Out of Network - \$3,000/\$4,500/\$6,000			\$1,000 \$2,000	\$1,500 \$3,000	\$3,000 \$6,000	\$1,500 \$3,000	\$3,000 \$6,000	\$6,000 \$12,000	N/A	N/A
Prescription Co-pay³ Generic Brand Formulary Brand Non-Formulary	Retail (34-day supply) / Mail (90-day supply) \$10 / \$20 \$20 / \$40 \$40 / \$80									\$10/\$20 \$20/\$40 \$40/\$80	\$15/\$30 \$50/\$100 \$N/A
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.

³If the brand drug has a generic equivalent and you receive the brand drug, you 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