

## TRINITY HEALTH HOME OFFICE, SOUTHEAST MICHIGAN

### MEDICAL PLAN HIGHLIGHTS

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**New for 2009:** You have the choice of three medical plans – Personal Care Account (PCA) PPO, Healthy Blue Solutions PPO A and Priority Health – Health by Choice. 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 121<sup>st</sup> day of coverage. See your open enrollment packet for more detailed information.

**Priority Health - Health By Choice HMO** is a health plan combined with a wellness program encouraging members to make healthier choices. The Health By Choice plan has two levels of benefits:

- **Choice** 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 Choice 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.

Medical Plan HIGHLIGHTS	Priority Health – Health by Choice HMO				Healthy Blue Solutions PPO A					
	Choice Plan		Standard Plan		Enhanced Benefit Level			Standard Benefit Level		
	Tier 1 TH Facilities (non-professional)	Tier 2 Priority Health facilities / professional	Tier 1 TH Facilities (non-professional)	Tier 2 Priority Health facilities / professional	Trinity Facility <sup>1</sup>	In-Network <sup>4</sup>	Out-of-Network <sup>5</sup>	Trinity Facility <sup>1</sup>	In-Network <sup>4</sup>	Out-of-Network <sup>5</sup>
<b>Personal Care Account (PCA)</b> Funded by Trinity Health	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Annual deductible</b> Individual Family	N/A	N/A	N/A	N/A	\$300 \$600	\$300 \$600	\$600 \$1,200	\$500 \$1,000	\$500 \$1,000	\$1,000 \$2,000
<b>Preventive services</b> (primary care physicians)	\$20	\$20	\$30	\$30	\$15	\$15	30%	\$20	\$20	40%
<b>Co-insurance</b> (associate responsibility, after deductible)	0%	20%	10%	20%	0%	10%	30%	10%	20%	40%
<b>Office visit</b>	\$20	\$20	\$30	\$30	\$15	\$15	30%	\$20	\$20	40%
<b>Urgent care visit</b> (non-life threatening)	\$35	\$35	\$45	\$45	\$25	\$25	\$25	\$30	\$30	\$30
<b>Emergency room visit</b> (life threatening)	\$75	\$75	\$100	\$100	\$75	\$75	\$75	\$100	\$100	\$100
<b>Inpatient admissions</b>	\$250	\$750	\$500	\$750	N/A	\$250	\$500	\$250	\$500	\$1,000
<b>Outpatient surgery</b>	Varies based on service; refer to summary plan description				0% (after \$50 co-pay)	20% (after \$100 co-pay)	40% (after \$200 co-pay)	10% (after \$50co-pay)	20% (after \$100 co-pay)	40% (after \$200 co-pay)
<b>Out-of-pocket max<sup>2</sup></b> Individual Family	N/A	\$1,500 \$3,000	\$750 \$1,500	\$1,500 \$3,000	\$1,000 \$2,000	\$1,500 \$3,000	\$3,000 \$6,000	\$1,500 \$3,000	\$3,000 \$6,000	\$6,000 \$12,000
<b>Prescription drug co-payment<sup>3</sup></b> Generic Brand formulary Brand non-formulary	Retail (34-day supply) / Mail (90-day supply)									
					\$10 / \$20					
					\$20 / \$40					
					\$40 / \$80					
<b>Lifetime maximum</b>	N/A				\$2 million					

<sup>1</sup>Applies to facility fees only, does not include professional fees.

<sup>2</sup>Co-payments and deductibles do not apply to out of pocket maximums.

<sup>4</sup>Community Blue Network.

<sup>5</sup>Out- of-Network subject to balance billing

MEDICAL Plan Highlights	Personal Care Account PPO		
	Trinity Health Facility <sup>1</sup>	In-Network <sup>4</sup>	Out-of-Network <sup>5</sup>
<b>Personal Care Account (PCA)</b> Funded by Trinity Health	Individual / Two Person / Family \$400 / \$800 / \$1,200		
<b>Annual deductible</b> Individual Family	Individual / Two Person / Family \$1,250 / \$2,500 / \$3,750		
<b>Preventive services</b> (primary care physicians)	100% covered (for covered services)	100% covered (for covered services)	100% covered (for covered services)
<b>Co-insurance</b> (associate responsibility, after deductible)	0%	20%	40%
<b>Office visit</b>	20%	20%	40%
<b>Urgent care visit</b> (non-life threatening)	10%	20%	40%
<b>Emergency room visit</b> (life-threatening)	\$75	\$75	\$75
<b>Inpatient admission</b>	N/A	\$250	\$500
<b>Outpatient surgery</b>	0%	20% (after \$75 co-pay)	40% (after \$150 co-pay)
<b>Out-of-pocket maximum<sup>2</sup></b> Individual Family	Individual / Two Person / Family In-Network: \$1,500/\$2,250/\$3,000 Out-of-Network: \$3,000/\$4,500/\$6,000		
<b>Prescription drug co-payment<sup>3</sup></b> Generic Brand formulary Brand non-formulary	Retail (34-day supply) / Mail (90-day supply)  \$10 / \$20 \$20 / \$40 \$40 / \$80		
<b>Lifetime Maximum</b>	\$2 million		

<sup>1</sup>Applies to facility fees only, does not include professional fees.

<sup>2</sup>Co-payments and deductibles do not apply to out of pocket maximums.

<sup>3</sup>If 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.

<sup>4</sup>Community Blue Network

<sup>5</sup> Out-of-network subject to balance billing