

ST. JOSEPH MERCY OAKLAND, AFSCME UNION – 2009 HIGHLIGHTS

MEDICAL PLAN

This year you have a choice among four medical plans: Blue Cross Blue Shield Trinity Health PPO/EPO, Health Alliance Plan (HAP) HMO, and Blue Care Network (BCN) HMO. 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	BCBS Trinity Health PPO			BCBS Trinity Health EPO			HAP	BCN	
	Trinity Facility ¹	In Network ⁷	Out of Network ⁶	Trinity Facility ¹	In Network ⁷	Out of Network ⁶			
Annual Deductible Individual Family	\$200 ² \$400 ²	\$200 \$400	\$500 \$1,000	\$200 ² \$400 ²	\$200 \$400	No Coverage	N/A	N/A	
Co-insurance (employee responsibility, after deductible)	0%	10%	30%	0%	10%	No Coverage	N/A	N/A	
Office Visit	\$15	\$15	30%	\$15	\$15	No Coverage	\$20	\$20	
Urgent Care Visit (non-life threatening)	\$15	\$15	30%	\$15	\$15	No Coverage	\$20	\$50 or 50% (whichever is less)	
Emergency Room Visit (life threatening)	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100	
Inpatient Admissions	N/A	\$250	\$250	N/A	\$250	No Coverage	\$500 ⁵	25% up to \$1,000 per member ²	
Outpatient Surgery (facility co-payment)	0% after \$50 co pay	10% after \$75 co pay	30% after \$75 co pay	0% after \$50 co pay	10% after \$75 co pay	No Coverage	Varies based on service, refer to summary plan description	Varies based on service, refer to summary plan description	
Out of Pocket Maximums³ Individual Family	\$1,000 ² \$2,000 ²	\$1,000 \$2,000	\$3,000 \$6,000	\$1,000 ² \$2,000 ²	\$1,000 \$2,000	No Coverage	N/A	N/A	
Prescription Co-pay⁴ Generic Brand	Retail (34-day) / Mail (90-day) \$10 / \$20 \$20 / \$40 \$40 / \$80								
Lifetime Maximum	\$2 million							N/A	N/A

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

² Only applicable in specific situations please refer to Summary Plan Description for details.

³ Co-payments and deductibles do not apply to out of pocket maximums.

⁴ Generic drugs, if available, are required under the plan. If you or your physician request/require the brand drug when a generic is available, you are responsible for both the co-pay and the price difference between the ingredient cost of the brand drug and the generic equivalent.

⁵ Reduced by \$250 at Trinity Health facilities.

⁶ Allowed charges at maximum of reasonable and customary. Associate is subject to balance billing.

⁷ Community Blue Network

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 your Ministry Organization's link.