PPO Medical and Prescription Drug Plan Options for Medicare-Eligible Retirees who qualify for healthcare and retired on or BEFORE December 31, 2014

Benefits	BCBSM Medicare Plus Blue Group PPO		Health Alliance Plan by Henry Ford Health (formerly HAP)
	In-network	Out-of-Network	Senior Plus HMO
Deductibles, Copays and Dollar Maximum			
Annual deductible	$500 per member per calendar year		$500 individual, per calendar year. Emergency/ Urgent Care Copays apply to the deductible
Percent copayments	20% for select services	20% for select services	10% for select services
Annual coinsurance maximum (percentage copayment)	N/A	N/A	$2,200 individual, per calendar year
Maximum out-of-pocket (For covered medical services)	$2,000 per member per calendar year	$4,000 per member per calendar year (combined in and out-of-network)	$2,700 individual, per calendar year
Routine Office Visits			
Office visits	$25 copay	$50 copay	$20 copay
Specialist care (includes GYN, eye exams and hearing exams)	$25 copay	$50 copay	$40 copay
Preventative Services			
Annual wellness visit	Plan pays 100%	Plan pays 100%	Plan pays 100%
Annual cervical and cancer screening	Plan pays 100%	Plan pays 100%	Plan pays 100%
Mammography screening	Plan pays 100%	Plan pays 100%	Plan pays 100%
Pap smear screening	Plan pays 100% (lab only)	Plan pays 100% (lab only)	Plan pays 100%
Immunizations	Plan pays 100%	Plan pays 100%	Plan pays 100%
Prostate Specific Antigen (PSA) screening – laboratory services only	Plan pays 100%	Plan pays 100%	Plan pays 100%
Hospital Services			
Number of days of care	Unlimited days	Unlimited days	Unlimited days
Inpatient physician care, general nursing care, hospital services and supplies	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible
Outpatient surgery	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible

City of Detroit General Retiree Health Care Trust | 2027 Retiree Healthcare Plan

Benefits	BCBSM Medicare Plus Blue Group PPO		Health Alliance Plan by Henry Ford Health (formerly HAP)
	In-network	Out-of-Network	Senior Plus HMO
Emergency Care			
Hospital emergency room	$65 copay after deductible (copay waived if admitted within 3 days)	$65 copay after deductible (copay waived if admitted within 3 days)	$65 copay, applies to deductible (copay waived if admitted)
Urgent care	$25 copay	$25 copay	$40 copay, applies to deductible
Ambulance – medically necessary	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible. Medicare guidelines apply.
Diagnostic Services			
Laboratory and pathology tests	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible
Diagnostic tests and X-rays	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible
Alternatives to Hospital Care			
Skilled nursing care in a skilled nursing facility	Plan pays 80% after deductible	Plan pays 80% after deductible	Days 1-20: Covered Days 21-730: Plan pays 90% after deductible. Limitations: Up to 730 days per benefit period. Hospital stay not required. Authorization rules apply.
Mental Health Care			
Inpatient mental health care and outpatient facility mental health care	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible. Medicare guidelines and lifetime limit apply.
Outpatient mental health care rendered in a provider's office	$25 copay	$50 copay	$20 copay
Appliances & Prosthetic Devices			
Prosthetics & orthotics	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible, coverage for approved equipment based on Medicare guidelines
Durable medical equipment	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible, coverage for approved equipment based on Medicare guidelines
Chiropractic Services			
Chiropractic care	$20 copay	$40 copay	$20 copay (manipulation of spine for subluxation only)

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Hearing Aids			
Hearing Aid Coverage	Hearing Evaluation covered; Hearing Aids covered up to $2,000 every 36 months.	Hearing Evaluation covered; Hearing Aids covered up to $2,000 every 36 months.	NationsHearing Provider Required - annual hearing exam covered, up to 2 hearing aids per calendar year, follow up visits, 60-day trial period, 48 batteries per year, warranty, 1-time replacement coverage, pays up to $2,000 per year toward purchase of hearing aids.
Prescription Drugs	**Preferred Pharmacy Network (PPN) Standard Pharmacy (SP)**		
Certain drugs require prior authorization and have quantity restrictions			
Prescription drug deductible	None		$0 Tier 1&2 Generic deductible; $100 brand/specialty tier deductible applies.
Retail preferred generic	PPN: $10 copay SP: $20 copay up to 31 day supply. Coverage gap does not apply.		$3 copay up to a 30 day supply. Coverage gap does not apply.
Retail non-preferred generic	PPN: $10 copay SP: $20 copay up to 31 day supply. Coverage gap does not apply.		$15 copay up to 30 day supply, Coverage gap applies.
Prescription Drugs	**Preferred Pharmacy Network (PPN) Standard Pharmacy (SP)**		
Retail preferred brand name	PPN: $45 copay SP: $60 copay up to 31 day supply. Coverage gap does not apply.		$45 copay up to a 30 day supply. Coverage gap does not apply.
Retail non-preferred	50% coinsurance with $60 minimum copay and $120 maximum copay up to a 31 day supply. Coverage gap does not apply.		30% coinsurance up to 30 day supply. Coverage gap applies.
Retail specialty drugs	50% coinsurance with $300 minimum copay and $600 maximum copay up to a 31 day supply. Coverage gap does not apply.		30% coinsurance up to 30 day supply. Coverage gap applies.
Mail order prescription drugs	Two times the applicable generic and brand copay for a 90-day supply; (Specialty drugs cannot be filled for a 90 day supply)		Two times the applicable generic and brand copay for a 90-day supply.
Part D – catastrophic coverage	After your total out-of-pocket costs reach $2,100, your $0 for plan-covered Part D drugs.		After your total out-of-pocket costs reach $2,100, your $0 for plan-covered Part D drugs.
Prescription drug coverage gap (donut hole)	Coverage gap does not apply to this plan.		In 2020, the coverage gap begins when the total cost of your prescription drugs (both what you and the plan have paid) reaches $4,020 and ends when your out-of-pocket costs reach $6,350.