

Your Medical Plan Choices

Choices gives you the opportunity to choose from two traditional plans and up to four managed care plans (depending on availability in your area):

Traditional Plans

- Traditional Plan A – \$400 Deductible (available everywhere)
- Traditional Plan B – \$600 Deductible (available everywhere)

Note – The Traditional Plans cover the same services and have:

- An annual deductible – the amount you pay each benefit year before the plan begins to pay (\$400 or \$600, depending on which plan you choose)
- Coinsurance – a percentage of allowable fees you pay until you reach the benefit year’s coinsurance maximum (the maximum is higher for Plan B)
- In-Network providers – Providers (including facilities) who contract with the plan administrator to deliver care according to agreed upon prices.
- Plan A Network providers – You pay 25% coinsurance for services of an in-network provider; and 35% for a non-network provider. Also, for services from an out-of-network provider in Plan A, you have a separate deductible and coinsurance maximum. Out-of-network providers can also balance bill you for any difference between their charge and the allowance.

Managed Care Plans*

- Blue Choice Managed Care Plan (available in limited towns and zip codes).
- New West Managed Care Plan (available in limited towns and zip codes)
- PEAK Managed Care Plan (available in limited towns and zip codes)
- Allegiance Managed Care Plan (available in limited towns and zip codes)

*Emergency services are covered everywhere. However, out of network providers may balance bill the difference between allowance and charge.

Note – The Managed Care Plans cover the same services and have:

- Network Providers – Providers who have contracted with the managed care plan to manage and deliver care at agreed upon prices. Members may self-refer to In-Network providers and specialists.
- Better benefits for services received In-Network than for services Out-of-Network – You pay a \$15 copayment for most visits to In-Network providers (no deductible) and 25% (after deductible) for most In-Network hospital/facility services. You pay 35% of allowable fees (after a separate deductible) for most services received Out-of-Network. Out-of-network providers may balance bill the difference between their charge and the allowance.

Note: There is a two million dollar individual lifetime maximum and four million family lifetime maximum for reimbursement on the MUS group plan.

Medical Rates

Monthly Premiums	Plan A Traditional Plan	Plan B Traditional Plan	Blue Choice Managed Care	Peak Managed Care	New West Managed Care	Allegiance Managed Care
Employee Only	\$568	\$654	\$483	\$523	\$517	\$500
Employee & Spouse\AD	\$673	\$775	\$572	\$619	\$612	\$592
Employee & Child(ren)	\$662	\$763	\$563	\$609	\$603	\$583
Employee & Family	\$778	\$896	\$661	\$715	\$708	\$684

The employer contribution for 2009-2010 is \$679 per month for eligible active employees.