

2017 Faculty Benefits

Blue Advantage Point of Service

HMO (In-Network)

	NEW 2017
Out of Pocket Maximum	All co-payments and co-insurance will apply to the OPM. No co-payments or co-insurance required after OPM is reached
Inpatient Co-payment	\$600
Specialist Office Visit	\$40
Out Patient Surgery <ul style="list-style-type: none"> • Hospital Based 	\$125
Advanced Imaging <ul style="list-style-type: none"> • Hospital Based 	\$120
Advanced Imaging <ul style="list-style-type: none"> • Free-Standing Facility 	\$60
Emergency Room	\$150
Chiropractic	20 Visits
Acupuncture & Massage Thp	20 Visits Combined
Pharmacy	Essential Rx Formulary
Pharmacy Co-payments <ul style="list-style-type: none"> • Retail 30 Day Supply 	\$10/\$40/\$60
Pharmacy Co-payments <ul style="list-style-type: none"> • Mail Order (90 day) 	\$10/\$80/\$120

Blue Priority PPO (In-Network)

	NEW 2017
Out of Pocket Maximum	All co-payments and co-insurance will apply to the OPM. No co-payments or co-insurance required after OPM is reached
Out of Pocket Maximum	\$2,000/\$4,000 including deductible
Chiropractic	20 Visits
Acupuncture & Massage Thp	20 Visits Combined
Pharmacy Co-payments <ul style="list-style-type: none"> • Retail 30 Day Supply 	\$10/\$40/\$60
Pharmacy Co-payments <ul style="list-style-type: none"> • Mail Order (90 day) 	\$10/\$80/\$120

Blue Priority PPO (Out-of-Network)

	New 2017
Deductible	\$1,000/\$2,000
Out of Pocket Maximum	\$4,000/\$8,000

Blue Priory HMO

	NEW 2017
Chiropractic	20 Visits
Acupuncture & Massage Thp	20 Visits Combines
Pharmacy	Essential Rx Formulary

Lumenos High Deductible Health Plan

	NEW 2017
Chiropractic	20 Visits
Acupuncture & Massage Thp	20 Visits Combined
Pharmacy	Essential Rx Formulary

Custom Plus (Closed to New Enrollment)

	NEW 2017
Deductible	\$800/\$1,600
Out of Pocket Maximum	\$3,000/\$6,000

Dental

Dental PPO Plus and Dental PPO

	NEW 2017
Maximum Benefits	\$2,000
Cleanings (age 19 and over)	3 adult cleanings per year
Orthodontia	Adult Benefit added 50% up to \$1,500

Blue View Vision Plan – No Changes

Medical Rates

Blue Advantage HMO/POS, Blue Priority PPO, Custom Plus

	Monthly Cost	Your Cost
Employee	\$637.52	\$0.00
Employee + Spouse	\$1,528.84	\$0.00
Employee + Child(ren)	\$1,401.84	\$0.00
Family	\$1,759.13	\$0.00

Blue Priority HMO

	Monthly Cost	Your Cost
Employee	\$586.52	\$0.00
Employee + Spouse	\$1,406.84	\$0.00
Employee + Child(ren)	\$1,289.84	\$0.00
Family	\$1,619.13	\$0.00

Lumenos High Deductible Health Plan

	Monthly Cost	Your Cost
Employee	\$573.52	\$0.00
Employee + Spouse	\$1,376.84	\$0.00
Employee + Child(ren)	\$1,261.84	\$0.00
Family	\$1,584.13	\$0.00

Dental Rates

	2016 Monthly Cost	NEW 2017	Your Cost
Employee	\$39.00	\$41.00	\$0.00
Employee + Spouse	\$90.00	\$94.00	\$0.00
Employee + Child(ren)	\$86.00	\$90.00	\$0.00
Family	\$102.00	\$107.00	\$0.00

Blue View Vision Voluntary – Materials Only (Individuals enrolled in a Mines Medical Plan)

	Monthly Cost	Your Cost
Employee	\$6.36	\$6.36
Employee + Spouse	\$11.92	\$11.92
Employee + Child(ren)	\$11.92	\$11.92
Family	\$17.31	\$17.31

Blue View Vision Voluntary – Exam and Materials (No Mines Medical Plan)

	Monthly Cost	Your Cost
Employee	\$8.80	\$8.80
Employee + Spouse	\$16.49	\$16.49
Employee + Child(ren)	\$16.49	\$16.49
Family	\$23.95	\$23.95