Wayne State University School of Medicine – Health Insurance Comparison Summary School Year 2024 - 2025

S2000 for the family per calendar year \$300 ffice Visit \$30 Online Visit \$30 Online Visit \$30 Online Visit \$30 Online Visit \$30 Organit San Organit S		Simply E	Blue PPO	Blue Care Network	Point of Service	
S2000 for the family per calendar year S30 Office Visit S30 Online Visit S30 Urgent Care Visit S30 Urgent Care Visit S30 Urgent Care Visit S30 Urgent Care Visit S50 Urgent C	Deductible In Network	\$1000 for one member		\$500 per member		
\$30 Online Visit \$30 Urgent Care Visit \$30 U		·		I		
\$30 Specialist Visit \$30 Urgent Care Visit \$50 Urgent Care Visit \$	Flat/Fixed Dollar Copays	\$30 Office Visit		\$40 Office Visit		
\$30 Urgent Care Visit \$30 Chiropractic Services \$50 Urgent Care Visit \$30 Chiropractic Services \$150 Emergency Room Visit \$150 Emergency Room Visit \$20% and 50% for select services \$150 Emergency Room Visit \$20% and 50% for select services \$2500 for one member \$5000 for family \$2500 for one member \$12700 for 2+ members \$12,700 per family per benefit year \$212,700 per family per		\$30 Online Visit	\$30 Online Visit		\$40 Online Visit	
\$30 Chiropractic Services \$150 Emergency Room Visit \$20% of approved amount for most covered services Annual Coinsurance (Per cent copays) Annual Coinsurance Maximums \$2500 for one member \$5000 for family Annual Out of Pocket Maximum \$6350 for one member \$12,700 per family per benefit year Covered at 100% Covered at 80% after Deductible Covered at 80% Tier 1 \$10 copay Tier 2 \$40 copay Tier 2 \$40 copay Tier 3 \$80 copay Tier 5 25% (max \$300) Fremiums 4 Months 12 Months 12 Months 12 Months 12 Months 2,179.92 5,339.76		\$30 Specialist Visit	\$30 Specialist Visit		\$60 Specialist Visit	
\$150 Emergency Room Visit 20% of approved amount for most covered services 20% and 50% for select services 26% and 50% for select		\$30 Urgent Care Visit		·		
20% of approved amount for most covered services 20% and 50% for select services 20% a		\$30 Chiropractic Services		\$60 Chiropractic Services		
Annual Coinsurance (Per cent copays) 20% of approved amount for most covered services Annual Coinsurance Maximums \$2500 for one member \$5000 for family \$6350 for one member \$12,700 per family per benefit year Covered at 100% Covered at 80% after Deductible Tipatient — Covered at 80% after Deductible Covered at 80% after Deductible Covered at 80% after Deductible Tipatient — Covered at 80% after Deductible Covered at 80% after Deductible Tipatient — Covered at 80% after Deductible Covered at 80% after Deductible Tipatient — Covered at 80% afte		\$150 Emergency Room Visit		\$150 Emergency Room Visit		
S5000 for family \$6350 for one member \$12,700 per family per benefit year Covered at 100% Covered at 80% after Deductible Tier 1 \$10 copay Tier 1 \$40 copay Tier 1 \$50 copay Tier 1 \$50 copay Tier 1 \$50 copay Tier 2 \$40 copay Tier 3 \$80 copay Tier 5 25% (max \$300) Tier 5 20% coinsurance (max \$200) Tier 5 20% coinsurance (max \$300) Premiums 4 Months 12 Months 1 Person Single \$1,413.52 \$4,240.56 \$1,089.96 \$3,269.88 \$2,827.04 \$8,481.12 \$2,179.92 \$6,359.76	Coinsurance (Per cent copays)		1 7 7		20% and 50% for select services	
\$12,700 for 2+ members \$12,700 per family per benefit year Covered at 100% Covered at 100% Mammograms Covered at 100% Covered at 100% Covered at 100% Covered at 100% Covered at 100% Covered at 100% Hospital and Surgical Covered at 80% after Deductible Covered at 80% after Deductible Mental Health Care and Substance Abuse Treatment Covered at 80% after Deductible Durable Medical Equipment Covered at 80% after Deductible Covered at 80% after deductible Prescription Drug Copay Tier 1 \$10 copay Tier 1 \$40 copay Tier 1 \$40 copay Tier 1 \$40 copay Tier 1 \$40 copay Tier 1 \$50 coinsurance (max \$200) Tier 5 25% (max \$300) Premiums 4 Months 12 Months 12 Months 1 Person Single \$1,413.52 \$4,240.56 \$1,089.96 \$3,269.88 \$2,827.04 \$8,481.12 \$2,179.92 \$6,359.76	Annual Coinsurance Maximums		i .			
Mammograms Covered at 100% Covered at 80% after Deductible Inpatient – Covered at 80% after deductible Outpatient – \$40 Copay Durable Medical Equipment Covered at 80% after Deductible Covered at 80% Tier 1 \$10 copay Tier 2 \$40 copay Tier 2 \$40 copay Tier 3 \$80 copay Tier 3 \$80 copay Tier 4 15% (max \$150) Tier 5 25% (max \$300) Tier 5 20% coinsurance (max \$200) Tier 5 20% coinsurance (max \$300) Premiums 1 Person Single 2 Person \$2,827.04 \$8,481.12 \$2,179.92 \$6,359.76	Annual Out of Pocket Maximum	·		· · · · · · · · · · · · · · · · · · ·		
Immunizations Covered at 100% Covered at 100% Covered at 100% Covered at 80% after Deductible Mental Health Care and Substance Abuse Treatment Covered at 80% after Deductible Covered at 80% after Deductible Inpatient — Covered at 80% after deductible Outpatient — \$40 Copay Covered at 80% Covered at 80% Tier 1 \$10 copay Tier 2 \$40 copay Tier 2 \$40 copay Tier 3 \$80 copay Tier 3 \$80 copay Tier 4 15% (max \$150) Tier 5 25% (max \$300) Tier 5 25% (max \$300) Tier 5 20% coinsurance (max \$200) Tier 5 20% coinsurance (max \$300) Premiums 1 Person Single 2 Person \$4,240.56 \$1,089.96 \$3,269.88 \$2,827.04 \$8,481.12 \$2,179.92 \$6,359.76	Preventive Services	Covered at 100%		Covered at 100%		
Hospital and Surgical Covered at 80% after Deductible Covered at 80% after Deductible Covered at 80% after Deductible Inpatient — Covered at 80% after deductible Outpatient — \$40 Copay Durable Medical Equipment Covered at 80% after Deductible Covered at 80% Tier 1 \$10 copay Tier 2 \$40 copay Tier 2 \$40 copay Tier 3 \$80 copay Tier 3 \$80 copay Tier 4 15% (max \$150) Tier 5 25% (max \$300) Tier 5 20% coinsurance (max \$200) Tier 5 20% coinsurance (max \$300) Premiums 1 Person Single 2 Person \$2,827.04 \$8,481.12 \$2,179.92 \$6,359.76	Mammograms	Covered at 100%		Covered at 100%		
Mental Health Care and Substance Abuse Treatment Covered at 80% after Deductible Covered at 80% after Deductible Inpatient — Covered at 80% after deductible Outpatient — \$40 Copay Covered at 80% Tier 1 \$10 copay Tier 2 \$40 copay Tier 2 \$40 copay Tier 3 \$80 copay Tier 3 \$80 copay Tier 4 15% (max \$150) Tier 5 25% (max \$300) Tier 5 20% coinsurance (max \$200) Tier 5 20% coinsurance (max \$300) Premiums 1 Person Single 2 Person \$1,413.52 \$4,240.56 \$1,089.96 \$3,269.88 \$2,827.04 \$8,481.12 \$2,179.92 \$6,359.76	Immunizations	Covered at 100%		Covered at 100%		
Covered at 80% after deductible	Hospital and Surgical	Covered at 80% after Deductible		Covered at 80% after Deductible		
Covered at 80% after deductible	Montal Health Care and	Covered at 200/ after Deductible		Inpatient –		
Outpatient — \$40 Copay Durable Medical Equipment Covered at 80% after Deductible Covered at 80% Tier 1 \$10 copay Tier 2 \$40 copay Tier 3 \$80 copay Tier 3 \$80 copay Tier 4 15% (max \$150) Tier 5 25% (max \$300) Tier 5 25% (max \$300) Tier 5 20% coinsurance (max \$200) Tier 5 20% coinsurance (max \$300) Tier 5 20% coinsurance (max \$300) Tier 5 20% coinsurance (max \$300)		Covered at 80% after Deductible		Covered at 80% after deductible		
\$40 Copay \$40 Copay Covered at 80% after Deductible Covered at 80% Covered at 80% Covered at 80% Covered at 80% Tier 1 \$10 copay Tier 1 \$40 copay Tier 1 \$40 copay Tier 1 \$40 copay Tier 2 \$40 copay Tier 2 \$60 copay Tier 2 \$60 copay Tier 4 15% (max \$150) Tier 3 \$80 copay Tier 4 20% coinsurance (max \$200) Tier 5 25% (max \$300) Tier 5 20% coinsurance (max \$300) Coinsurance (max \$300	Substance Abuse Treatment					
Tier 1 \$10 copay				•		
Tier 2 \$40 copay Tier 3 \$80 copay Tier 4 15% (max \$150) Tier 5 25% (max \$300) Tier 5 20% coinsurance (max \$200) Tier 5 20% coinsurance (max \$300)	Durable Medical Equipment	Covered at 80% after Deductible		Covered at 80%		
Tier 2 \$40 copay Tier 3 \$80 copay Tier 4 15% (max \$150) Tier 5 25% (max \$300) Tier 5 20% coinsurance (max \$200) Tier 5 20% coinsurance (max \$300)				Tior 14 ¢6 conqu		
Tier 2 \$60 copay Tier 3 \$80 copay Tier 4 15% (max \$150) Tier 5 25% (max \$300) Tier 5 20% coinsurance (max \$200) Tier 5 20% coinsurance (max \$300) Premiums 1 Person Single 2 Person \$\$ \$1,413.52 \$4,240.56 \$1,089.96 \$3,269.88 \$2,827.04 \$8,481.12 \$2,179.92 \$6,359.76	Prescription Drug Copay			1		
Tier 4 15% (max \$150) Tier 5 25% (max \$300) Tier 5 25% (max \$300) Tier 5 20% coinsurance (max \$200) Tier 5 20% coinsurance (max \$300) Premiums 1 Person Single 2 Person \$\$ \$1,413.52 \$4,240.56 \$1,089.96 \$3,269.88 \$2,827.04 \$8,481.12 \$2,179.92 \$6,359.76				, , ,		
Tier 5 25% (max \$300) Tier 5 25% (max \$300) Tier 5 20% coinsurance (max \$200) Tier 5 20% coinsurance (max \$300) Premiums 1 Person Single 2 Person \$\$\frac{4 \text{ Months}}{2 \text{ Months}}\$		· · · · · · · · · · · · · · · · · ·				
Tier 5 20% coinsurance (max \$300) Premiums 1 Person Single 2 Person \$ \$1,413.52 \$4,240.56 \$1,089.96 \$3,269.88 \$2,927.04 \$8,481.12 \$2,179.92 \$6,359.76						
1 Person Single \$1,413.52 \$4,240.56 \$1,089.96 \$3,269.88 2 Person \$2,827.04 \$8,481.12 \$2,179.92 \$6,359.76		Her 5 25% (max \$300)				
1 Person Single \$1,413.52 \$4,240.56 \$1,089.96 \$3,269.88 2 Person \$2,827.04 \$8,481.12 \$2,179.92 \$6,359.76	Promiums	4 Months	12 Months	4 Months	12 Months	
2 Person \$2,827.04 \$8,481.12 \$2,179.92 \$6,359.76						
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(CILLIE)	Family	\$4,240.56	\$12,721.68	\$3,269.88	\$9,809.64	

This is only a basic Comparison of plans. Both PPO and BCN Point of Service options include Out of Network services not listed on this compariosn. For more details, please review the Benefits Summaries for each plan. *Blue Care Network Point of Service plan does not require PCP referrals