



Snapshot

Low Plan:
lowest
premiums,
highest
deductible

Provider

BlueCross
BlueShield of
Arizona
(BCBSAZ)
(855) 801-4633
azblue.com

Plan numbers:
030363 (IL)
035936 (AZ)

Resources

Health Equity

To view and
pay claims on
line log onto
Health Equity
at
myhealthequity.com

High Deductible Health Plan (HDHP)

(Highlight sheet only– please refer to the Annual Notices and/or the plan document located on the Midwestern HR Intranet site)

Types of treatment	In-Network	Out-of-Network
Deductible – You must pay all the cost up to the deductible amount before this plan begins to pay for covered services you use	\$3,000 (individual) \$6,000 (family)	\$ 6,000 (individual) \$12,000 (family)
Out-of-Pocket Limit – The most you could pay during a calendar year for your share of the cost of covered services.	\$4,500 (individual) \$9,000 (family)	\$ 9,000 (individual) \$18,000 (family)
Deductible After MWU Contribution to HSA Account	\$1,500 (individual) \$3,750 (family)	\$4,500 (individual) \$9,750 (family)
MWU Contribution to HSA account MWU will contribute to an HSA account to assist you with your deductible and copays. <u>Single coverage – Annual Contribution</u> \$1,500 (\$57.69 per pay period) <u>Family coverage – Annual Contribution</u> \$2,250 (\$86.54 per pay period)		
Office Visit – Primary care visit to treat an injury or illness/Specialist visit Other practitioner office visit	20% after deductible	40% after deductible and balance bill
Telemedicine	20% after deductible	Not covered unless emergency
Emergency Room Services <i>Emergency medical transportation is covered in or out of network at 20% after deductible</i>	20% after deductible	20% after deductible and balance bill
Diagnostic test (x-ray, blood work) Imaging (CT/PET Scans, MRI's)	20% after deductible	40% after deductible and balance bill
Prescription Drugs	20% after deductible	40% after deductible and balance bill
Preventive Care, Screenings and Immunization	\$0	Most services not covered out of network If covered, 40% after deductible and balance bill
Hospital Care – Inpatient facility fee (hospital room), physician/surgeon fee; long-term acute care	20% after deductible	40% after deductible and balance bill
Outpatient Surgery	20% after deductible	40% after deductible and balance bill
Hearing Aid Device	Covered up to \$3,500 every 3 years after deductible	Covered up to \$3,500 every 3 years after deductible
Mental/Behavioral Health* – Outpatient services; substance use disorder outpatient services	20% after deductible	40% after deductible and balance bill *Telehealth consultations for Counseling and Psychiatric services available
Mental/Behavioral Health* – Inpatient services; substance use disorder inpatient services	20% after deductible	40% after deductible and balance bill *Precertification required for non-emergency admissions. \$300 charge applies if precertification not obtained out-of- network