

Rochester Community School

Blue Cross Blue Shield of Michigan - PPO

Group	Blue Group (CMGT); Children's Programs	REA; RAA	Execuative Staff & Directors; Supervisor, Manager, Coordinator (SMC); Executive Assistant	Clerical (RSPSA)	ParaEducators	
Office Visit Co-Pay	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	
Prescriptions	Generic	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
	Preferred	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
	Non-Preferred	\$50.00	N/A	N/A	\$50.00	N/A
Annual Deductible (per calendar year)	Individual	\$1,000.00	\$250.00	\$250.00	\$500.00	\$100.00
	Family	\$2,000.00	\$500.00	\$500.00	\$1,000.00	\$200.00
Co-insurance Employee Responsibility		10.00%	20.00%	20.00%	10.00%	10.00%
Co-Insurance Limit (per calendar year, excludes deductibles)	Individual	\$1,500.00	\$1,000.00	\$1,000.00	\$1,000.00	\$500.00
	Family	\$3,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$1,000.00
Annual Health Reimbursement (HRA) employer paid	Individual	\$0.00	\$500.00	\$500.00	\$500.00	\$300.00
	Two Person	\$0.00	\$750.00	\$750.00	\$750.00	\$500.00
	Family	\$0.00	\$1,000.00	\$1,000.00	\$1,000.00	\$700.00
Employee Payroll Deduction	Individual	\$878.54	\$1,084.20	\$1,102.40	\$1,032.72	\$1,174.60
	Two Person	\$2,108.60	\$2,512.38	\$2,555.80	\$2,388.36	\$2,775.00
	Family	\$2,635.88	\$3,152.76	\$3,207.36	\$2,997.80	\$3,483.60