

Wayne State University School of Medicine – Health Insurance Comparison Summary School Year 2023 - 2024

	Simply Blue PPO		Blue Care Network HMO	
Deductible In Network	\$1000 for one member \$2000 for the family per calendar year		\$500 per member \$1000 per family per calendar year	
Flat/Fixed Dollar Copays	\$30 Office Visit \$30 Online Visit \$30 Specialist Visit \$30 Urgent Care Visit \$30 Chiropractic Services \$150 Emergency Room Visit		\$30 Office Visit \$30 Online Visit \$30 (after deductible) Specialist Visit \$60 Urgent Care Visit Chiro Services - After referral \$30 copay after deductible \$100 Emergency Room Visit	
Coinsurance (Per cent copays)	20% of approved amount for most covered services		20% and 50% for select services	
Annual Coinsurance Maximums	\$2500 for one member \$5000 for family			
Annual Out of Pocket Maximum	\$6350 for one member \$12700 for 2+ members		\$2500 per member \$5000 per family per benefit year	
Preventive Services	Covered at 100%		Covered at 100%	
Mammograms	Covered at 100%		Covered at 100%	
Immunizations	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		Inpatient – Covered at 80% after deductible Outpatient – \$30 Copay after Deductible	
Durable Medical Equipment	Covered at 80% after Deductible		Covered at 50%	
Prescription Drug Copay	Tier 1 \$10 copay Tier 2 \$40 copay Tier 3 \$80 copay Tier 4 15% (max \$150) Tier 5 25% (max \$300)		Tier 1A \$6 copay Tier 1B \$40 copay Tier 2 \$60 copay Tier 3 \$80 copay Tier 4 20% coinsurance (max \$200) Tier 5 20% coinsurance (max \$300)	
Premiums	4 Months	12 Months	4 Months	12 Months
1 Person Single	\$1,249.68	\$3,749.04	\$1,258.68	\$3,776.04
2 Person	\$2,499.36	\$7,498.08	\$2,517.36	\$7,552.08
Family	\$3,749.04	\$11,247.12	\$3,776.04	\$11,328.12

This is only a basic Comparison of plans. For more details, please review the Benefits Summaries for each plan.