



COMPARISON LIST

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SOLIDARITY HEALTH NETWORK
Experts in Benefit Administration Service Since 1989

Current OPERS MMO Coverage through 2021			BCBSM Silver through SHN/1LifeBenefits		BCBSM Bronze through SHN/1LifeBenefits		BCBSM Copper through SHN/1LifeBenefits		Benefit
Benefit	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	Benefit
Overall Deductible SINGLE	\$2,500	\$5,000	\$500	\$1,000	\$2,000	\$4,000	\$4,000	\$8,000	Overall Deductible SINGLE
Other Deductible for specific services	\$200 generic/\$400 brand SINGLE	Description	N/A	N/A	N/A	N/A	N/A	N/A	Other Deductible for specific services
Out-of-pocket limit SINGLE	\$5,750 SINGLE	Unlimited	\$2,000	\$4,000	\$3,000	\$6,000	\$6,350	\$12,700	Out-of-pocket limit SINGLE
Primary Care Visit	\$15 copay/visit (Medical Home), \$25 copay/visit (PCP)	40% co-insurance	\$20 copay	40% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Primary Care Visit
Specialist Visit	\$50 copay/visit	40% co-insurance	\$20 copay	40% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Specialist Visit
Other Practitioner	N/A	N/A	\$20 co-pay for chiropractic and osteopathic manipulative therapy	40% co-insurance after deductible for chiropractic and osteopathic manipulative therapy	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Other Practitioner
Preventative Care/screening/immunizations	No Charge	40% co-insurance	No Charge	Not Covered	20% co-insurance after deductible	40% co-insurance after deductible	No Charge	50% co-insurance after deductible	Preventative Care/screening/immunizations
Diagnostic test (xray)	25% co-insurance	40% co-insurance	20% co-insurance after deductible	40% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Diagnostic test (xray)
Diagnostic test (bloodwork)	25% co-insurance	40% co-insurance	20% co-insurance after deductible	40% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Diagnostic test (bloodwork)
Imaging (CT/PET scans, MRIs)	25% co-insurance	40% co-insurance	20% co-insurance after deductible	40% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Imaging (CT/PET scans, MRIs)
Drug Out of Pocket Limit - Single	\$2,800	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Drug Out of Pocket Limit - Single
Generic copay - retail Tier 1	25% coinsurance, \$4 min/\$12 max (Preferred); 30% coinsurance \$7min/\$20 max (Nonpreferred)	Does Not Apply	\$10 co-pay for retail 30-day supply	In-Network co-pay plus an additional 25% of the approved amount	After deductible, \$15 copay for retail 30-day supply	After deductible, In-Network co-pay plus an additional 20% of the approved amount	After deductible, 50% co-insurance of the amount for retail 30-day supply	After deductible, In-Network co-pay plus an additional 20% of the approved amount	Generic copay - retail Tier 1
Generic copay - home delivery Tier 1	25% coinsurance, \$10 min/\$30 max	Does Not Apply	\$20 co-pay for retail or mail order 90-day supply	In-Network co-pay plus an additional 25% of the approved amount	After deductible, \$30 copay for retail or mail order 90-day supply	After deductible, In-Network co-pay plus an additional 20% of the approved amount	After deductible, 50% co-insurance of the amount for retail or mail order 90-day supply	After deductible, In-Network co-pay plus an additional 20% of the approved amount	Generic copay - home delivery Tier 1
Preferred brand copay - retail Tier 2	35% coinsurance, \$30 min/\$80 max (Preferred); 40% coinsurance, \$35 min/\$100 max (Nonpreferred)	Does Not Apply	\$40 co-pay for retail 30-day supply	In-Network co-pay plus an additional 25% of the approved amount	After deductible, \$50 copay for retail 30-day supply	After deductible, In-Network co-pay plus an additional 20% of the approved amount	After deductible, 50% co-insurance of the amount for retail 30-day supply	After deductible, In-Network co-pay plus an additional 20% of the approved amount	Preferred brand copay - retail Tier 2
Preferred brand copay - home delivery Tier 2	35% coinsurance; \$75 min/\$200 max	Does Not Apply	\$80 co-pay for retail or mail order 90-day supply	In-Network co-pay plus an additional 25% of the approved amount	After deductible, \$100 copay for retail or mail order 90-day supply	After deductible, In-Network co-pay plus an additional 20% of the approved amount	After deductible, 50% co-insurance of the amount for retail or mail order 90-day supply	After deductible, In-Network co-pay plus an additional 20% of the approved amount	Preferred brand copay - home delivery Tier 2
Non-preferred brand copay - retail Tier 3	Not Covered	Does Not Apply	\$80 co-pay for retail 30-day supply	In-Network co-pay plus an additional 25% of the approved amount	After deductible, \$70 copay or 50% co-insurance of the approved amount (whichever is greater), but no more than \$100 co-pay for retail 30-day supply	After deductible, In-Network co-pay plus an additional 20% of the approved amount	After deductible, 50% co-insurance of the amount for retail 30-day supply	After deductible, In-Network co-pay plus an additional 20% of the approved amount	Non-preferred brand copay - retail Tier 3
Non-preferred brand home delivery - retail Tier 3	Not Covered	Does Not Apply	\$160 co-pay for retail or mail order 90-day suppl	In-Network co-pay plus an additional 25% of the approved amount	After deductible, \$140 copay or 50% co-insurance of the approved amount (whichever is greater), but no more than \$200 co-pay for retail or mail order 90-day supply	After deductible, In-Network co-pay plus an additional 20% of the approved amount	After deductible, 50% co-insurance of the amount for retail or mail order 90-day supply	After deductible, In-Network co-pay plus an additional 20% of the approved amount	Non-preferred brand home delivery - retail Tier 3
Facility fee (e.g., ambulatory surgery center)	25% co-insurance	40% co-insurance	20% co-insurance after deductible	40% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Facility fee (e.g., ambulatory surgery center)
Physician/surgeon fees (Outpatient)	25% co-insurance	40% co-insurance	20% co-insurance after deductible	40% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Physician/surgeon fees (Outpatient)
Emergency room care	\$250 copay/visit, deductible	25% coinsurance	\$150 copay	\$150 copay	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Emergency room care
Emergency medical transportation Urgent care	25% co-insurance \$60 copay/visit	40% co-insurance 40% co-insurance	20% co-insurance after deductible \$0 copay	20% co-insurance after deductible 40% co-insurance after deductible	20% co-insurance after deductible 20% co-insurance after deductible	40% co-insurance after deductible 40% co-insurance after deductible	50% co-insurance after deductible 50% co-insurance after deductible	50% co-insurance after deductible 50% co-insurance after deductible	Emergency medical transportation Urgent care
Facility fee (e.g., hospital room)	\$300 copay/confinement, deductible; 25% coinsurance; 60 day renewal	\$400 copay/confinement, deductible; 40% coinsurance; 60 day renewal	20% co-insurance after deductible	40% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Facility fee (e.g., hospital room)
Physician/surgeon fee (inpatient)	25% co-insurance	40% co-insurance	20% co-insurance after deductible	40% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Physician/surgeon fee (inpatient)
Outpatient services	Benefits paid based on corresponding medical benefits		20% co-insurance after deductible	40% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Outpatient services
Inpatient services	Benefits paid based on corresponding medical benefits		20% co-insurance after deductible	40% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Inpatient services
Office Visits	No Charge	40% co-insurance	Prenatal: No Charge Postnatal: 20% coinsurance after deductible	40% co-insurance after deductible	Prenatal: No Charge Postnatal: 20% coinsurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Office Visits
Childbirth/delivery professional services	25% co-insurance	40% co-insurance	20% co-insurance after deductible	40% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Childbirth/delivery professional services
Childbirth/delivery facility services	\$300 copay/confinement, deductible; 25% coinsurance; 60 day renewal	40% co-insurance	20% co-insurance after deductible	40% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Childbirth/delivery facility services
Home health care	25% co-insurance	40% co-insurance	20% co-insurance after deductible	40% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Home health care
Rehabilitation services (Physical Therapy)	\$40 copay/visit, deductible, 25% coinsurance	40% co-insurance	20% co-insurance after deductible	40% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Rehabilitation services (Physical Therapy)
Habilitation services (Occupational Therapy)	\$40 copay/visit, deductible, 25% coinsurance	40% co-insurance	20% co-insurance after deductible	40% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Habilitation services (Occupational Therapy)
Skilled nursing care	25% co-insurance	40% co-insurance	20% co-insurance after deductible	40% co-insurance	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Skilled nursing care
Durable medical equipment	25% co-insurance	40% co-insurance	20% co-insurance after deductible	40% co-insurance	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Durable medical equipment
Hospice Services	25% co-insurance	40% co-insurance	20% co-insurance after deductible	40% co-insurance	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Hospice Services
Children's eye exam	No Charge	40% co-insurance	Not Covered	Not Covered	20% co-insurance after deductible	40% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible	Children's eye exam
Children's glasses	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Children's glasses
Children's Dental Check-up	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Children's Dental Check-up

Mental Health/ Substance

Pregnancy Related Services