

**Benefit Summary for the Employees of
Saint Mary's University of Minnesota
CCStpa**

Group #5MN04080

	In Network Providers	Out of Network Providers
Deductible Amount , per Calendar Year	\$1,200 Individual \$2,400 Family	\$1,700 Individual \$3,400 Family
Out-of-Pocket Maximum per Person per Calendar Year	\$2,700 Individual \$5,400 Family	\$3,500 Individual \$7,500 Family
Covered Percentage (unless otherwise specified)	80%	60%
Lifetime Maximum for all Causes	\$2,000,000	\$2,000,000
Office Visits/Urgent Care	100% after \$35 copay	60% after deductible Urgent Care: 80% after in net deductible
Physician Services	In Office: \$35 copay then 100%. In Facility: 80% after deductible.	60% after deductible
Chiropractic Care	100% after \$35 copay	60% after deductible *Limited to 20 visits per calendar year
Outpatient Physical, Speech, and Occupational Therapy	100% after \$35 copay	60% after deductible *Limited to 20 visits per calendar year
Prenatal & Maternity Care	Prenatal/Postnatal: No deductible 100% Delivery: 80% after deductible	60% after deductible
Well Child Care	No deductible 100%	Not covered
Routine/Preventive	No deductible 100%	Not covered
Inpatient Hospital Services	80% after deductible	60% after deductible
Outpatient Hospital Services	80% after deductible	60% after deductible
Emergency Room Services	100% after \$75 copay	80% after in network deductible
Home Health Care	100% after \$35 copay *Limited to 120 visits per calendar year	60% after deductible *Limited to 60 visits per calendar year
Skilled Nursing Facility *Limited to 120 days per confinement	80% after deductible	60% after deductible

**If there is a discrepancy between this Summary and the Contract,
the Contract is considered correct.**

	In Network Providers	Out of Network Providers
Inpatient Behavioral Health Mental Health Care	80% after deductible	60% after deductible
Outpatient Behavioral Health Mental Health Care	100% after \$35 copay	60% after deductible
Inpatient Behavioral Health Substance Abuse Care	80% after deductible	60% after deductible
Outpatient Behavioral Health Substance Abuse Care	100% after \$35 copay	60% after deductible
Ambulance Services	80% after deductible	80% after deductible
Durable Medical Equipment and Supplies	80% after deductible	60% after deductible
Organ and Bone Marrow Transplant	80% after deductible	Not covered
Prescription Drugs 31 day supply	Retail: Generic Formulary: \$15 copay; Brand Formulary: \$35 copay. No coverage for Non-Formulary Drugs. 90 day Rx via Mail Order or at Participating Mail Order Pharmacy: 2 copays	60% after deductible

CCStpa utilizes the CCStpa Network, also known as the EPNI Network (Employer Provider Network, Inc.) To access a CCStpa participating provider, visit www.ccstpa.com.

Payments for nonparticipating provider services are based on the allowed charges. You are responsible for the difference between the billed and allowed charges.

CCStpa also utilizes the PHCS Network. Members residing or traveling outside of Minnesota may take advantage of the PHCS Healthy Directions/Access Advantage Network. Members will have less out of pocket expense when utilizing these providers. To locate a provider, call toll free 1-888-940-7427 or go to www.phcs.com.

CCStpa Customer Service Toll Free 1-866-356-2425 or (651) 662-5425 www.ccstpa.com	Winona Agency, Inc. P.O. Box 919, 174 Center Street Winona, MN 55987 (507) 452-3366; 1-800-367-9444
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September 2007