

SAINT MARY'S UNIVERSITY OF MINNESOTA
CCStpa – January 1, 2008

	<u>\$500 Deductible Plan</u>	<u>\$1,200 Deductible Plan</u>
	<u>In Network</u>	<u>In Network</u>
Lifetime Maximum	\$2,000,000	\$2,000,000
Calendar Year Deductible:		
Individual	\$ 500	\$1,200
Family	\$1,000	\$2,400
Calendar Year Medical Out of Pocket Maximum:		
Individual	\$2,000	\$2,700
Family	\$4,000	\$5,400
Covered Percentage (unless otherwise specified)	80%	80%
Routine Physicals & Eye Exams	100%, no deductible	100%, no deductible
Prenatal & Postnatal and Well Child Care	100%, no deductible	100%, no deductible
Office Visit/Urgent Care	100% after \$35 copay	100% after \$35 copay
Inpatient Hospital Care	80% after deductible	80% after deductible
Outpatient Care	80% after deductible	80% after deductible
Emergency Room Services	100% after \$75 copay	100% after \$75 copay
Durable Medical Equipment	80% after deductible	80% after deductible
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: Two Copays.	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: Two Copays.
<u>Effective January 1, 2008</u>	<u>Through August 31, 2008</u>	<u>Through August 31, 2008</u>
<u>Monthly:</u>		
Employee Only	<u>Employee Contribution</u> \$40.00	<u>Employee Contribution</u> No Cost
Family	\$540.76	\$460.76/month

This reflects in network benefits only. Out of network benefits are the same for both the \$500 and \$1,200 deductible plans.

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