

CONCORDIA UNIVERSITY

| 2018 | PPO Plans | | | | | | High Deductible Plan with HSA**** | | | |
|---------------------------------------|---|---------------|----------|-----------------------------------|---------------|----------|---|------------|----------|-------------------|
| | Option C (Monthly) | | | Option D (Monthly) | | | Option HDHP (Monthly) | | | HSA Contribution |
| Plan Cost | Total | CUW | Employee | Total | CUW | Employee | Total | CUW | Employee | CUW**** |
| Self | \$900.00 | \$687.00 | \$213.00 | \$817.00 | \$687.00 | \$130.00 | \$687.00 | \$687.00 | \$0.00 | \$900 (\$75/mo) |
| Self & Spouse | \$1,807.00 | \$1,200.00 | \$607.00 | \$1,642.00 | \$1,200.00 | \$442.00 | \$1,380.00 | \$1,200.00 | \$180.00 | \$1800 (\$150/mo) |
| Self & Child | \$1,502.00 | \$997.00 | \$505.00 | \$1,364.00 | \$997.00 | \$367.00 | \$1,147.00 | \$997.00 | \$150.00 | \$1800 (\$150/mo) |
| Family | \$2,409.00 | \$1,606.00 | \$803.00 | \$2,189.00 | \$1,606.00 | \$583.00 | \$1,841.00 | \$1,606.00 | \$235.00 | \$1800 (\$150/mo) |
| Employee Out-of-Pocket | In-Network* | | | In-Network* | | | In-Network* | | | |
| Medical Benefits | BCBS | | | BCBS | | | WI - UHC; MI & MO - BCBS | | | |
| Preventive Care | 0% | | | 0% | | | \$0 | | | |
| Office Visit Co-pay** | \$30 | | | \$35 | | | \$0 after medical deductible | | | |
| Annual Individual Deductible | \$600 | | | \$1,200 | | | \$2,850 | | | |
| Annual Family Deductible | \$1,200 | | | \$2,400 | | | \$5,700 | | | |
| Coinsurance | 20% | | | 20% | | | N/A | | | |
| Individual Coinsurance Max*** | \$2,400 | | | \$3,000 | | | N/A | | | |
| Family Coinsurance Max*** | \$4,800 | | | \$6,000 | | | N/A | | | |
| Individual Maximum Out-of-Pocket | \$3,000 + copays | | | \$4,200 + copays | | | \$2,850 | | | |
| Family Maximum Out-of-Pocket | \$6,000 + copays | | | \$8,400 + copays | | | \$5,700 | | | |
| Emergency Room | \$120 co-pay (waived if admitted) | | | \$120 co-pay (waived if admitted) | | | \$0 after medical deductible | | | |
| Mental Health Benefits | CIGNA Behavioral Health Network | | | | | | WI - UHC; MI & MO - BCBS Network | | | |
| Individual Counseling Sessions | \$30 co-pay | | | \$35 co-pay | | | \$0 after medical deductible | | | |
| Prescription (Express Scripts) | 30-day | 90-day | | 30-day | 90-day | | | | | |
| Generic Drug Co-pay | \$15 | \$25 | | \$15 | \$25 | | \$0 after medical deductible | | | |
| Formulary Brand Co-pay | \$30 | \$60 | | \$30 | \$60 | | \$0 after medical deductible | | | |
| Non-Formulary Brand Co-pay | \$60 | \$120 | | \$60 | \$120 | | \$0 after medical deductible | | | |
| Dental and Vision Benefits | Benefit levels are the same for all three options and are included in the Plan Cost above. | | | | | | | | | |
| Optional Employee Pre-Tax | | | | | | | | | | |
| Health Savings Account | Not available | | | Not available | | | \$3,450 Employee Only; \$6,900 Families | | | |
| FSA | \$2,550 | | | \$2,550 | | | \$2600 (Dental & Vision only) | | | |
| Dependent Care FSA | \$5,000 | | | \$5,000 | | | \$5,000 | | | |

* For Out-of-Network costs please refer to the Healthcare page at www.concordiaplans.org.

** Office visit co-pays do not apply to the deductible.

*** Coinsurance Maximums do not include co-pays .

****HSA Funds may be used to pay for medical, dental, vision and other health expenses – see SPD for details.

*****Employees may also contribute the difference between the HSA maximum and the employer contribution to the HSA. Unused portions of account will roll over from one year to the next.