

CONCORDIA UNIVERSITY

2019

PPO Plans

| Plan Cost   | Healthy Me A (Monthly)                        |          | Dental and Vision Benefits:<br>Me A & B             |         |
|---|---|----------|---|---------|
|   | Total   | Employee | Dental (50/50)                                      | Vision  |
| Self  | \$735.00                                      | \$110.00 | \$15.00   | \$10.00 |
| Self & Spouse                                     | \$1,476.00                                    | \$296.00 | \$32.00   | \$21.30 |
| Self & Child                                      | \$1,227.00                                    | \$245.00 | \$28.00   | \$22.90 |
| Family  | \$1,969.00                                    | \$394.00 | \$44.00   | \$37.30 |
| <b>Employee Out-of-Pocket</b>                     |   |          |   |         |
| <b>In-Network*</b>                                |   |          |   |         |
| <b>WI- UHC; MI- BCBS</b>                          |   |          |   |         |
| Preventive Care                                   | 0%  |          |   |         |
| Office Visit Co-pay**                             | Primary Care Physician \$35                   |          | Urgent Care & Specialist Office Visit \$60          |         |
| Annual Individual Deductible                      | \$1,200                                       |          |   |         |
| Annual Family Deductible                          | \$2,400                                       |          |   |         |
| Coinsurance                                       | 20%   |          |   |         |
| Individual Maximum Out-of-Pocket                  | \$3,500                                       |          |   |         |
| Family Maximum Out-of-Pocket                      | \$7,000                                       |          |   |         |
| Emergency Room                                    | Life Threatening: \$200 copay then Deductible |          | Non- Life Threatening : \$450 copay then Deductible |         |
| <b>WI - UHC; MI - BCBS Network</b>                |   |          |   |         |
| Individual Counseling Sessions                    | \$35 co-pay                                   |          |   |         |
| <b>Prescription (EMPIRX- WI)<br/>Scripts- MI)</b> | <b>RETAIL</b>                                 |          | <b>MAIL ORDER (90 day supply)</b>                   |         |
| Preventive  | See copay structure below                     |          | See copay structure below                           |         |
| Generic Drug Co-pay                               | \$10  |          | \$25  |         |
| Formulary Brand                                   | 30% (Min. \$25; Max. \$75)                    |          | 30% (Min. \$62.50; Max. \$187.50)                   |         |
| Non-Formulary Brand                               | 40% (Min. \$50; Max \$100)                    |          | 40% (Min. \$125; Max. \$250)                        |         |
| <b>Optional Employee Pre-Tax</b>                  |   |          |   |         |
| Health Savings Account                            | Not available                                 |          |   |         |
| FSA   | \$2,650                                       |          |   |         |
| Dependent Care FSA                                | \$5,000                                       |          |   |         |

\* For Out-of-Network costs please refer to the Healthcare page at [www.concordiaplans.org](http://www.concordiaplans.org).

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

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| 2019   |   | High Deductible Plan |  |  |                              |                       |          |
|--|---|----------------------|--|--|------------------------------|-----------------------|----------|
|  | Healthy Me B (Monthly) with (annual)  |                      | HSA****  | Dental and Vision Benefits: Healthy Me A & B |                              | Option HDHP (Monthly) |          |
| Plan Cost  | Total   | Employee             | HSA Contributions  | Dental (50/50)                               | Vision                       | Total                 | Employee |
| Self   | \$698.00  | \$35.00              | \$700.00   | \$15.00                                      | \$10.00                      | \$751.00              | \$76.00  |
| Self & Spouse  | \$1,403.00  | \$140.00             | \$1,400.00   | \$32.00                                      | \$21.30                      | \$1,508.00            | \$226.00 |
| Self & Child   | \$1,165.00  | \$117.00             | \$1,400.00   | \$28.00                                      | \$22.90                      | \$1,253.00            | \$188.00 |
| Family   | \$1,870.00  | \$187.00             | \$1,400.00   | \$44.00                                      | \$37.30                      | \$2,011.00            | \$301.00 |
| <b>Employee Out-of-Pocket</b>                          | <i>In-Network* Non-Embedded</i>   |                      |  | <i>In-Network* Embedded</i>                  |                              |                       |          |
| <b>Medical Benefits</b>                                | WI- UHC; MI- BCBS   |                      |  | WI - UHC; MI - BCBS                          |                              |                       |          |
| Preventive Care  | 0%  |                      |  | \$0  |                              |                       |          |
| Office Visit   | Deductible and Coinsurance  |                      |  | \$0 after medical deductible                 |                              |                       |          |
| Annual Individual Deductible                           | \$1,400   |                      |  | \$2,850                                      |                              |                       |          |
| Annual Family Deductible                               | \$2,800   |                      |  | \$5,700                                      |                              |                       |          |
| Coinsurance  | 20%   |                      |  | N/A  |                              |                       |          |
| Individual Maximum Out-of-Pocket                       | \$2,800   |                      |  | \$2,850                                      |                              |                       |          |
| Family Maximum Out-of-Pocket                           | \$5,600   |                      |  | \$5,700                                      |                              |                       |          |
| Emergency Room   | Life threatening: 20% coinsurance after deductible;<br>Non-Life Threatening: 40% coinsurance after deductible |                      |  | \$0 after medical deductible                 |                              |                       |          |
| <b>Mental Health Benefits</b>                          | WI - UHC; MI - BCBS Network   |                      |  | WI - UHC; MI - BCBS Network                  |                              |                       |          |
| Individual Counseling Sessions                         | 20% coinsurance after deductible  |                      |  | \$0 after medical deductible                 |                              |                       |          |
| <b>Prescription (EMPIRX- WI) (Express Scripts- MI)</b> | RETAIL  |                      | MAIL ORDER (90 day supply)                                     |  |                              |                       |          |
| <b>Preventive</b>                                      | \$0 for generic preventive drugs  |                      |  | See copay structure below                    |                              |                       |          |
| Generic Drug Co-pay                                    | \$10 copay after deductible   |                      | \$25 copay after deductible                                    |  | \$0 after medical deductible |                       |          |
| Formulary Brand Co-pay                                 | 30% Coinsurance after deductible (Min. \$25; Max. \$75)   |                      | 30% coinsurance after deductible (Min. \$62.50; Max. \$187.50) |  | \$0 after medical deductible |                       |          |
| Non-Formulary Brand Co-pay                             | 40% coinsurance after deductible (Min. \$50; Max \$100)   |                      | 40% coinsurance after deductible (Min. \$125; Max. \$250)      |  | \$0 after medical deductible |                       |          |
|  |   |                      |  | Dental and Vision Included                   |                              |                       |          |
| <b>Optional Employee Pre-Tax</b>                       |   |                      |  |  |                              |                       |          |
| Health Savings Account                                 | \$3,500 Employee Only; \$7,000 Families   |                      |  | \$3,500 Employee Only; \$7,000 Families      |                              |                       |          |
| FSA  | \$2,650 (Dental & Vision only)  |                      |  | \$2,650 (Dental & Vision only)               |                              |                       |          |
| Dependent Care FSA                                     | \$5,000   |                      |  | \$5,000                                      |                              |                       |          |

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

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