

## SAINT ALPHONSUS REGIONAL MEDICAL CENTER (SARMC) AND SAINT ALPHONSUS PHYSICIAN SERVICES, INC. (SAPSI) 2009 HIGHLIGHTS

### MEDICAL PLAN

This year you have a choice among three medical plans: Personal Care Account (PCA) PPO, traditional PPO High Option B, and PPO Standard Option B. **NOTE:** If you do not make a medical plan election during the enrollment period, your current election will remain in effect for 2009.

MEDICAL Plan Highlights	Personal Care Account PPO			PPO – High Option B			PPO – Standard Option B		
	Trinity Facility <sup>1</sup>	In-Network <sup>4</sup>	Out-of-Network <sup>5</sup>	Trinity Facility <sup>1</sup>	In-Network <sup>4</sup>	Out-of-Network <sup>5</sup>	Trinity Facility <sup>1</sup>	In-Network <sup>4</sup>	Out-of-Network <sup>5</sup>
<b>Personal Care Account (PCA)</b> Funded by Trinity Health	Individual / Two Person / Family \$400 / \$800 / \$1,200			N/A	N/A	N/A	N/A	N/A	N/A
<b>Annual deductible</b> Individual Family	Individual / Two Person / Family \$1,250 / \$2,500 / \$3,750			\$400 \$800	\$400 \$800	\$800 \$1,600	\$750 \$1,500	\$750 \$1,500	\$1,500 \$3,000
<b>Preventive services</b> (primary care physicians)	100% covered (for covered services)	100% covered (for covered services)	100% covered (for covered services)	\$20	\$20	40%	\$25	\$25	40%
<b>Co-insurance</b> (associate responsibility, after deductible)	0%	20%	40%	0%	20%	40%	10%	20%	40%
<b>Office visit</b>	20%	20%	40%	\$20	\$20	40%	\$25	\$25	40%
<b>Urgent care visit</b> (non-life threatening)	10%	20%	40%	\$30	\$30	40%	\$35	\$35	40%
<b>Emergency room visit</b> (life threatening)	\$75	\$75	\$75	\$75	\$75	\$75	\$100	\$100	\$100
<b>Inpatient admission</b>	N/A	\$250	\$500	\$0	\$250	\$500	\$250	\$500	\$1,000
<b>Outpatient surgery</b>	0%	20% (after \$75 co-pay)	40% (after \$150 co-pay)	0% (after \$50 co-pay)	20% (after \$100 co-pay)	40% (after \$200 co-pay)	10% (after \$50 co-pay)	20% (after \$100 co-pay)	40% (after \$200 co-pay)
<b>Out-of-pocket maximums<sup>2</sup></b> Individual Family	Individual / Two Person / Family In-network: \$1,500/\$2,250/\$3,000 Out-of-network: \$3,000/\$4,500/\$6,000			\$1,000 \$2,000	\$2,000 \$4,000	\$4,000 \$8,000	\$2,000 \$4,000	\$4,000 \$8,000	\$8,000 \$16,000
<b>Prescription co-payment<sup>3</sup></b> Generic Brand formulary Brand non-formulary	<b>Retail (34-day supply) / mail order (90-day supply)</b> \$10 / \$25 \$20 / \$50 \$40 / \$100								
<b>Lifetime maximum</b>	\$2 million								

<sup>1</sup>Applies to facility fees only, does not include professional fees.

<sup>2</sup>Co-payments and deductibles do not apply to out of pocket maximums.

<sup>3</sup>If the brand drug has a generic equivalent and you receive the brand drug, you pay the brand co-pay plus the difference between the ingredient cost of the brand drug and the generic drug.

<sup>4</sup>Advantage Care Network (ACN).

<sup>5</sup>Out-of-network subject to balance billing

**IMPORTANT:** For a complete list of all Medco contract pharmacies, visit the Medco Health web site at [www.medcohealth.com](http://www.medcohealth.com) and click on "Find a Local Pharmacy." Maintenance prescriptions must be filled through Medco by Mail.

**DISCLAIMER:** The information provided in this handout is designed to assist you with understanding your plan options under Trinity Health's Flexible Benefits Program. It is only an overview and it is not intended to be a comprehensive description of your benefit plan design(s). The summary plan descriptions and official plan documents cover these plans in more detail and should be referred to with inquiries on what services are covered by the plan. Whenever there is a discrepancy between printed materials, the official plan documents will prevail.

To view the official summary plan documents, visit <http://mybenefits.trinity-health.org> and click on your Ministry Organization's link.