

ST. MARY MERCY HOSPITAL – 2009 HIGHLIGHTS

MEDICAL PLAN

New for 2009: This year you have a choice between three medical plans: Priority Health – Health by Choice HMO, Healthy Blue Solutions PPO B, and the Personal Care Account (PCA) PPO.

Healthy Blue Solutions PPO B rewards your decision to actively adopt a healthier lifestyle by reducing your co-payments and deductibles. The Healthy Plan Solutions plan offers two levels of benefits:

- **Enhanced** offers lower co-payments and deductibles to members who adopt a healthy lifestyle.
- **Standard** has higher co-payments and deductibles for members who choose not to participate in designated wellness and disease management interventions.

You will automatically enjoy the plan's enhanced benefit level for the first 120 days of coverage if you and your spouse:

- Complete a Health Risk Appraisal by 1/31/2009, and
- Based on your HRA results, attend the first of four appointments with a BCBSM health coach by 4/15/2009.

If you and your spouse do not commit to the above, you will be dropped to the standard benefit level on your 121st day of coverage. See your open enrollment packet for more detailed information.

Health By Choice is a health plan combined with a wellness program encouraging members to make healthier choices. The Health By Choice plan has two levels of benefits:

- **Choice** offers lower co-payments and deductibles to participants who adopt a healthy lifestyle.
- **Standard** has higher co-payments and deductibles for participants who choose not to participate in designated wellness and disease management interventions.

You automatically will enjoy the Choice benefit level of for the first 90 days of coverage if you and your spouse:

- Complete a Health Risk Appraisal
- Meet with your primary care physician(s) to complete a Qualification form, and
- Adopt a healthy lifestyle

If you and your spouse do not commit to the above within your first 90 days of coverage, you will be dropped to the standard benefit level. See your open enrollment packet for more detailed information

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.

If you currently are enrolled in the PPO – High Option B and you do not make a new election for 2009, you will automatically be enrolled in the Healthy Blue Solutions PPO B plan. The information provided below and on the next page presents associate co-insurance / co-payment responsibility, as well as a brief summary of features, for each of the plans.

| Medical Plan HIGHLIGHTS | Priority Health – Health by Choice HMO | | | | Healthy Blue Solutions PPO B | | | | | |
|--|--|--|---|--|-------------------------------|-----------------------------|-----------------------------|-------------------------------|-----------------------------|-----------------------------|
| | Choice Plan | | Standard Plan | | Enhanced Benefit Level | | | Standard Benefit Level | | |
| | Tier 1 TH Facilities (non-professional) | Tier 2 Priority Health facilities / professional | Tier 1 TH Facilities (non-professional) | Tier 2 Priority Health facilities / professional | Trinity Facility ¹ | In-Network ⁴ | Out-of-Network ⁵ | Trinity Facility ¹ | In-Network ⁴ | Out-of-Network ⁵ |
| Personal Care Account (PCA) Funded by Trinity Health | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Annual deductible Individual Family | N/A | N/A | N/A | N/A | \$400 \$800 | \$400 \$800 | \$800 \$1,600 | \$750 \$1,500 | \$750 \$1,500 | \$1,500 \$3,000 |
| Preventive services (primary care physicians) | \$20 | \$20 | \$30 | \$30 | \$20 | \$20 | 40% | \$25 | \$25 | 40% |
| Co-insurance (associate responsibility, after deductible) | 0% | 20% | 10% | 20% | 0% | 20% | 40% | 10% | 20% | 40% |
| Office visit | \$20 | \$20 | \$30 | \$30 | \$20 | \$20 | 40% | \$25 | \$25 | 40% |
| Urgent care visit (non-life threatening) | \$35 | \$35 | \$45 | \$45 | \$30 | \$30 | 40% | \$35 | \$35 | 40% |
| Emergency room visit (life threatening) | \$75 | \$75 | \$100 | \$100 | \$75 | \$75 | \$75 | \$100 | \$100 | \$100 |
| Inpatient admissions | \$250 | \$750 | \$500 | \$750 | N/A | \$250 | \$500 | \$250 | \$500 | \$1,000 |
| Outpatient surgery | Varies based on service; refer to summary plan description | | | | 0% (after \$50 co-pay) | 20% (after \$100 co-pay) | 40% (after \$200 co-pay) | 10% (after \$50co-pay) | 20% (after \$100 co-pay) | 40% (after \$200 co-pay) |
| Out-of-pocket max² Individual Family | N/A | \$1,500 \$3,000 | \$750 \$1,500 | \$1,500 \$3,000 | \$1,000 \$2,000 | \$2,000 \$4,000 | \$4,000 \$8,000 | \$2,000 \$4,000 | \$4,000 \$8,000 | \$8,000 \$16,000 |
| Prescription drug co-payment³ Generic Brand formulary Brand non-formulary | Retail (34-day supply) / mail order (90-day supply) \$10 / \$20 20% (\$20 min, \$90 max) / 20% (\$40 min, \$180 max) 40% (\$40 min, \$90 max) / 40% (\$80 min, \$180 max) | | | | | | | | | |
| Lifetime maximum | N/A | | | | \$2 million | | | | | |

¹Applies to facility fees only, does not include professional fees.

⁴Community Blue Network.

²Co-payments and deductibles do not apply to out of pocket maximums.

⁵Out- of-Network subject to balance billing

³If a brand-name drug has a generic equivalent and you receive the brand-name drug, you pay the brand co-payment plus the difference between the ingredient cost of the brand and the generic drug.

| MEDICAL Plan Highlights | Personal Care Account PPO | | |
|--|--|--|--|
| | Trinity Health Facility ¹ | In-Network ⁴ | Out-of-Network ⁵ |
| Personal Care Account (PCA) Funded by Trinity Health | Individual / Two Person / Family \$400 / \$800 / \$1,200 | | |
| Annual deductible Individual Family | Individual / Two Person / Family \$1,250 / \$2,500 / \$3,750 | | |
| Preventive services (primary care physicians) | 100% covered (for covered services) | 100% covered (for covered services) | 100% covered (for covered services) |
| Co-insurance (associate responsibility, after deductible) | 0% | 20% | 40% |
| Office visit | 20% | 20% | 40% |
| Urgent care visit (non-life threatening) | 10% | 20% | 40% |
| Emergency room visit (life-threatening) | \$75 | \$75 | \$75 |
| Inpatient admission | N/A | \$250 | \$500 |
| Outpatient surgery | 0% | 20% (after \$75 co-pay) | 40% (after \$150 co-pay) |
| Out-of-pocket maximum² Individual Family | Individual / Two Person / Family In-Network: \$1,500/\$2,250/\$3,000 Out-of-Network: \$3,000/\$4,500/\$6,000 | | |
| Prescription drug co-payment³ Generic Brand formulary Brand non-formulary | Retail (34-day supply) / mail order (90-day supply) \$10 / \$20 20% (\$20 min, \$90 max) / 20% (\$40 min, \$180 max) 40% (\$40 min, \$90 max) / 40% (\$80 min, \$180 max) | | |
| Lifetime Maximum | \$2 million | | |

¹Applies to facility fees only, does not include professional fees.

²Co-payments and deductibles do not apply to out of pocket maximums.

³If a brand-name drug has a generic equivalent and you receive the brand-name drug, you pay the brand co-payment plus the difference between the ingredient cost of the brand and the generic drug.

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