

## MERCY MEDICAL CENTER, SIOUX CITY – 2009 HIGHLIGHTS

(Mercy Medical Center and Critical Access Hospitals)

### MEDICAL PLAN

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This year, you have a choice between two medical plans: PPO Standard Option B, and the new Personal Care Account (PCA) PPO.

**Personal Care Account (PCA) PPO:** This plan is referred to as a high deductible Preferred Provider Organization (PPO) plan because it has a higher deductible than a traditional PPO plan. This plan is offered with a Personal Care Account (PCA) that is funded by Trinity Health. The Personal Care Account is used to fund a portion of the deductible. Once the PCA is exhausted the remaining amount of the deductible must be met before the regular co-insurances and co-pays apply. Preventative services are 100% covered. Unused PCA funds may be carried over from year to year. You have the flexibility to see any physician, in or out of network, however you will experience less out of pocket expenses at in-network providers.

The information provided below presents associate co-insurance / co-payment responsibility, as well as a brief summary of features, for each of the plans. **Note: If you are declining medical coverage in a Trinity Health plan, you must provide proof of other medical coverage to Human Resources no later than November 14, 2008.**

**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.

MEDICAL Plan Highlights	PPO – Standard Option B			PCA PPO		
	Trinity Health Facility <sup>1</sup>	In-Network <sup>4</sup>	Out-of-Network <sup>5</sup>	Trinity Health 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	N/A	N/A	N/A	Individual / Two Person / Family \$400 / \$800 / \$1,200		
<b>Annual deductible</b> Individual Family	\$750 \$1,500	\$750 \$1,500	\$1,500 \$3,000	Individual / Two Person / Family \$1,250 / \$2,500 / \$3,750		
<b>Preventive services**</b> (Primary care physicians)	\$25	\$25	40%	100% covered (for covered services)	100% covered (for covered services)	100% covered (for covered services)
<b>Co-insurance</b> (associate responsibility, after deductible)	10%	20%	40%	0%	20%	40%
<b>Office visit**</b>	\$25	\$25	40%	20%	20%	40%
<b>Urgent care visit**</b> (non-life threatening)	\$35	\$35	40%	10%	20%	40%
<b>Emergency room visit</b> (life threatening)	\$100	\$100	\$100	\$75	\$75	\$75
<b>Inpatient admission</b>	\$250	\$500	\$1,000	N/A	\$250	\$500
<b>Outpatient surgery</b>	10% (after \$50 co-pay)	20% (after \$100 co-pay)	40% (after \$200 co-pay)	0%	20% (after \$75 co-pay)	40% (after \$150 co-pay)
<b>Out-of-pocket maximum<sup>2</sup></b> Individual Family	\$2,000 \$4,000	\$4,000 \$8,000	\$8,000 \$16,000	Individual / Two Person / Family In-network: \$1,500 / \$2,250 / \$3000 Out-of-network: \$3,000 / \$4,500 / \$6,000		
<b>Prescription drug co-payments<sup>3</sup></b> 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)					
<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 a brand-name drug has a generic equivalent and you purchase the brand-name drug, you pay the brand-name co-payment plus the difference between the ingredient cost of the brand-name and the generic drug.

<sup>4</sup>Aetna network.

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

\*\*Co-payment is reduced when services are received from an MMS provider.