

## SAINT JOSEPH REGIONAL MEDICAL CENTER – 2009 HIGHLIGHTS

### MEDICAL PLAN

You have a choice between three medical plan options:

- Standard PPO – Option B – **NEW!**
- Traditional PPO – High Option A (see co-pay and deductible changes below)
- Advantage HMO plan

MEDICAL Plan Highlights	Standard PPO – Option B			Traditional PPO – High Option A			Advantage HMO
	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>Annual deductible</b>							
Individual	\$750	\$750	\$1,500	\$300	\$300	\$600	N/A
Family	\$1,500	\$1,500	\$3,000	\$600	\$600	\$1,200	
<b>Preventive services</b> (Primary care physicians)	\$25	\$25	40%	\$15	\$15	30%	\$15
<b>Co-insurance</b> (Associate responsibility, after deductible)	10%	20%	40%	0%	10%	30%	N/A
<b>Office visits</b>	\$25	\$25	40%	\$15	\$15	30%	\$15 PCP, \$20 specialist
<b>Urgent care visits</b> (Non-life threatening)	\$35	\$35	40%	\$25	\$25	30%	\$40
<b>Emergency room visits</b> (Life threatening)	\$100	\$100	\$100	\$75	\$75	\$75	\$100
<b>Inpatient admissions</b>	\$250	\$500	\$1,000	\$0	\$250	\$500	\$300
<b>Outpatient surgery</b>	10% (after \$50 co-pay)	20% (after \$100 co-pay)	40% (after \$200 co-pay)	0% (after \$50 co-pay)	10% (after \$100 co-pay)	30% (after \$200 co-pay)	\$100
<b>Out-of-pocket maximums<sup>2</sup></b>							
Individual	\$2,000	\$4,000	\$8,000	\$1,000	\$1,500	\$3,000	N/A
Family	\$4,000	\$8,000	\$16,000	\$2,000	\$3,000	\$6,000	
<b>Prescription drug co-pay<sup>3</sup></b>	<b>Retail (34-day supply) / Mail (90-day supply)</b>						
Generic	\$10 / \$20						
Brand formulary	\$20 / \$40						
Brand non-formulary	\$40 / \$80						
<b>Lifetime maximum</b>	<b>\$2 million per person</b>						

<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>Select Health / Sagamore Network.

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

**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.