

Saint Mary's College Health Insurance Plan

Christian Brothers Employee Benefit Trust PPO Medical

The following is a summary of the health insurance plans offered through Christian Brothers Employee Benefit Trust effective June 1, 2018. Each plan has a different deductible and out-of-network maximum benefit. All other benefit coverages are identical.

Comparing Plan Options Deductibles & Out-Of-Pocket Maximums

	Plan Option 1		Plan Option 2		Plan Option 3	
	Single	Family	Single	Family	Single	Family
In-Network						
Annual Deductible	\$750	\$1,500	\$1,500	\$3,000	\$2,500	\$5,000
Out of Pocket	\$3,250	\$6,500	\$4,000	\$8,000	\$5,000	\$10,000
Out-of-Network						
Annual Deductible	\$1,500	\$3,000	\$3,000	\$6,000	\$5,000	\$10,000
Out of Pocket	\$6,500	\$13,000	\$8,000	\$16,000	\$10,000	\$20,000

Employee Monthly Premiums June 1, 2018 – December 31, 2019

In Network	Plan Option 1: \$750/\$1,500 Deductible \$3,250/\$6,500 Out of Pocket		Plan Option 2: \$1,500 /\$3,000 Deductible \$4,000/\$8,000 Out of Pocket		Plan Option 3: \$2,500/\$5,000 Deductible \$5,000/\$10,000 Out of Pocket	
	Employee Monthly Contributions		Employee Monthly Contributions		Employee Monthly Contributions	
Salary Range	Single	Family	Single	Family	Single	Family
Total Cost	\$578.12	\$1,547.20	\$553.92	\$1,482.44	\$530.35	\$1,419.36
\$1 - \$27,882	\$111.00	\$305.95	\$86.80	\$241.19	\$63.23	\$178.11
\$27,883 - \$50,386	\$119.70	\$330.12	\$95.50	\$265.36	\$71.93	\$202.28
\$50,387 - \$72,899	\$137.03	\$378.30	\$112.83	\$313.54	\$89.26	\$250.46
\$72,900 - \$95,508	\$154.43	\$426.62	\$130.23	\$361.86	\$106.66	\$298.78
\$95,509 +	\$171.76	\$474.80	\$147.56	\$410.04	\$123.99	\$346.96



Covered Benefits

The following co-pays and coinsurance for covered services are the same for all three plan options.

Covered Benefits	Copays, Coinsurance	
	In-Network	Out-of-Network
Physician Home and Office Services (PCP/SCP): Primary Care Physician (PSP) Specialty Care Physician (SCP) Including Office Surgeries & Allergy Serum: <ul style="list-style-type: none"> Allergy Injections (PCP & SCP) Allergy Testing MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds and pharmaceutical products. 	\$20/\$40 \$5 20% 20%	40% 40% 40% 40%
Preventative Care Services: Services include but are not limited to: Routine Exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations ¹ , Annual diabetic eye exam, Vision & Hearing screenings <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services at Hospital/Alternative Care Facility 	No copayment/ coinsurance No copayment/ coinsurance	40% 40%
Emergency and Urgent Care: Emergency Room Services Urgent Care Center <ul style="list-style-type: none"> MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds & pharmaceutical products 	\$150/20% 20%	\$150/20% 40%
Inpatient and Outpatient Professional Services*: Include, but are not limited to: <ul style="list-style-type: none"> Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia 	20%	40%
Outpatient Surgery Hospital/Alternative Care Facility*	20%	40%
Other Outpatient Services (including but not limited to): <ul style="list-style-type: none"> Non Surgical Outpatient Services (for example, MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services. Home Care Services (Network/Non-Network combined) 100 visits Durable Medical Equipment & Orthotics (Network/Non-network combined) Prosthetic Devices Prosthetic Limbs Physical Medicine Therapy Day Rehabilitation programs Hospice Care Ambulance Services 	20% 20% 20%	40% 40% 20%
Outpatient Therapy Services: <ul style="list-style-type: none"> Physician Home and Office Visits Other Outpatient Services at Hospital/Alternative Care Facility Visit limits for the following types of therapy are based on medical necessity: <ul style="list-style-type: none"> Physical therapy Occupational therapy Manipulation therapy Speech therapy Cardiac Rehabilitation Pulmonary Rehabilitation 	\$40 20%	40% 40%

* Precertification is required. A 25% penalty up to \$2,000 may apply.

Covered Benefits (continued)

The following co-pays and coinsurance for covered services are the same for all three plan options.

Covered Benefits	Copays, Coinsurance	
	In-Network	Out-of-Network
Behavioral Health Services Mental Illness & Substance Abuse: <ul style="list-style-type: none"> • Inpatient Facility Services* • Inpatient Professional Services* • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services, Outpatient Facility at Hospital/Alternative Care Facility, Outpatient Professional 	20% 20% \$20/\$40 20%	40%
Prescription Drug Options (Express Scripts): Network Retail Pharmacies (30 day supply): <ul style="list-style-type: none"> • Generic drugs • Preferred Brand drugs • Non-preferred brand drugs Rx Direct Mail Service (90 day supply): <ul style="list-style-type: none"> • Generic drugs • Preferred Brand drugs • Non-preferred brand drugs Specialty drugs <ul style="list-style-type: none"> • Generic drugs • Preferred Brand drugs • Non-preferred brand drugs <p>Member may be responsible for additional cost when not selecting the available generic drug.</p> <p>Specialty Medications must be obtained with our Specialty Pharmacy network in order to receive network level benefits.</p> <p>Retail purchases for maintenance prescriptions are limited to an initial fill and two subsequent refills. Members who continue to use retail will pay the mail delivery copayment, however, only up to a 30-day supply will be dispensed.</p>	\$10 \$30 \$60 \$25 \$75 \$150 10% up to maximum of \$150 20% up to maximum of \$150 20% up to maximum of \$250	Same as In-Network + 20% co-insurance penalty Same as In-Network + 20% co-insurance penalty 10% up to maximum of \$150 20% up to maximum of \$150 20% up to maximum of \$250
Lifetime Maximum Medical	Unlimited	Unlimited

* Precertification is required. A 25% penalty up to \$2,000 may apply.

This is a summary of benefits intended to be a brief outline of coverage. The Summary Benefit Coverage (SBC) is available on the Saint Mary's portal and provides additional plan details. The Summary Plan Document (SPD) is available on the Saint Mary's portal and provides additional plan details.

NOTES:

- All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services)
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance, including 0%. However, the deductible does not apply to Emergency Room Services where a copayment and coinsurance applies and may not apply to some Behavioral Health services where coinsurance applies.
- Dependent Age: to end of the month which the child attains age 26
- Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYNs and Geriatrics or any other Network Provider as allowed by the plan.
- When allergy injections are rendered with a Physicians Home and Office Visit, only the Office Visit cost share applies. When the Office Visit cost share is a % coinsurance, deductible and coinsurance apply to allergy injections.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- Benefit period = calendar year
- Mammograms (Diagnostic) are no copayment/coinsurance in Network office and outpatient facility settings.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.

Additional Christian Brothers Services

Value Added Services included in medical plan

- Health As We Age Wellness Screenings
- Flu Shot Program
- Quit for Life Tobacco Cessation Program
- Diabetes Management Program
- Hearing Aid Discount Program
- Chronic Disease Management
- Maternity Management Program
- Oncology Case Management

Diabetes Management Program

For members diagnosed with Type 1 or Type 2 diabetes. Members receive a connected meter, unlimited strips and personalized support from a coach by phone, email, text or mobile app.

Flu Shot Program

Provides onsite flu shots at no cost to covered employees.

Quit For Life (Tobacco Cessation Program)

Telephone-based counseling program in partnership with the American Cancer Society. Offers Nicotine Replacement Therapy including patches, gum, lozenges in conjunction with the counseling program.

Health As We Age Wellness Screening

Onsite program, consisting of a simple blood draw that includes 34 key preventative blood screens (Diabetes, Heart, CBC, Liver, Thyroid & Kidney).

Teledoc

24/7 access to a panel of 16,000 board certified physicians by phone, online, or video chat.

Contribution Holiday

Is a result of favorable investment returns, along with disciplined and effective plan management; provides members substantial fiscal relief equivalent to one (1) month member contributions; Subject to CBEBT Trustee approval.