Blue Cross & Blue Shield
Summary of Plan Benefits for
Concordia College

Group #EP606W0

Service	Plan Benefits
Eligible Dependents	Spouse and unmarried dependent children to age 19, students to age 25; through the calendar month of the birthday.
Individual Lifetime Maximum	$3,000,000 per person
Deductible	Single - $250.00 Family - $500.00
Medical Out of Pocket Maximum (Includes the medical deductible and coinsurance – Does not include any ineligible charges or charges over the allowed amount.)	$2,500 Individual $5,000 Family
Routine/Preventive Care (Routine Physicals, age 6 and older, office visits, lab, x-rays, immunizations, routine vision or hearing exam) Well Baby Care up to age 6, Prenatal Care	100% coverage after a $25 copay 100%
Physician services Office Visits due to Illness and Injury, and Cancer Screening. All other services in the office	100% after a $25 copay. 100%
Urgent Care Facility	100% after a $25 copay.
Inpatient Hospital Services (room and board, lab tests, x-rays, medication and medical supplies) **Physician Services**	80% **$250 Penalty if not pre-authorized. 80%
Outpatient Hospital Services (Lab tests, x-rays, surgery, kidney dialysis, radiation or chemotherapy, physical therapy, surgery) **Physician Services**	80% 80%
Emergency Room Services Emergency Room Physician Services	100% after a $100 copay. Copay will be waived if admitted within 24 hours. 100%
Chiropractic Care	100% after a $25 copay.
Home Health Care (100 visits per calendar year)	100% coverage.

Service	Plan Benefit
Prescription Drugs Retail • 31-day supply • a 3-cycle supply of oral contraceptives Mail Order – 90 Day Supply	 $10 generic, $25 Formulary Brand, $40 Non-Formulary Brand. $20 generic, $50 Formulary Brand, $80 Non-Formulary Brand.
Mental Health and Chemical Dependency Care Inpatient Care Outpatient Care Professional Care	 80% 80% 100% after a $25 copay.
PT/OT/ST	100%
Ambulance Transportation to the nearest qualified facility to treat the condition.	100%
Medical Supplies (Wheelchairs, splints, casts, etc,)	100%
Vision Coverage (Not included: eyewear, including lenses, frames, and contact lenses, and fitting, except where eligible under Medical Equipment, Prosthetics, and Supplies.)	Routine vision exams are covered at 100% after you pay the office visit copay.

Preadmission Information

To obtain preadmission notification for inpatient admissions or home health care, call 1-800-382-2000, extension 5270 . If you do not obtain preadmission notification for an inpatient admission any benefits related to the services provided would be subject to an additional copayment.

Questions?

For questions or concerns with your benefits or a claim, please contact the Blue Cross Blue Shield of Minnesota (BCBSM) Customer Service Specialists at:

651-662-5004
or
1-866-870-0348

Prescription Drug/ Network Information

Your prescription drug coverage is through Prime Therapeutics, Inc. and their Gold Net Network.
To locate participating pharmacies call
toll free 1-800-509-0545.

This summary is intended as a guide to the coverage provided, for a complete description of the benefits, please refer to your Health Care Certificate.
If there is a discrepancy between this Summary and the Health Care Certificate the Health Care Certificate is correct.

Effective January 1, 2007