

Summary of Plan Benefits Comparison For Concordia College 2010

Service	\$250 CMM Plan Benefits	\$750 CMM Plan Benefits
Eligible Dependents	Spouse and unmarried dependent children to age 19, students to age 25; through the calendar month of the birthday.	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	\$3,000,000 per person
Deductible	\$250 Individual \$500 Family	\$750 Individual \$1,500 Family
Medical Out of Pocket Maximum (Includes the medical deductible and coinsurance – (Does not include copays, medical or prescription and any ineligible charges or charges over the allowed amount).	\$2,500 Individual \$5,000 Family	\$3,000 Individual \$6,000 Family
Routine/Preventive Care Routine Physicals, age 6 and older, office visits, lab, x-rays, immunizations, routine vision or hearing exam)	100%	100%
Well Baby Care up to age 6, Prenatal Care	100%	100%
Physician services Office Visits due to Illness and Injury, and Cancer Screening.	100% after a \$25 copay.	100% after a \$25 copay.
All other services in the office	100%	100%
Urgent Care Facility	100% after a \$25 copay.	100% after a \$25 copay.
Inpatient Hospital (room and board, lab tests, x-rays, medication and medical supplies)	After the deductible, 80% coverage to the out of pocket maximum; then 100% **\$250 Penalty if not pre-authorized.	After the deductible, 80% coverage to the out of pocket maximum; then 100% **\$250 Penalty if not pre-authorized.
Inpatient Hospital Physician	100%	100%
Outpatient Hospital Facility (Lab tests, x-rays, surgery, kidney dialysis, radiation or chemotherapy, physical therapy, surgery)	After the deductible, 80% coverage to the out of pocket maximum; then 100%	After the deductible, 80% coverage to the out of pocket maximum; then 100%
Outpatient Hospital Physician	100%	100%
Emergency Room Services Emergency Room	100% after a \$100 copay. Copay will be waived if admitted within 24 hours.	100% after a \$100 copay. Copay will be waived if admitted within 24 hours.
Physician Services	100%	100%
Chiropractic Care	100% after a \$25 copay.	100% after a \$25 copay.
Home Health Care	100% coverage.	100% coverage.

Service	\$250 CMM Plan Benefit	\$750 CMM Plan Benefit
Prescription Drugs Retail <ul style="list-style-type: none"> • 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.	\$10 generic, \$25 Formulary Brand, \$40 Non-Formulary Brand. \$20 generic, \$50 Formulary Brand, \$80 Non-Formulary Brand.
Mental Health & Chemical Dependency Care Inpatient Care	After the deductible, 80% coverage to the out of pocket maximum; then 100%	After the deductible, 80% coverage to the out of pocket maximum; then 100%
Mental Health and Chemical Dependency Outpatient Care	100% after a \$25 copay.	100% after a \$25 copay.
PT/OT/ST Inpatient & Outpatient Hospital & Physician Services Professional Care at a Clinic	After the deductible, 80% coverage to the out of pocket maximum; then 100%. 100% after a \$25 copay.	After the deductible, 80% coverage to the out of pocket maximum; then 100%. 100% after a \$25 copay.
Ambulance Transportation to the nearest qualified facility to treat the condition.	100%	100%
Medical Supplies (Wheelchairs, splints, casts, etc.)	100%	100%

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

1-866-5870-0348

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.

Please note you still have coverage when using a Non-participating providers, except you will be responsible for any charges that exceed the usual and customary amount/allowed

<p>This summary is intended as a guide to the coverage provided, for a complete description of the benefits, please refer to your Summary Plan Description. If there is a discrepancy between this Summary and the Summary Plan Description the Summary Plan Description is correct.</p>
