

Health Plan General Summary 2008 Creighton Consumer Account Plan (CCAP)

Monthly Premium			
Coverage	Employee Premium	Creighton Premium	Total Premium
Employee Only	\$ 39.14	\$ 352.22	\$ 391.36
Employee + Spouse	\$ 83.18	\$ 784.64	\$ 831.82
Employee + Child(ren)	\$ 69.20	\$ 622.74	\$ 691.91
Employee + Spouse + Child(ren)	\$111.16	\$1,000.42	\$1,111.58
Provider Networks	In Network	Out of Network	
Calendar Year Deductible	\$1,500 employee only/\$3,000 family deductible maximum	\$4,500 employee only/\$9,000 family deductible maximum	
Physician Office Visits Emergency Care Urgi Care Center Hospital Emergency Room Outpatient Diagnostic X-Ray & Lab Outpatient Surgery Specialist Physician	pays 80% after calendar year deductible	pays 60% after calendar year deductible	
Impatient Hospital Care	pays 80% after calendar year deductible; pre-certification required	pays 60% after calendar year deductible; pre-certification required	
Mental Health Services			
Inpatient	pays 80% after calendar year deductible pre-certification required 30 days per calendar year maximum (all providers In-Network and Out-of-Network combined)	pays 60% after calendar year deductible; pre-certification required 30 days per calendar year maximum(all providers In-Network and Out-of-Network combined)	
Outpatient	pays 80% after calendar year deductible 50 outpatient visits per calendar year maximum (all providers In-Network and Out-of-Network combined)	pays 60% after calendar year deductible 50 outpatient visits per calendar year maximum (all providers In-Network and Out-of-Network combined)	
Co-insurance and deductible annual limit (maximum out-of-pocket) for non-mental health care and prescription drugs	\$3,000 employee only/\$6,000 per family	\$9,000 employee only/\$18,000 per family	
Pre-certification Penalty	benefits are reduced by 20% if pre-certification is not obtained for selected outpatient surgeries or inpatient hospital stays	benefits are reduced by 20% if pre-certification is not obtained for selected outpatient surgeries or inpatient hospital stays	
Preventive Health Care	pays 100% for mammography, annual pap smear, annual PSA test, routine physical exams, and well baby care, deductible waived	pays 60% for mammography, annual pap smear, annual PSA test, routine physical exams, and well baby care, deductible waived	
Lifetime Maximum	unlimited	unlimited	
Prescription Drugs	pays 80% after calendar year deductible	pays 60% after calendar year deductible	

Health Benefit: Coventry Health Care 1-800-467-4917 or www.chcne-m.com
 Pharmacy Benefit: Walgreen's Health Initiatives (WHI) 1-800-207-2568 or www.mywhi.com

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Health Plan General Summary 2008 Option I

Monthly Premium			
Coverage	Employee Premium	Creighton Premium	Total Premium
Employee Only	\$121.94	\$321.46	\$ 443.40
Employee + Spouse	\$268.26	\$707.22	\$ 975.48
Employee + Child(ren)	\$219.48	\$578.64	\$ 798.12
Employee + Spouse + Child(ren)	\$365.80	\$964.40	\$1,330.20
Provider Networks	In Network	Out of Network	
Calendar Year Deductible	\$300 per person/\$600 family deductible maximum	\$900 per person/\$1,800 family deductible maximum	
Physician Office Visits Emergency Care Urgi Care Center Outpatient Diagnostic X-Ray & Lab Outpatient Surgery Specialist Physician	pays 80% after calendar deductible	pays 70% after calendar year deductible	
Inpatient Hospital Care	pays 80% after calendar year deductible; pre-certification required	pays 70% after calendar year deductible; pre-certification required	
Mental Health Services			
Inpatient	pays 80% after calendar year deductible pre-certification required 30 days per calendar year maximum (all providers In-Network and Out-of-Network combined)	pays 70% after calendar year deductible; pre-certification required 30 days per calendar year maximum(all providers In-Network and Out-of-Network combined)	
Outpatient	pays 80% after calendar year deductible 50 outpatient visits per calendar year maximum (all providers In-Network and Out-of-Network combined)	pays 70% after calendar year deductible 50 outpatient visits per calendar year maximum (all providers In-Network and Out-of-Network combined)	
Co-insurance and deductible annual limit for non-mental health care	\$1,000 per person/\$2,000 per family	\$3,000 per person/\$6,000 per family	
Pre-certification Penalty	benefits are reduced by 20% if pre-certification is not obtained for selected outpatient surgeries or inpatient hospital stays	benefits are reduced by 20% if pre-certification is not obtained for selected outpatient surgeries or inpatient hospital stays	
Preventive Health Care	pays 100% for mammography, annual pap smear, annual PSA test, routine physical exams, and well baby care, deductible waived	pays 70% for mammography, annual pap smear, annual PSA test, routine physical exams, and well baby care, deductible waived	
Lifetime Maximum	unlimited	unlimited	
Prescription Drug Program (co-pay+coinsurance does not apply to health insurance out-of-pocket)	CUMC	Other Participating Pharmacies	
Generic (30 day supply)	\$7.50	\$10.00	
Brand with or without generic (30 day supply)	25% (\$75 maximum)	30% (\$75 maximum)	
Advantage 90 (90 day limit) - retail or mail order			
Generic	\$17.50	\$25.00	
Brand with or without generic	25% (\$225 maximum)	30% (\$225 maximum)	

Health Benefit:
Pharmacy Benefit:

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Health Plan General Summary 2008 Option II

Monthly Premium			
Coverage	Employee Premium	Creighton Premium	Total Premium
Employee Only	\$67.60	\$330.08	\$ 397.68
Employee + Spouse	\$148.74	\$726.16	\$ 874.90
Employee + Child(ren)	\$121.70	\$594.12	\$ 715.82
Employee + Spouse + Child(ren)	\$202.80	\$990.22	\$1,193.02
Provider Networks			
	In Network	Out of Network	
Calendar Year Deductible	\$750 per person/\$1,500 family deductible maximum	\$2,250 per person/\$4,500 family deductible maximum	
Physician Office Visits Emergency Care Urgi Care Center Outpatient Diagnostic X-Ray & Lab Outpatient Surgery Specialist Physician	pays 80% after calendar deductible	pays 65% after calendar year deductible	
Inpatient Hospital Care	pays 80% after calendar year deductible; pre-certification required	pays 65% after calendar year deductible; pre-certification required	
Mental Health Services			
Inpatient	pays 80% after calendar year deductible pre-certification required 30 days per calendar year maximum (all providers In-Network and Out-of-Network combined)	pays 65% after calendar year deductible; pre-certification required 30 days per calendar year maximum(all providers In-Network and Out-of-Network combined)	
Outpatient	pays 80% after calendar year deductible 50 outpatient visits per calendar year maximum (all providers In-Network and Out-of-Network combined)	pays 65% after calendar year deductible 50 outpatient visits per calendar year maximum (all providers In-Network and Out-of-Network combined)	
Co-insurance and deductible annual limit for non-mental health care	\$2,000 per person/\$4,000 per family	\$6,000 per person/\$12,000 per family	
Pre-certification Penalty	benefits are reduced by 20% if pre-certification is not obtained for selected outpatient surgeries or inpatient hospital stays	benefits are reduced by 20% if pre-certification is not obtained for selected outpatient surgeries or inpatient hospital stays	
Preventive Health Care	pays 100% for mammography, annual pap smear, annual PSA test, routine physical exams, and well baby care, deductible waived	pays 65% for mammography, annual pap smear, annual PSA test, routine physical exams, and well baby care, deductible waived	
Lifetime Maximum	unlimited	unlimited	
Prescription Drug Program (co-pay+coinsurance does not apply to health insurance out-of-pocket)			
	CUMC	Other Participating Pharmacies	
Generic (30 day supply)	\$7.50	\$10.00	
Brand with or without generic (30 day supply)	25% (\$75 maximum)	30% (\$75 maximum)	
Advantage 90 (90 day limit) - retail or mail order			
Generic	\$17.50	\$25.00	
Brand with or without generic	25% (\$225 maximum)	30% (\$225 maximum)	

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