

CONCORDIA UNIVERSITY STUDENT HEALTH CARE PROGRAM

	Option 1 Blue Cross Blue Shield – Personal Blue Personal Blue 80 with Copay Personal Blue 100		Option 2 Blue Cross Blue Shield-Simply Blue Single Coverage Only Simply Blue 80 Simply Blue 100		Option 3 HealthPartners Traditional	Option 4 HealthPartners Three For Free																																																																																																																																																																
Inpatient Hospital Services	Inpatient lab and diagnostic imaging/ X-ray services, ambulance, medical Supplies, occupational, physical and speech therapy, mental health care and ER are 80% after \$1000 deductible up to \$2,000, then 100%.	Inpatient lab and diagnostic imaging/ X-ray services, ambulance, medical Supplies, occupational, physical and speech therapy, mental health care and ER are 100% after \$4000 deductible.	Inpatient lab and diagnostic imaging/ X-ray services, ambulance, medical Supplies, occupational, physical and speech therapy, mental health care and ER are 80% after \$4000 deductible up to \$6,500, then 100%.	Inpatient lab and diagnostic imaging/ X-ray services, ambulance, medical Supplies, occupational, physical and speech therapy, mental health care and ER are 100% after \$5000.	Inpatient hospital care: 80% after \$1000 ded. To \$2500 out of pocket maximum then 100%..	Inpatient Hospital Care: 100% after \$4000 deductible.																																																																																																																																																																
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Maternity Care	First 18 months: No Coverage for maternity labor, delivery care, post delivery and maternity complications 19th month and after: You pay 20% after \$1,000 deductible. Prenatal Care-You pay 0%.	First 18 months: No Coverage for maternity labor, delivery care, post delivery & maternity complications 19th month and after: You pay 0% after \$4,000 deductible. Prenatal Care-You pay 0%..	No coverage for maternity labor, delivery, post-delivery care and maternity complications. Prenatal Care-You Pay 0%.	No coverage for maternity labor, delivery, post-delivery care and maternity complications. Prenatal Care-You Pay 0%	No coverage for the first 18 months. Beginning with the 19 th month of coverage: 80% after \$1000 ded. to \$2500 out of pocket maximum then 100%. Prenatal Care: 100%	No Coverage for labor, delivery and postnatal care.																																																																																																																																																																
Prescription Drugs	\$5 copay for formulary generic drugs. You pay 20% after \$1000 deductible for formulary brand name drugs. 31-day supply. 90-day supply available through 90dayRx program at participating retail Pharmacies or by mail.	You pay 0% after \$4000 deductible for all formulary drugs. 31-day supply. 90-day supply available through 90dayRx program at participating retail Pharmacies or by mail.	\$5 copay for formulary generic drugs. You pay 20% after \$4000 deductible for formulary brand name drugs. 31-day supply. 90-day supply available through 90dayRx program at participating retail Pharmacies or by mail.	\$5 copay for formulary generic drugs. You pay 0% after \$5000 deductible for formulary brand name drugs. 31-day supply. 90-day supply available through 90dayRx program at participating retail Pharmacies or by mail.	80% coverage after \$1000 deductible to \$2500 out of pocket maximum, then 100%.	Generic: \$5 copay Brand: 100% after \$4000 deductible.																																																																																																																																																																
Office Visits	Office or urgent care visits for illness or injury. Includes mental health, substance abuse, eating disorders: \$50 copay per visit plus 20% after \$1000 deductible for related services such as X-rays, in office surgery and allergy services. Retail Clinic: \$10 copay per visit plus 20% after \$1000 deductible for related services as described above.	Office or urgent care visits for illness or injury. Includes mental health, substance abuse, eating disorders: 100% after \$4000. Retail Clinic: 100% after \$4000 deductible.	Plan pays first \$300 , then you pay 20% after \$4000 deductible in a health care professional office, urgent care clinic or retail clinic for illness or injury including allergy services, lab, mental health and diagnostic imaging/ X-ray services.	Plan pays first \$500 , then you pay 0% after \$5000 deductible in a health care professional office, urgent care clinic or retail clinic for illness or injury including allergy services, lab, mental health and diagnostic imaging/ X-ray services.	100% for prenatal care, immunizations to age 18 and well child services to age 6. 80% after \$1000 deductible to \$2500 then 100% for routine physicals, eye exams, mental health, chiropractic care and office visits for injury or illness.	100% for the first three visits, then 100% after \$4000 deductible for illness/ injury, urgent care, mental healthcare and chemical healthcare. Preventive Care: 100% up to \$200 combined with routine eye exam benefit per calendar year.																																																																																																																																																																
Chiropractic Care	You pay 20% after \$1000 deductible. Maximum of \$500 per person per calendar year.	You pay 0% after \$4000 deductible. Maximum of \$500 per person per calendar year.	You pay 20% after \$4000 deductible. Maximum of \$500 per person per calendar year.	You pay 0% after \$5000 deductible. Maximum of \$500 per person per calendar year.	See Office Visits	Covered at 100% after deductible.																																																																																																																																																																
Preventive Care	Preventive Care: Routine physicals, eye exams & cancer screening and immunizations. Plan pays first \$200 then you pay 20% after \$1000 deductible. Well child care to age 6 and immunizations to age 18, you pay 0%	Preventive Care: Routine physicals, eye exams & cancer screening and immunizations. You pay 0% after \$4000 deductible. Well child care to age 6 and immunizations to age 18, you pay 0%..	Preventive Care: Routine physicals, eye exams & cancer screening and immunizations. Plan pays first \$250 then you pay 20% after \$4000 deductible. Well child care to age 6 and immunizations to age 18, you pay 0%.	Preventive Care: Routine physicals, eye exams & cancer screening and immunizations. Plan pays first \$250 then you pay 0% after \$5000 deductible. Well child care to age 6 and immunizations to age 18, you pay 0%.	Preventive Care: Routine exams at 80% after \$1000 deductible to \$2500 then 100%	Preventive Care: Routine eye exams: 100% (no deductible) up to \$200 combined with routine physical benefit per calendar year.																																																																																																																																																																
Chemical Dependency	Available for additional charge.	Available for additional charge.	Available for additional charge.	Available for additional charge.	Available for additional charge.	Available for additional charge.																																																																																																																																																																
Maximum	Lifetime Max per person is \$5 million.	Lifetime Max per person is \$5 million.	Lifetime Max per person is \$5 million	Lifetime Max per person is \$5 million	Lifetime Max per person \$5 million	Lifetime Max per person is \$5 million																																																																																																																																																																
Cost (Monthly Rates) (Rates reflect tobacco-free & waived chemical dependency) (Other deductibles available upon request) Open Enrollment year round	<table border="1"> <thead> <tr> <th>Age</th> <th>Rate</th> <th>Age</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>3mo-18yr</td> <td>\$163.00</td> <td>45-49</td> <td>\$288.00</td> </tr> <tr> <td>19-29</td> <td>\$183.50</td> <td>50-54</td> <td>\$377.00</td> </tr> <tr> <td>30-34</td> <td>\$202.00</td> <td>55-59</td> <td>\$474.00</td> </tr> <tr> <td>35-39</td> <td>\$209.50</td> <td>60-64</td> <td>\$522.00</td> </tr> <tr> <td>40-44</td> <td>\$233.50</td> <td>65+</td> <td>\$522.00</td> </tr> </tbody> </table> <p><i>Rates Reflect Accord Network</i></p>	Age	Rate	Age	Rate	3mo-18yr	\$163.00	45-49	\$288.00	19-29	\$183.50	50-54	\$377.00	30-34	\$202.00	55-59	\$474.00	35-39	\$209.50	60-64	\$522.00	40-44	\$233.50	65+	\$522.00	<table border="1"> <thead> <tr> <th>Age</th> <th>Rate</th> <th>Age</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>3mo-18yr</td> <td>\$95.50</td> <td>45-49</td> <td>\$221.50</td> </tr> <tr> <td>19-29</td> <td>\$108.00</td> <td>50-54</td> <td>\$221.50</td> </tr> <tr> <td>30-34</td> <td>\$118.50</td> <td>55-59</td> <td>\$278.00</td> </tr> <tr> <td>35-39</td> <td>\$123.00</td> <td>60-64</td> <td>\$306.50</td> </tr> <tr> <td>40-44</td> <td>\$137.00</td> <td>65+</td> <td>\$306.50</td> </tr> </tbody> </table> <p><i>Rates Reflect Accord Network</i></p>	Age	Rate	Age	Rate	3mo-18yr	\$95.50	45-49	\$221.50	19-29	\$108.00	50-54	\$221.50	30-34	\$118.50	55-59	\$278.00	35-39	\$123.00	60-64	\$306.50	40-44	\$137.00	65+	\$306.50	<table border="1"> <thead> <tr> <th>Age</th> <th>Rate</th> <th>Age</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>3mo-18</td> <td>\$105.00</td> <td>45-49</td> <td>\$185.00</td> </tr> <tr> <td>19-29</td> <td>\$118.00</td> <td>50-54</td> <td>\$242.50</td> </tr> <tr> <td>30-34</td> <td>\$130.00</td> <td>55-59</td> <td>\$304.50</td> </tr> <tr> <td>35-39</td> <td>\$134.50</td> <td>60-64</td> <td>\$335.50</td> </tr> <tr> <td>40-44</td> <td>\$150.00</td> <td>65+</td> <td>\$335.50</td> </tr> </tbody> </table>	Age	Rate	Age	Rate	3mo-18	\$105.00	45-49	\$185.00	19-29	\$118.00	50-54	\$242.50	30-34	\$130.00	55-59	\$304.50	35-39	\$134.50	60-64	\$335.50	40-44	\$150.00	65+	\$335.50	<table border="1"> <thead> <tr> <th>Age</th> <th>Rate</th> <th>Age</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>3mo-18</td> <td>\$108.00</td> <td>45-49</td> <td>\$190.50</td> </tr> <tr> <td>19-29</td> <td>\$121.50</td> <td>50-54</td> <td>\$249.50</td> </tr> <tr> <td>30-34</td> <td>\$133.50</td> <td>55-59</td> <td>\$313.50</td> </tr> <tr> <td>35-39</td> <td>\$138.50</td> <td>60-64</td> <td>\$345.00</td> </tr> <tr> <td>40-44</td> <td>\$154.50</td> <td>65+</td> <td>\$345.00</td> </tr> </tbody> </table>	Age	Rate	Age	Rate	3mo-18	\$108.00	45-49	\$190.50	19-29	\$121.50	50-54	\$249.50	30-34	\$133.50	55-59	\$313.50	35-39	\$138.50	60-64	\$345.00	40-44	\$154.50	65+	\$345.00	<table border="1"> <thead> <tr> <th>Age</th> <th>Rate</th> <th>Age</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>0-29</td> <td>\$172.10</td> <td>48-49</td> <td>\$284.13</td> </tr> <tr> <td>30-34</td> <td>\$185.99</td> <td>50-51</td> <td>\$318.22</td> </tr> <tr> <td>35-39</td> <td>\$197.51</td> <td>52-53</td> <td>\$356.40</td> </tr> <tr> <td>40-41</td> <td>\$203.42</td> <td>54-55</td> <td>\$392.03</td> </tr> <tr> <td>42-43</td> <td>\$211.56</td> <td>56-57</td> <td>\$427.33</td> </tr> <tr> <td>44-45</td> <td>\$230.60</td> <td>58-59</td> <td>\$465.79</td> </tr> <tr> <td>46-47</td> <td>\$255.96</td> <td>60-64</td> <td>\$504.14</td> </tr> </tbody> </table>	Age	Rate	Age	Rate	0-29	\$172.10	48-49	\$284.13	30-34	\$185.99	50-51	\$318.22	35-39	\$197.51	52-53	\$356.40	40-41	\$203.42	54-55	\$392.03	42-43	\$211.56	56-57	\$427.33	44-45	\$230.60	58-59	\$465.79	46-47	\$255.96	60-64	\$504.14	<table border="1"> <thead> <tr> <th>Age</th> <th>Rate</th> <th>Age</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>0-29</td> <td>\$99.12</td> <td>48-49</td> <td>\$163.64</td> </tr> <tr> <td>30-34</td> <td>\$107.12</td> <td>50-51</td> <td>\$183.28</td> </tr> <tr> <td>35-39</td> <td>\$113.75</td> <td>52-53</td> <td>\$205.27</td> </tr> <tr> <td>40-41</td> <td>\$117.17</td> <td>54-55</td> <td>\$225.79</td> </tr> <tr> <td>42-43</td> <td>\$121.85</td> <td>56-57</td> <td>\$246.12</td> </tr> <tr> <td>44-45</td> <td>\$132.82</td> <td>58-59</td> <td>\$268.27</td> </tr> <tr> <td>46-47</td> <td>\$147.42</td> <td>60-64</td> <td>\$290.36</td> </tr> </tbody> </table>	Age	Rate	Age	Rate	0-29	\$99.12	48-49	\$163.64	30-34	\$107.12	50-51	\$183.28	35-39	\$113.75	52-53	\$205.27	40-41	\$117.17	54-55	\$225.79	42-43	\$121.85	56-57	\$246.12	44-45	\$132.82	58-59	\$268.27	46-47	\$147.42	60-64	\$290.36
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NOTE: This is only a summary. Your contract will provide a detailed description of what is and is not covered. Please see plan brochures for more details available at the David Agency website. **Premium is based on applicant's health status. HealthPartners rates may vary by service area.**
 CALL TIM DONOVAN: (952) 277-0674/ 877-827-5824:Ext 674 E-mail:timd@davidagencyinc.com **FOR MORE INFORMATION VISIT OUR WEBSITE AT: www.davidagencyinc.com**

- ~~Deleted:~~ Actual monthly premium will be
- ~~Deleted:~~ applicants
- ~~Deleted:~~ HealthPartners
- ~~Deleted:~~ based on
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