

CSP 2010 Medical Plan Cost Summary

PPO Plan				High Deductible Plan with Health Savings Account					
Plan Cost	Option C (Monthly)			Option Blue (Monthly)			Optional HSA Account (Annual)		
	Total	CSP	Employee	Total	CSP	Employee	Fully-Funded Deductible	Fund HSA with Option C/Option Blue premium difference	Employee contribution to fully fund (optional)
Self	\$451	\$321	\$130	\$378	\$378	\$0	\$2500	\$1560	\$940
Self & Spouse	\$908	\$504	\$404	\$760	\$569	\$191	\$5000	\$2556	\$2444
Self & Child	\$754	\$442	\$312	\$632	\$505	\$127	\$5000	\$2220	\$2780
Family	\$1205	\$623	\$582	\$1009	\$693	\$316	\$5000	\$3192	\$1808
Employee Out-of-Pocket	<i>In-Network*</i>			<i>In-Network*</i>					
Medical Benefits	<i>Administered by Blue Cross Blue Shield of Minnesota</i>								
Preventive Care (including physicals, well-baby/well-child)	0%			\$0					
Office/Urgent Care Visit Copay**	\$25			\$0 after medical deductible					
Individual/Family Deductible	\$500/\$1000			\$2500/\$5000					
Coinsurance	20%			N/A					
Individual /Family Coinsurance max***	\$2000/\$4000			N/A					
Emergency Room Copay	\$100 copay (waived if admitted)			\$0 after medical deductible					
Lifetime Maximum	\$5 million			\$5 million					
Mental Health Benefits	<i>Administered by Cigna Behavioral Health</i>			<i>Administered by Blue Cross Blue Shield of Minnesota</i>					
Individual/Family Deductible	\$0			\$0 after medical deductible					
Coinsurance	10%			\$0 after medical deductible					
Individual/Family Coinsurance max***	\$500/\$1000								
Psychology Testing	10%			\$0 after medical deductible					
Inpatient/Other Expenses	10%			\$0 after medical deductible					
Prescription Drug Benefits	<i>Short-Term Retail</i>		<i>Long-Term (30+ days) Mail Order</i>		<i>Administered by Express Scripts</i>				
Generic Drug Copay	\$10		\$20		\$0 after medical deductible				
Brand Name Formulary Copay	\$25		\$50		\$0 after medical deductible				
Brand Name Non-Formulary Copay	\$50		\$100		\$0 after medical deductible				
Vision Benefits	<i>Administered by Vision Service Plan</i>			<i>Benefit level is the same for both options and is included in the Plan Cost above</i>					
Dental Benefits	<i>Administered by Cigna Dental</i>			<i>Benefit level is the same for both options and is included in the Plan Cost above</i>					

* For Out-of-Network costs please refer to the Healthcare page at www.concordiaplans.org.

** Office visit copays do not apply to the deductible.

*** Coinsurance maximums do not include copays and deductibles.