

VALPARAISO UNIVERSITY

PPO Benefit Plan Summary Effective January 1, 2009

Lifetime Maximum Per Person \$3,000,000.00

Dr. Office Visit Copay
In Network \$20.00
Out of Network Deductible Applies

Prescription Drugs (Anthem Rx)
Generic (34 day supply or 100 pills) 10% Copay or \$6.00
 minimum*
Name Brand(34 day supply or 100 pills) 20% Copay or \$10.00
 minimum*
Mail Order Generic(90 day supply) 10% Copay or \$6.00
 minimum*
Mail Order Name Brand (90 day supply) 20% Copay or \$10.00
 minimum*
***(whichever is the greater amount)**

Wellness Benefits/Routine Physical 100%
In Network Maximum Benefit per year \$300.00
Out of Network Maximum Benefit per year \$200.00

Diagnostic X-ray/Lab Charges Deductible Waived
 - Alverno Clinical Lab and Glendale Medical Lab

Emergency Room Copay \$ 50.00
 For Non-emergency

Per Confinement Deductible Out of Network \$200.00

Mental Illness and Substance Abuse
 Inpatient Maximum Days per Calendar Year 50
 Outpatient Maximum Visits per Calendar Year 50
 Outpatient Benefit 80% of U&C
 Maximum Lifetime Benefit-Alcohol and Drug Addiction \$25,000.00

Vision Benefits (Anthem Blue Vision PPO)
 Eye Exam: \$10 copay in network Up to \$35 out of network
 Lenses: \$30 copay in network Per schedule out of network
 Frames: \$80 allowance in network Up to \$45 out of network
 Contacts: \$30 copay in network Up to \$80 out of network

Dental Coverage	
Preventive Deductible	0
Combined Deductible Basic/Major (per person per year)	\$ 50.00
Preventive Coinsurance	100% of U&C
Basic Coinsurance	80% of U&C
Major Coinsurance	50% of U&C

Deductible and Coinsurance Options

	<u>PPO</u>	<u>Out of Area</u>
Deductible		
Individual	\$1,000	\$1,000
Family	\$2,000	\$2,000
Coinsurance Options		
Anthem Blue Access PPO		80%/20%
Out of Network		60%/40%
Individual Limit		\$ 5,000
Family Limit		\$10,000
Out of Pocket (including deductible)		
Anthem Blue Access PPO		
Individual		\$2,000
Family		\$4,000
Out of Network		
Individual		\$3,000
Family		\$6,000

Employee Payroll Contributions

	<u>Bi-Weekly 1/1/09</u>	<u>2009 Annually</u>
Employee Only*	\$38.00	\$988.00
Employee Only**	\$64.00	\$1,664.00
Employee+One	\$121.00	\$3,146.00
Family	\$172.00	\$4,472.00

**Active single employees earning \$30,000 per year or less*

***Active single employees earning over \$30,000 per year*