

VALPARAISO UNIVERSITY
PPO Benefit Plan Summary Effective January 1, 2008

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
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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 1/1/08</u>	<u>2008 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*