

Benefit Contract offered by Creighton University Medical Designs

PPO 1

	<u>2020</u>	<u>2020</u>	
	CHI Facilities & Physicians	In Network	Out of Network
Deductible			
Individual	\$750		\$2,250
Family	\$1,500		\$4,500
Coinsurance			
Inpatient	10% after Ded.	20% after Ded.	40% after Ded.
Outpatient	10% after Ded.	20% after Ded.	40% after Ded.
Other	NA	20% after Ded.	40% after Ded.
OOP Max (Includes Deductible)*			
Individual	\$3,500		\$7,000
Family	\$7,000		\$14,000
Preventive Care Services	0%	0%	40%
Physician Services	10% after Ded.	20% after Ded.	40% after Ded.
Specialists Visit	10% after Ded.	20% after Ded.	40% after Ded.
Urgent Care	\$50 copay; subject to OOP max	\$50 copay; subject to OOP max	40% after Ded.
Emergency Room Visit - Emergent	20%	20%	20%
Emergency Room Visit - NonEmergent	20% + \$250 copay	20% + \$250 copay	20% + \$250 copay

PPO 2

	<u>2020</u>	<u>2020</u>	
	CHI Facilities & Physicians	In Network	Out of Network
Deductible			
Individual	\$1,000		\$2,500
Family	\$2,000		\$5,000
Coinsurance			
Inpatient	10% after Ded.	20% after Ded.	40% after Ded.
Outpatient	10% after Ded.	20% after Ded.	40% after Ded.
Other	NA	20% after Ded.	40% after Ded.
OOP Max (Includes Deductible)*			
Individual	\$4,500		\$9,000
Family	\$9,000		\$18,000
Preventive Care Services	0%	0%	40%
Physician Services	10% after Ded.	20% after Ded.	40% after Ded.
Specialists Visit	10% after Ded.	20% after Ded.	40% after Ded.
Urgent Care	\$50 copay; subject to OOP max	\$50 copay; subject to OOP max	40% after Ded.
Emergency Room Visit	20%	20%	20%
Emergency Room Visit - NonEmergent	20% + \$250 copay	20% + \$250 copay	20% + \$250 copay

CCAP

	<u>2020</u>	<u>2020</u>	
	CHI Facilities & Physicians	In Network	Out of Network
Deductible			
Individual	\$2,250		\$4,750
Family	\$4,500		\$9,500
Coinsurance			
Inpatient	10% after Ded.	20% after Ded.	40% after Ded.
Outpatient	10% after Ded.	20% after Ded.	40% after Ded.
Other	NA	20% after Ded.	40% after Ded.
OOP Max (Includes Deductible)			
Individual	\$3,500		\$10,000
Family	\$7,000		\$20,000
Preventive Care Services	0%	0%	40%
Physician Services	Ded. +10%	Ded. +20%	Ded. + 40%
Specialists Visit	Ded. +10%	Ded. +20%	Ded. + 40%
Urgent Care	Ded. +20%	Ded. +20%	Ded. + 40%
Emergency Room Visit	Ded. +20%	Ded. +20%	Ded. + 40%
Emergency Room Visit - NonEmergent	Ded +20% + \$250 copay	Ded +20% + \$250 copay	Ded +20% + \$250 copay
HSA Seed	\$500 Single / \$750 Family		