

## Murray State University 2010 Medical Plan Benefits

Benefit Provision	High Deductible Health Plan		Standard Plan		Enhanced Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b> (Applies to % co-payments)	\$2,000 Single \$3,000 Family	\$4,000 Single \$6,000 Family	\$1,000 Single \$2,000 Family	\$2,000 Single \$4,000 Family	\$400 Single \$800 Family	\$800 Single \$1,600 Family
<b>Maximum Out-of-Pocket</b> (includes deductible)	\$5,000 Single \$10,000 Family	\$10,000 Sngl \$20,000 Fam	\$2,000 Single \$4,000 Family	\$4,000 Single \$8,000 Family	\$1,500 Single \$3,000 Family	\$3,000 Single \$6,000 Family
<b>Lifetime Maximum</b>	\$5,000,000		\$5,000,000		\$5,000,000	
<b>Physician Services</b> Office Visit All other services in office	Paid at 70%* Paid at 70%*	Paid at 50%* Paid at 50%*	\$25 Paid at 80%*	Paid at 60%* Paid at 60%*	\$25 Paid at 90%*	60%* Paid at 60%*
<b>Preventive Care</b> – Not subject to deductible	Covered in full up to \$750 / person /yr max	Paid at 50%	Covered in full up to \$750 / person /yr max	Not Covered	Covered in full up to \$750 / person /yr max	Not Covered
<b>Outpatient Physical Medicine Therapies (Combined Network &amp; Non-Network calendar yr limits apply)</b> Physical, Occupational, & Speech: 30 visit max Spinal Manipulations – 20 visit max	Paid at 70%*	Paid at 50%*	Paid at 80%*	Paid at 60%*	Paid at 90%*	Paid at 60%*
<b>Inpatient Services</b> Unlimited days except for: 180 days Network/Non-Network combined for skilled nursing facility	Paid at 70%*	Paid at 50%*	Paid at 80%*	Paid at 60%*	Paid at 90%*	Paid at 60%*
<b>Outpatient Surgery Hospital/Alternative Care Facility</b>	Paid at 70%*	Paid at 50%*	Paid at 80%*	Paid at 60%*	Paid at 90%*	Paid at 60%*
<b>Inpatient and Outpatient Professional Charges</b>	Paid at 70%*	Paid at 50%*	Paid at 80%*	Paid at 60%*	Paid at 90%*	Paid at 60%*
<b>Medical Supplies, Equipment, &amp; Appliances</b>	Paid at 70%*	Paid at 50%*	Paid at 80%*	Paid at 60%*	Paid at 90%*	Paid at 60%*
<b>Home Care Services</b> 30 visit limit for Out-of-Network. Excludes IV therapy	Paid at 70%*	Paid at 50%*	Paid at 80%*	Paid at 60%*	Paid at 90%*	Paid at 60%*
<b>Hospice</b>	Paid at 70%*	Paid at 50%*	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%
<b>Emergency Room</b> (covers all services, co-payment waived if admitted)	Paid at 70%*	Paid at 50%*	\$150 co-pay	\$150 co-pay	\$100 co-pay	\$100 co-pay
<b>Urgent Care</b>	Paid at 70%*	Paid at 50%*	\$35 co-pay	\$35 co-pay	\$35 co-pay	\$35 co-pay
<b>Ambulance</b>	Paid at 70%*	Paid at 50%*	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%
<b>Mental Health and Substance Abuse</b> Inpatient – No visit limit Outpatient – No visit limit	Covered same as any other illness		Covered same as any other illness		Covered same as any other illness	
<b>Human Organ and Tissue Transplants</b>	Paid at 70%*	Paid at 50%*	Paid at 80%*	Paid at 60%*	Paid at 90%*	Paid at 60%*
<b>Prescription Drugs</b> Retail: 30 day supply Includes diabetic test strips						
Generic Formulary	Paid at 70%*	Paid at 50%	\$10	Paid at 50%	\$10	Paid at 50%
Brand Formulary	Paid at 70%*	Paid at 50%	\$20	Paid at 50%	\$20	Paid at 50%
Gen/Brand Non-Formulary	Paid at 70%*	Paid at 50%	\$40	Paid at 50%	\$40	Paid at 50%
Mail Order: 90 day supply						
Generic Formulary	Paid at 70%*	Not Covered	\$20	Not Covered	\$20	Not Covered
Brand Formulary	Paid at 70%*	Not Covered	\$40	Not Covered	\$40	Not Covered
Gen/Brand Non-Formulary	Paid at 70%*	Not Covered	\$80	Not Covered	\$80	Not Covered

### MSU Health Services

<b>MSU Health Services</b> (For all regular FT employees) Office Visit Other services referred out	No charge Paid at 70%*	NA	No charge Paid at 80%*	NA	No charge Paid at 90%*	NA
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\*Services subject to the deductible.

- Includes a wellness plan with incentives at various results-based levels and completion of a Health Risk Assessment. (For all regular FT employees)
- HDHP will include an MSU contribution of \$300 employee only / \$600 family for each employee-member who adds a minimum of \$5/bi-weekly or \$11/monthly pay period for at least one quarter. MSU contribution will also include \$50.40 to cover \$15.00 initial account set-up and \$2.95 per month fees for 12 months. Change forms are due in HR 15 days before the start of a new quarter.
- Includes step therapy program to steer members to generic Rx alternatives.
- Birth control pills covered in Rx program.
- Hearing aids and related services for persons under age 18. One hearing aid per ear up to \$1,400 every 36 months.
- Tobacco cessation pharmaceutical products are covered 50% with Rx.
- Deductibles are included in the out-of-pocket maximums.
- Deductibles and out-of-pocket limits are separate for in- and out-of-network services.
- Dependents are covered to age 19, full-time students to age 24.
- When therapy services are rendered in provider's office, the office visit co-pay and co-insurance may both apply.