St. Norbert College Effective 1.1.2024

Eligibility & Rates	PPO Plan		HDHP Plan - HSA \$2,000		HDHP Plan - HSA \$5,000		
Eligibility	.75 FTE						
Monthly Rates	SNC Portion	Employee Portion	SNC Portion	Employee Portion	SNC Portion	Employee Portion	
Single	\$600	\$169	\$560	\$99	\$575	\$64	
Employee +1	\$1,207	\$340	\$1,140	\$201	\$1,156	\$129	
Family	\$1,789	\$505	\$1,682	\$297	\$1,693	\$188	
Annual Rates	SNC Portion	Employee Portion	SNC Portion	Employee Portion	SNC Portion	Employee Portion	
Single	\$7,200	\$2,028	\$6,720	\$1,188	\$6,900	\$768	
Employee +1	\$14,484	\$4,080	\$13,680	\$2,412	\$13,872	\$1,548	
Family	\$21,468	\$6,060	\$20,184	\$3,564	\$20,316	\$2,256	
Spousal Surcharge	\$300 per month / \$3,600 annually					. ,	
	Benefit Highlights (Plan Year: January 1st - December 31st)						
Deductible	Embedded Deductible		Non-Embedded Deductible		Embedded Deductible		
In-Network	\$1,500 (Single); \$3,000 (EE+1); \$4,500 (Family)		\$2,000 (Single); \$4,000 (Family) (1)		\$5,000 (Single); \$10,000 (Family)		
Out-of-Network	\$1,750 (Single); \$3,500 (EE+1); \$5,250 (Family)		\$4,000 (Single); \$8,000 (Family) (2)		\$10,000 (Single); \$20,000 (Family)		
Coinsurance				· •		· •	
In-Network	80%		90%		100%		
Out-of-Network	60%		70%		60%		
Out-of-Pocket Max	Includes Deductible and Medical & Rx Copays		Includes Deductible (See below HSA Notice)		Embedded; Includes Deductible		
In-Network	\$2,500 (Single); \$5,000 (EE+1); \$7,500 (Family)		\$4,000 (Single); \$8,000 (Family) (1)		\$5,000 (Single); \$10,000 (Family)		
Out-of-Network	\$4,750 (Single); \$9,500 (EE+1); \$14,250 (Family)		\$8,000 (Single); \$16,000 (Family) (2)		\$12,000 (Single); \$24,000 (Family)		
HSA Annual Employer Contribution	n/a		NEW! \$750 (Single); \$1,000 (EE+1 / Family)		\$750 (Single); \$1,000 (EE+1 / Family)		
Routine/Preventive Care							
In-Network	100%		100%		100%		
Out-of-Network	100%		Deductible, 70% Coinsurance		Deductible, 60% Coinsurance		
Office Visits / Instacare / Fast Care							
In-Network	\$20 Copay; then Deductible, 80% Coinsurance		Deductible, 90% Coinsurance		Deductible, 100% Coinsurance		
Out-of-Network	\$20 Copay; then Deductible, 60% Coinsurance		Deductible, 70% Coinsurance		Deductible, 60% Coinsurance		
Teladoc Services	Ф20 С — В 1 «11	0.0.	Φ54.G 1.D G.11 F	2 1	φ <u>ε</u> 4.6. 1.Ε. α.1	2 1 111 1000 G	
General Medicine	\$20 Copay; Deductible & Coinsurance waived		\$54 Consult Fee; Subject to Deductible, 90% Coinsurance \$85 Consult Fee; Subject to Deductible, 90% Coinsurance		\$54 Consult Fee; Subject to Deductible, 100% Coinsurance \$85 Consult Fee; Subject to Deductible, 100% Coinsurance		
Dermatology	\$20 Copay; Deductible & Coinsurance waived \$20 Copay; Deductible & Coinsurance waived		\$95 - \$235 Consult Fee; Subject to Deductible, 90% Coinsurance		\$95 - \$235 Consult Fee; Subject to Deductible, 100% Coinsurance		
Behavioral Health Tolomodicino Services (PCP or SCP)	520 Copay; Deductible	a Comsurance waived	φ33 - φ233 Consuit ree; Subject	to Deductione, 90% Comsurance	φ33 - φ233 Consuit ree; Subject	to Deductible, 100% Comsurance	
Telemedicine Services (PCP or SCP) In-Network	\$20 Consy than Daduc	etible 80% Coincurance	Daductible 000	% Coincurance	Daductible 10	0% Coinsurance	
Out-of-Network	\$20 Copay; then Deductible, 80% Coinsurance \$20 Copay; then Deductible, 60% Coinsurance		Deductible, 90% Coinsurance Deductible, 70% Coinsurance		Deductible, 100% Coinsurance Deductible, 60% Coinsurance		
SNC Health & Wellness Advanced Provider	\$20 Copay; Deductible & Coinsurance waived		Deductible, 100% Coinsurance		Deductible, 100% Coinsurance		
Inpatient & Outpatient Hospital Services	φ20 Copaj, Deduction	COMBUILDO WALTON	Deduction, 100	,	Deduction, 10	-,	
In-Network	Deductible, 80% Coinsurance		Deductible, 90% Coinsurance		Deductible, 100% Coinsurance		
Out-of-Network	Deductible, 60		Deductible, 70		Deductible, 60% Coinsurance		
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Benefit Highlights	PPO Plan	HDHP Plan - HSA \$2,000	HDHP Plan - HSA \$5,000		
Urgent Care					
In-Network	\$50 Copay; then Deductible, 80% Coinsurance	Deductible, 90% Coinsurance	Deductible, 100% Coinsurance		
Out-of-Network	Same as In-Network Benefit	Same as In-Network Benefit	Same as In-Network Benefit		
Emergency Room					
In-Network	\$200 Copay; then Deductible, 80% Coinsurance	Deductible, 90% Coinsurance	Deductible, 100% Coinsurance		
Out-of-Network	Same as In-Network Benefit	Same as In-Network Benefit	Same as In-Network Benefit		
Ambulance Services (All Providers)	Deductible, 100% Coinsurance	Deductible, 90% Coinsurance	Deductible, 100% Coinsurance		
Retail Prescription Drugs	Member Pays:				
Tier 1 Tier 2	\$10 Copay; Rx copays will double for Maintenance Medications if you continue to use retail after 2 consecutive fills. Copay will increase to \$20. 25% Copay (\$100 Maximum); Rx copays will double for Maintenance Medications if you continue to use retail after 2 consecutive fills. Copay will increase to 50% (\$200 Max) 35% Copay (\$150 Maximum); Rx copays will double for	Deductible, 90% Coinsurance	Deductible, 100% Coinsurance		
Tier 3	Maintenance Medications if you continue to use retail after 2 consecutive fills. Copay will increase to 70% (\$300 Max)				
Specialty Drugs	\$100 copay per fill	Deductible, 90% Coinsurance	Deductible, 100% Coinsurance		
Mail Order Prescription Drugs					
Tier 1	\$30 Copay	Deductible, 90% Coinsurance	Deductible, 100% Coinsurance		
Tier 2 Tier 3	\$90 Copay \$180 Copay				
Preventive Maintenance Drug Coverage	Generic Preventive Maintenance Drugs are covered at 100% (Mail Order Only). See Optum Rx for list of covered drugs.				
Contraceptive Coverage	No coverage, but members legal right to access coverage will be accommodated through UMR				

⁽¹⁾ IMPORTANT HSA \$2,000 PLAN NOTICE (In-Network): No individual family member's deductible is considered satisfied until the full family deductible has been met.

This is only a summary of your Medical & Rx Benefits. Please refer to the Medical Summary Plan Description for more detailed information. If the information in this summary differs, the Medical Summary Plan Description is the ruling document.

⁽²⁾ **IMPORTANT HSA \$2,000 PLAN NOTICE (Out-of-Network):** No individual family member's deductible or out-of-pocket is considered satisfied until the full family deductible and out-of-pocket has been met.