

Christian Brothers Employee Benefit Trust
Jesuit Volunteer Corp #14060-14064 – MP 1343 Rx 990 – Effective 9/1/2011

	PPO IN-NETWORK	OUT-OF-NETWORK
Deductible ⁽¹⁾	\$100 per Individual \$300 per Family	\$100 per Individual \$300 per Family
Out-of-Pocket Limit ⁽¹⁾	\$100 per Individual \$300 per Family	\$3,000 per Individual \$6,000 per Family
Lifetime Maximum	Unlimited	
Preventive Care	100%, No Deductible	Out-of-Network Benefits Paid
	Preventive Care benefits will be based upon the Health Care Reform guidelines and, as such, may be amended from time to time. Benefits will include such services as Annual Routine Physical Exam, Annual Routine Gynecological Exam, Well Child Care, Immunizations, Preventive X-Ray and Lab Services provided during the Exam, Routine Preventive Colonoscopy / Sigmoidoscopy, and Preventive Mammogram. For a complete list visit http://www.healthcare.gov/center/regulations/prevention/recommendations.html	
Charges By Physician For		
Office Visits - (Primary Care Physician)	100% after \$20 Co-Pay ⁽²⁾	50% after Deductible
Office Visits - (Specialty Physician including Chiropractor and Speech & Physical Therapy)	100% after \$20 Co-Pay ⁽²⁾	50% after Deductible
Allergy Injection	100% after \$5 Co-Pay ⁽²⁾	50% after Deductible
Inpatient or Outpatient Hospital Visits and Surgery	100% after Deductible	50% after Deductible
Emergency Room Visits	100% after Deductible	Same as In-Network
Reading of X-Ray and Lab Tests Performed at Another Location	100% after Deductible	50% after Deductible
	100% for lab tests with Lab Card	
Charges By Hospital	Hospital admissions require Pre-Certification. Please call the number on the back of your Identification Card. Failure to call may reduce benefits.	
Inpatient	100% after Deductible	50% after Deductible
Outpatient	100% after Deductible	50% after Deductible
Emergency Room Care	100% after \$50 Co-Pay ⁽²⁾	Same as In-Network
Other Charges For		
Ambulatory Surgery Center / Birthing Center / Free Standing Facility	100% after Deductible	50% after Deductible
Durable Medical Equipment, Prosthetic Appliances, Ambulance, and/or Supplies	100% after Deductible	50% after Deductible
Mental Health, Behavioral, Alcohol, or Drug Abuse Related Services	In-Network PPO Benefits Paid	Out-of-Network Benefits Paid
Special Limited Benefits		
Skilled Nursing Facility	100% after Deductible	50% after Deductible
	120 Day Maximum for all Skilled Nursing Facility confinements that result from the same or a related sickness or injury.	
Home Health Care	100% after Deductible	50% after Deductible
	100 Home Health Care visit maximum per Calendar Year	
Hospice Care	100% after Deductible	50% after Deductible
	\$10,000 maximum benefit for any one Hospice Care Episode	

(1) Deductibles and Out-Of-Pockets reduce each other. (2) Co-Pay does not apply toward Deductible or Out-of-Pocket Limit.
(3) The percentage members pay for these services (Coinsurance) does not apply toward Out-of-Pocket Limit. Plan 1343 RX 990 Page 1

Other State Licensed Practitioners Includes acupuncture and massage therapists	100% after Deductible ⁽³⁾	50% after Deductible ⁽³⁾
	12-visit maximum per year (All providers combined.)	
Natural Family Planning	100%, No Deductible	100%, No Deductible
	Maximum Yearly Benefit of \$200. Reimbursement of counseling services.	
Orthotics	In-Network PPO Benefits Paid	Out-of-Network Benefits Paid
	Maximum Lifetime Benefit of \$500. All services related to purchase of orthotics.	
Transplants	Transplant Network Provider	Non-Transplant Network Provider
	In-Network PPO Benefits Paid Travel/Lodging Benefit of \$10,000 if pre-approved and distance to Center is greater than 100 miles one-way	Out-of-Network Benefits Paid Individual Transplant Maximums Lifetime Maximum Benefit of \$150,000 for all Transplants
All Other Covered Charges	100% after Deductible	50% after Deductible

PRESCRIPTION DRUG SUMMARY	
Retail Prescriptions for Short-Term Medications	\$10 Co-Pay Generic \$25 Co-Pay Preferred Brand \$40 Co-Pay Non-Preferred Brand per 30-day supply at any participating pharmacy ⁽²⁾
Retail purchases for maintenance prescriptions are limited to an initial fill and two subsequent refills. Members who continue to use Retail will pay the Home Delivery Co-Pay, however, only up to a 30-day supply will be dispensed.	
Home Delivery Prescriptions for Long-Term Maintenance Medications	\$25 Co-Pay Generic \$60 Co-Pay Preferred Brand \$100 Co-Pay Non-Preferred Brand per 90-day supply through the home delivery program ⁽²⁾
<ul style="list-style-type: none"> Certain drugs are not covered by the Plan, such as over-the-counter medications, contraceptives, cosmetics, anabolic steroids, appetite suppressants, medications that are not medically necessary, experimental drugs, etc. Some drugs may require a review of medical necessity and preauthorization before benefits will be applied. Tobacco Cessation Medications are limited to 180 days supply per year and 540 days supply per lifetime. 	
(2) Co-Pay does not apply toward Deductible or Out-of-Pocket Limit.	

Preferred Provider Network (PPO)
When you elect to receive care from a PPO Network provider we reimburse at a higher level of coverage. If you utilize a provider who is not a member of the PPO Network, you will assume a larger portion of the cost of your care.
<i>Your PPO: PHCS Network</i>
<i>To find participating provider or for PPO Provider Verification: www.phcs.com or 1.800.545.2958</i>

Questions? – Contact Us	
Mailing Address:	Christian Brothers Employee Benefit Services 1205 Windham Parkway Romeoville, IL 60446-1679
EBS Customer Service:	Phone 1.800.807.0400 M-F 7:30 am – 5:30 pm CT Email ebscustomerservice@cbservices.org
CBEET Participant Resource Center:	mycbs.org/health

Your Employee Benefits Booklet
This Benefit Summary provides a <i>brief</i> outline of the services covered by CBEET. <u>THIS IS NOT A CONTRACT.</u> The complete terms of the Plan are contained in the <i>Your Employee Benefits</i> booklet issued to members. If you have questions

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OTHER PROGRAMS FOR THE BENEFIT OF MEMBERS

CBEBT has partnered with **Medco**, a leading pharmacy benefit manager (PBM) and the nation's largest mail order pharmacy, to manage your prescription drug benefit. For your convenience, Medco member service is available at **1.800.718.6601**, 24 hours a day, seven days a week.



Large Case Management staff becomes involved in complex medical cases or during lengthy hospital stays. A nurse is assigned to your case and may contact you to help choose the best care options; guide you in finding resources or providers for needed treatment; and to assist in obtaining the care you need to improve your health and return home more quickly.

Small Case Management staff becomes involved in less complex cases when home treatment could be provided in lieu of hospitalization, e.g., at home wound care, dressing changes, or IV antibiotic infusions. A nurse will contact you directly to help you identify needed care and to guide you in locating quality care providers at the best cost possible to maximize your benefits.

A **Prenatal Care Program** is available through The Principal. All expectant mothers covered by the Plan are encouraged to enroll in this voluntary program within the first 16 weeks of pregnancy. Experienced nurses work with expectant mothers to emphasize early prenatal care and consistent physician contacts. Nurses are available to answer questions and provide support throughout the pregnancy. You may enroll by calling **1.800.248.5447**, M-F 8:00 am-5:00 pm CT.



ParadigmHealth provides a care management program for newborns admitted to neonatal intensive care units (NICU). The program promotes high-quality NICU care for each infant through on-site and remote care management by physicians and nurse care managers with extensive NICU experience. The goals of this program include improving infant outcomes and providing education and support to family members. A case manager at The Principal will identify the newborn and refer the case to ParadigmHealth.

CBEBT has partnered with **Healthways, Inc.**, to bring you **Care Support**. Healthways, Inc. identifies members with chronic conditions, such as diabetes, asthma and heart disease. The goals of Care Support include improving the quality of life for Trust members who live with chronic illness; supporting doctors' treatment plans; and lowering Out-of-Pocket costs by preventing unnecessary emergency room visits and hospital stays. You will be automatically enrolled in the Care Support Program. For more information you may contact Healthways at **1.888.870.2433**.



HEALTHWAYS



The **Chronic Condition Care Support** program, brought to you by CBEBT and Accordant Health Services, compliments our existing disease management program. This program is designed to meet unique health care needs and support members with rare chronic conditions.

CBEBT and the **American Cancer Society** have joined together to help you stop smoking. **Quit For Life Program** offers self-help materials, referral to community resources, telephone counseling (5 proactive / scheduled sessions), and Nicotine replacement therapy (8-week supply of NRT patches, gum or lozenge provided to eligible participants age 18 or older who pass an initial medical screening conducted via phone or provide an executed Physician Authorization Form). This program is available 24/7 by contacting **1.866.784.8454** or **866-quit-4-life**.



Free & Clear



A **Vision Discount Program** applies to all members enrolled in the medical plan. This program through **VSP** offers discounts up to 20% off exams, lenses and more. To find a VSP provider, visit their website at www.vsp.com or call **1.800.877.7195**, M-F 5:00 am – 7:00 pm PT.

CBEBT has partnered with **American Hearing Benefits Inc.** to bring you the **Hearing Aid Discount Program**. The program includes FREE annual hearing screenings, referrals to high-quality professionals, and discounts up to 60% off digital hearing aids. (You may be responsible for any testing performed during the hearing screenings.) To take advantage of your FREE Hearing Aid Discount Program, please call: **1.866.925.1287** or visit www.americanhearingbenefits.com.



Lab Card is a voluntary program that allows you to obtain 100% coverage for outpatient laboratory testing with no co-pays and/or deductibles by asking for the **Lab Card Program**. You can contact Lab Card Client Services at **1.800.646.7788** or visit their site at www.labcard.com.

PROCEDURES & DEFINITIONS

The Christian Brothers Employee Benefit Trust is a self-funded church plan that serves employers of the Catholic Church by providing medical benefits to Plan participants for treatment of covered illnesses or injuries. The Trust works within the framework of the tenets of the Catholic Church and for that reason does not provide benefits for services not consistent with the position of the Church, such as contraception, sterilization and abortion.

Coordination of Benefits	All benefits are subject to Coordination of Benefits with other plans. The total benefits payable under this plan for a covered person when combined with other group health plan benefits will not be more than 100% of allowable expenses. (Special provisions apply to plans that indicate they are secondary only, or if dependents are covered by an HMO.)
Co-Pay	The amount a patient is required to pay to a provider at the time of service. (Co-Pay does not apply to patient's Out-of-Pocket Limit or yearly Deductible.)
Deductible	The annual amount a participant is required to pay before the Plan begins to pay benefits. An amount paid toward meeting either the PPO In-Network Deductible or the Out-of-Network Deductible reduces the balance for both deductibles. Deductible applies toward Out-of-Pocket Limit.
Dependent Child	The participant's natural or legally adopted child less than 26 years of age. (See additional Plan provisions for stepchild, handicapped child, etc.)
Integration with Medicare	If Medicare is a Plan participant's primary coverage, we calculate and pay the difference between our Plan benefits and Medicare benefits. The member is still financially responsible for the Out-of-Pocket Percentage, Deductible and Co-Pay, as well as any charges not covered under our Plan or Medicare.
Medical Emergency	A Medical Emergency is generally defined as a sickness or injury of such a nature that failure to get immediate medical care could put a person's life in danger or cause serious harm to bodily functions.
Co-Insurance Expenses	The Co-Insurance Expense is the percentage that a Plan participant must pay for services covered at less than 100%. Co-Insurance Expenses do not include Deductibles, Co-Pays, charges for services not covered by the Plan, or charges for services already eligible for payment at 100%
Out-of-Pocket Limit	The maximum annual amount a Plan participant will pay on covered services. The limit reflects the total of a Plan participant's Co-Insurance Expenses and Deductibles. When this total reaches the Plan's Out-of-Pocket Limit for the year, the remainder of covered charges for that year will be paid at 100%.
Physician	A Physician means a Doctor of Medicine; Doctor of Osteopathy; Certified Registered Nurse Anesthetist; Dentist; Certified Midwife; Physician's Assistant; Podiatrist; Chiropractor, Psychologist; State Licensed Mental Health Provider, and Social Worker.
Primary Care Physician	A Physician who is a family or general practitioner, internist (internal medicine), obstetrician / gynecologist, pediatrician, nurse midwife, urgent care physician, geriatric physician, or a nurse or physician assistant directed and supervised by a primary care physician.
Specialty Care Physician	A Physician who is not a Primary Care Physician.

Not Covered Services and Supplies

The Plan has specific limitations for treatment, services, or supplies which are not covered. Please refer to the Limitations of Comprehensive Medical Benefits section of Your Employee Benefits booklet for complete details. Some Plan limitations:

- Any sickness covered by Workers' Compensation or similar law or for any work-related injury.
- Services furnished by any person in your immediate family or in your dependent's immediate family.
- Experimental or investigational services.
- Dental services except for the treatment of accident-related injuries during the time frame indicated in the plan.
- Dental services for Temporomandibular Joint Disorders (TMJD) or malocclusion.
- Treatment of painful feet, corns or calluses, except inflammatory conditions and/or surgical procedures.
- Eye exams/screenings (except as required under Health Care Reform), vision materials and surgical refractive procedures.
- Hearing exams/screenings (except as required under Health Care Reform) or the purchase of hearing aids or other corrective appliances or devices.
- Cosmetic surgery, except when that addressing certain accidental injuries occurring during the time frame indicated in the Plan.
- Services related to restoration of fertility or promotion of conception except for the initial diagnostic visit with related tests, along with corrective surgery if documentation is provided verifying abnormal or non-functioning body processes.
- Services related to the surgical treatment of obesity including charges related to surgical revisions resulting from the non-covered surgery.
- Services related to voluntary sterilization (or its reversal), contraception or abortion.
- Non-emergency service performed outside the USA.