



UNIVERSITY OF NOTRE DAME ALLIANCE FOR CATHOLIC EDUCATION
 2008-2009 STUDENT HEALTH PLAN WITH MERITAIN HEALTH (PHCS PPO Network)

Brief Benefit Description¹

General Benefits

	In-Network (PHCS PPO)	Out-of-Network
Individual Deductible (Per Year)		\$500
Individual Coinsurance	10%	30% of Reasonable and Customary Costs <i>(Plus Charges Over Reasonable and Customary)</i> .
Annual Individual Coinsurance Out-of-Pocket Maximum <i>(Does not include copayments or deductible amounts)</i>	\$1,000	\$2,000
Medical Lifetime Maximum		\$1,000,000

Selected Specific Benefits

	In-Network (PHCS PPO)	Out-of-Network
Physicians Office Visit	\$20 Copay, 0% Thereafter	30% of Reasonable and Customary After Deductible <i>(Plus Charges Over Reasonable and Customary)</i> .
Emergency Room Visit ²		\$75 Copay, 0% Thereafter
Retail Prescriptions (Up to a 30 day supply)		Generic Drugs: \$10 Copay, 0% Thereafter Brand Name Drugs: \$20 Copay, 0% Thereafter
Mail Order Prescriptions (Up to a 90 day supply)		Generic Drugs: \$10 Copay, 0% Thereafter Brand Name Drugs: \$20 Copay, 0% Thereafter
All Other Services	10% After Deductible	30% of Reasonable and Customary After Deductible <i>(Plus Charges Over Reasonable and Customary)</i> .
Hospital Room Limits (Semi-private)		Actual daily room and board charges
Private Room Limits		Average semi-private rate
Intensive Care/Cardiac Unit		Actual daily room and board charges
Mental/Nervous		Paid the same as any other illness
Chemical and Substance Abuse	10% After Deductible	30% of Reasonable and Customary After Deductible <i>(Plus Charges Over Reasonable and Customary)</i> .
		\$10,000 Lifetime Maximum
		Inpatient - 15 days Maximum per Benefit Year
		Outpatient - \$1,000 Maximum per Benefit Year
Wellness Benefits (Limited to one exam per plan year up to \$150)	\$20 Copay, 0% Thereafter	30% of Reasonable and Customary After Deductible <i>(Plus Charges Over Reasonable and Customary)</i> .

To determine if your doctor is in the PPO network, please call Private Healthcare Systems (PHCS) Network at (866) 680-7427 or visit <http://www.phcs.com>

This is not a plan document. Please refer to the University of Notre Dame Alliance for Catholic Education Plan Document and Summary Plan Description for a complete description of your benefits. If the plan document and this brief benefit description do not agree, the plan document will control benefit determinations.

¹ While The University of Notre Dame ACE Program does not anticipate that there will be any changes in the benefit level, there is always the possibility that the benefit levels could change.

² If you are admitted to the hospital within 24 hours after the ER visit the co-pay will be waived.