Compare Your Medical Plan Options

Marquette University offers three medical care options to best fit your needs:

- CPHP (Co-pay Health Plan)
- AHDHP (High Deductible Health Plan)
- EHDHP (High Deductible Health Plan)

Monthly premiums are determined by the coverage selected: retiree only, retiree plus spouse, retiree plus dependent child(ren) or the family plan. All medical care options are identical in the covered services provided, the national provider network, and include coverage for wellness and preventive care at 100%. The only differences between the plans are premiums, deductibles, co-pays and out-of-pocket maximums. (These terms are defined in the back of this guide.)

<table>
<thead>
<tr>
<th>Deductible</th>
<th>CPHP</th>
<th>AHDHP</th>
<th>EHDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Person</td>
<td>$750</td>
<td>$2,800</td>
<td>$3,600</td>
</tr>
<tr>
<td>Per Family (two or more family members)</td>
<td>$1,500</td>
<td>$5,600</td>
<td>$7,200</td>
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<tr>
<td>Coinsurance</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
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<tr>
<td>Out-of-Pocket Maximum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Person</td>
<td>$4,000</td>
<td>$4,250</td>
<td>$5,000</td>
</tr>
<tr>
<td>Per Family (two or more family members)</td>
<td>$8,000</td>
<td>$8,500</td>
<td>$10,000</td>
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<tr>
<td>Preventive Care (Wellness Schedule Applies)</td>
<td>$25</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Primary Care</td>
<td>$75</td>
<td>$75</td>
<td>$75</td>
</tr>
<tr>
<td>Specialist</td>
<td>$25</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
</tr>
</tbody>
</table>

Out-of-Network:
- Ded/Coins
- Ded/Coins
- Ded/Coins

In-Network:
- Ded/Coins
- Ded/Coins
- Ded/Coins

Out-of-Pocket Maximum:
- Per Person $4,000 $4,250 $5,000
- Per Family (two or more family members) $8,000 $8,500 $10,000
- Preventive Care $25 $25 $25
- Primary Care $75 $75 $75
- Specialist $25 $25 $25
- Urgent Care $150 $150 $150
- Emergency Room $150 Same as In-Network Same as In-Network
- Hospital Inpatient $250 $250 $250
- Mental Health/Substance Abuse $250 $250 $250
- Mental Health/Substance Abuse (inpatient) $250 $250 $250
- Physical Therapy $150 $150 $150
- Teladoc Virtual Visit $10 Copay Ded/Coins Ded/Coins Ded/Coins

Prescription Drugs - Deductible:
- Included with Medical
- Included with Medical
- Included with Medical

Prescription Drugs - Coinsurance:
- Tier 1 You pay 10%
- Tier 2 You pay 30%
- Tier 3 You pay 40%

Prescription Drugs - Out-of-Pocket Maximum:
- Per Person Included with Medical Included with Medical Included with Medical
- Per Family (two or more family members) Included with Medical Included with Medical Included with Medical