



Lake Superior State University

Faculty
VALUE 250 219

	In-Network
Individual Deductible	\$250
Family Deductible	\$500
Embedded or Agg deductible?	Embedded
Coinsurance (Insurance Pays)	100%
Individual Coinsurance Max	N/A
Family Coinsurance Max	N/A
Individual Out of Pocket Max	\$750
Family Out of Pocket Max	\$1,500
Preventative Care	100%
Online Visit	\$30 copay
Online Mental Health Visit	100%
Primary Care Physician Office Visit	\$30 copay
Specialist Office Visit	\$30 copay
Urgent Care Visit	\$30 copay
Emergency Room	\$150 copay (waived if admitted or for accidental injury)
Chiropractic	\$30 copay; limited to 12 visits PMPY
PT/OT/Speech combined	100% after deductible, limited to 30 combined visits PMPY
Generic	\$10 copay
Preferred Brand	\$20 copay
Non-Preferred Brand	\$20 copay
Preferred Specialty	\$20 copay
Non-Preferred Specialty	\$20 copay
Mandatory Mail	N
Mail Order Prescriptions (90 Days)	2x
Private Duty Nursing	Not Covered
Wisdom Tooth Extractions	Not Covered
Monthly Premiums	Alternative
Single	\$923.43
2-Person	\$2,077.69
Family	\$2,585.55
Employee Contribution Per Pay (20 Pays)	\$14%
Single	\$77.57
2-Person	\$174.53
Family	\$217.19
Medical / Dental Employee Contribution Per Pay (20 Pays)	
Single	\$2.66
2-Person	\$5.33
Family	\$9.24