



Austin Community College 2009-2010 Student Insurance Benefit Summary

\$50,000 per Injury or Sickness Lifetime Benefit Deductible - \$500 * Family Annual Deductible - \$1,000	Note: Some Injuries or Sicknesses have different maximums, deductibles, and co-pays	PPO Allowances	Another Provider/R&C
Inpatient Hospital Services: Room & Board including intensive care up to \$1,200 per day		75%	50%
Outpatient Hospital Services		75%	50%
Emergency Accident and Sickness Care: Reasonable & Customary Charges subject to a \$100 co-pay per emergency room visit.		75%	50%
Hospital Miscellaneous Charges		75%	50%
Pre-Admission Testing: (Paid under Hospital Miscellaneous Benefit)		75%	50%
Surgical/Medical Services: Reasonable & Customary charges for Surgery, Obstetrical, Outpatient Surgery, Medical Services, Multiple Surgical Procedures through the same incision, we will pay an amount not less than that for the most expensive procedure being performed.		75%	50%
Anesthesia Expense: 25% of Paid Surgical Expense		n/a	n/a
Assistant Surgeon Expense: 25% of Paid Surgical Expense		n/a	n/a
Outpatient Diagnostic Services: Reasonable & Customary charges for Radiology, Ultrasound and Nuclear Medicine, Laboratory and Pathology, ECG, EEF and other Electronic Diagnostic Medical Procedures, \$20 co-pay per visit not to exceed \$500 per Injury or Sickness		75%	50%
Home Health Care: At least a maximum number of 40 visits per calendar year, \$50 Deductible, not to exceed \$300 per Policy Year		75%	50%
Outpatient Doctor's Visit: \$25 co-pay per visit		75%	50%
Chiropractic Care: \$25 co-pay per visit, not to exceed \$1,000 per Policy Year		75%	50%
Outpatient Physical/Occupational Therapy: \$25 co-pay per visit, not to exceed \$1,000 per Policy Year		75%	50%
Prescription Medication: \$15 co-pay generic, \$30 co-pay brand name, not to exceed \$500 for the Policy Year (submit receipts to the company for reimbursement)		n/a	80%
Mental and Nervous Conditions		75%	50%
a) Inpatient: Up to 30 days of hospital confinement per Policy Year			
b) Outpatient: \$50 per day for Individual Therapy; \$25 per day for Group Therapy; not to exceed a maximum benefit of 30 days per Policy Year.			
Alcohol and Chemical Dependency: \$500 maximum per Policy Year.		75%	50%
Ambulance Service: \$1,000 maximum per Injury or Sickness		75%	50%
Licensed Nurse Expense		75%	50%
Dental Services: Accidental Injury, only to sound, natural teeth up to \$100 per tooth		75%	50%
Durable Medical Equipment and Prosthetic Appliances: \$200 maximum per Policy Year		75%	50%
Cytological Screening (PAP Smear)		75%	50%
Diabetes Treatment		75%	50%
Consultant Physician: \$25 co-pay		75%	50%
Chemotherapy and Radiation		75%	50%
Injection		75%	50%
Maternity Care Services and Complications of Pregnancy		75%	50%

For Assistance Please Call 800-452-5772 And A Licensed Representative Will Assist You