



STUDENT HEALTH INSURANCE PLAN SCHEDULE OF BENEFITS 2012-2013

| <u>Plan Benefits</u> | <u>IN-NETWORK</u> | <u>OUT-OF-NETWORK</u> |
|--|-------------------|-----------------------|
| (a) Maximum Policy Year Benefit – Per Accident or Sickness | \$100,000 | \$100,000 |
| (b) Deductible – Per Policy Year – Per Person | \$50 | \$50 |
| (c) Student Health Center – Deductible waived and benefit reimbursed at 100% for covered medical expenses including preventive care | 100% | N/A |
| <u>Hospital Inpatient Covered Services and Benefit Limits</u> | <u>IN-NETWORK</u> | <u>OUT-OF-NETWORK</u> |
| (a) Hospital Room and Board and Hospital Miscellaneous | 80% | 60% |
| (b) Surgical Treatment | 80% | 60% |
| (c) Anesthesia and Assistant Surgeon | 80% | 60% |
| (d) Private Duty Nurse | 80% | 60% |
| (e) Physician Non-Surgical Visits: 1 visit per day; Not paid day of surgery; Paid under (a) | 80% | 60% |
| (f) Physiotherapy: 1 visit per day; Paid under (a) | 80% | 60% |
| (g) Maternity Benefits: Benefits paid the same as any Sickness | 80% | 60% |
| (h) Mental & Nervous Disorders: Benefits paid the same as any Sickness | 80% | 60% |
| (i) Substance Abuse: Benefits paid the same as any Sickness | 80% | 60% |
| (j) Pre-Admission Testing | 80% | 60% |
| <u>Outpatient Covered Services and Benefit Limits</u> | <u>IN-NETWORK</u> | <u>OUT-OF-NETWORK</u> |
| (a) Preventative Care* – Deductible waived for in-network treatment | 100% | 60% |
| (b) Hospital Outpatient Surgical Miscellaneous | 80% | 60% |
| (c) Surgical Treatment | 80% | 60% |
| (d) Anesthesia and Assistant Surgeon | 80% | 60% |
| (e) Physician Non-Surgical Visits: 1 visit per day, not paid the day of surgery | 80% | 60% |
| (f) Physiotherapy: Includes occupational therapy; 1 visit per day | 80% | 60% |
| (g) Spine and Back Disorders | 80% | 60% |
| (h) Chemotherapy and/or Radiation Therapy | 80% | 60% |
| (i) Diagnostic X-rays, Radiology, and Laboratory Services | 80% | 60% |
| (j) Hospital Emergency Room | 80% | 60% |
| (k) Maternity: Paid the same as any Sickness | 80% | 60% |
| (l) Mental and Nervous Disorders | 80% | 60% |
| (m) Substance Abuse | 80% | 60% |
| (n) Medco Prescription Drug Card: \$15 copay for generic drugs; \$30 copay for brand drugs | 100% | N/A |
| <u>Other Covered Services and Benefit Limits</u> | <u>IN-NETWORK</u> | <u>OUT-OF-NETWORK</u> |
| (a) Ambulance | 80% | 60% |
| (b) Dental Treatment: X-ray and treatment of dental injury to sound, natural teeth | 80% | 60% |
| (c) Orthopedic Appliances and Durable Medical Equipment | 80% | 60% |
| (d) Motor Vehicle Injury – Benefits paid the same as any Injury | 80% | 60% |
| (e) Home Health Care – 40 visits per Policy Year Up to maximum copay payment | 80% | 60% |
| (f) Consultant Physician: when requested by the attending Physician | 80% | 60% |
| (g) Well Child Care*: includes immunizations and age appropriate Screening tests | 80% | 60% |
| (h) Additional Benefits Mandated by State of Illinois | 80% | 60% |

* In accordance with PPACA guidelines illustrated at www.healthcare.gov. Deductibles and co-pays do not apply.