

## SCHEDULE OF BENEFITS

Policy Maximum Benefit – per policy year .....	\$500,000	
	<u>In-Network</u>	<u>Out-of-Network</u>
Policy Deductible – per person - per policy year .....	\$250	\$250
Benefits are payable at the following insurer percentage of the In-Network Preferred Allowance or Out-of-Network Reasonable & Customary Charge - for each covered injury or sickness: .....		
	80%	60%

<b>COVERED SERVICES AND BENEFIT LIMIT</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b><u>INPATIENT</u></b>		
<b>HOSPITAL ROOM AND BOARD</b> benefit is payable for semi-private room rate	80%	60%
<b>HOSPITAL INTENSIVE CARE</b> benefit is payable for semi-private room rate	80%	60%
<b>HOSPITAL MISCELLANEOUS</b> includes but is not limited to: general nursing services, meals and prescribed diets, diagnostic imaging, laboratory, pharmaceuticals administered while an inpatient, use of operating room, anesthesia, therapeutic services, supplies, dressings, blood and blood plasma, oxygen, and other miscellaneous items used in association with the confinement	80%	60%
<b>SKILLED NURSING FACILITY</b>	80%	60%
<b>ASSISTANT SURGEON</b>	80%	60%
<b>ANESTHESIA</b>	80%	60%
<b>PHYSIOTHERAPY SERVICES</b> includes physical therapy and chiropractic care, 1 visit per day	80%	60%
<b>CHEMOTHERAPY AND RADIATION THERAPY</b>	80%	60%
<b>PHYSICIAN'S NON-SURGICAL VISITS</b> 1 visit per day; not paid same day as surgery; includes benefit for consultant physician	80%	60%
<b>PRE-ADMISSION TESTING</b> includes tests done in conjunction with scheduled surgery; within 3 working days of admission	80%	60%
<b><u>OUTPATIENT</u></b>		
<b>HOSPITAL EMERGENCY ROOM</b> benefit is payable after \$100 copay per visit; copay waived if admitted	80%	80%
<b>URGENT CARE</b>	80%	60%
<b>HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS</b> includes facility fee, diagnostic and x-ray services, laboratory services, pharmaceuticals administered, anesthesia, therapeutic services, supplies, and other miscellaneous items used in association with the covered treatment	80%	60%
<b>ASSISTANT SURGEON</b>	80%	60%
<b>ANESTHESIA</b>	80%	60%
<b>PHYSICIAN'S NON-SURGICAL VISITS</b> Includes benefit for consultant physician; 1 visit per day; not paid same day as surgery; benefit is payable after \$25 copay per visit	80%	60%
<b>PHYSIOTHERAPY SERVICES</b> includes physical therapy and chiropractic care; 1 visit per day; benefit is payable after \$25 copay per visit	80%	60%
<b>DIAGNOSTIC, XRAY AND LAB SERVICES</b>	80%	60%
<b>MRI, CAT SCAN, AND PET SCAN</b>	80%	60%
<b>CHEMOTHERAPY AND RADIATION THERAPY</b>	80%	60%
<b>INFUSION AND/OR INJECTIONS</b>	80%	60%
<b>PRESCRIPTION DRUGS</b> Benefit is payable under <b>Express Scripts Prescription Drug Program</b> ; \$15 copay per generic drug; \$25 copay per brand drug; 30-day supply per prescription; no benefit is payable for out-of-network drugs, see page 14; policy deductible does not apply; copay and coinsurance do not apply to generic contraceptives	As described	No Benefit
<b>HOME HEALTH CARE</b>	80%	60%

<b>COVERED SERVICES AND BENEFIT LIMITS - Continued</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b><u>OTHER INPATIENT OR OUTPATIENT</u></b>		
<b>EMERGENCY MEDICAL TRANSPORTATION</b> includes all related expenses	80%	80%
<b>SURGERY</b> when performed inpatient, outpatient or in physician's office; multiple surgical procedures performed through the same incision shall be reimbursed for an amount not less than that for the most expensive procedure being performed. Multiple surgical procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the covered percentage of the covered charge of the most expensive surgical procedure then being performed, and with regard to the less expensive surgical procedure in an amount equal to 50% of the covered percentage of the covered charge for these procedures	80%	60%
<b>DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC APPLIANCE</b> when prescribed by a physician	80%	80%
<b>MATERNITY</b> includes 48 hours of inpatient care following a normal delivery and 96 hours of inpatient care following a cesarean delivery, unless after conferring with the mother or a person responsible for the mother or newborn, the attending physician or a certified nurse-midwife who consults with a physician, decides to discharge the mother or newborn child sooner; in the event of early discharge benefits are payable for home health care visits	Same as any Sickness	Same as any Sickness
<b>MENTAL HEALTH, ALCOHOL AND DRUG ABUSE</b> <b>Inpatient</b> – payable the same as any Sickness; after \$50 copay per admission <b>Outpatient</b> – payable the same as any Sickness; after \$25 copay per visit	80%	60%
<b>PREVENTIVE CARE</b> includes routine newborn, well child care, and well adult services, immunizations; deductible or copay does not apply; see page 19-20; Out-of-Network preventive care is not covered	100%	No Benefit
<b>HOSPICE CARE</b>	80%	60%
<b><u>ELECTIVE TREATMENT</u></b>		
<b>DENTAL TREATMENT</b> coverage is limited to injuries to sound natural teeth; does not include biting or chewing injuries; benefit is payable up to maximum \$1,000 per policy year	80%	80%
<b>PRIVATE DUTY NURSE</b> when medically necessary during inpatient confinement and requested by the attending physician	80%	60%

## OTHER SCHEDULED BENEFITS

### HOME COUNTRY COVERAGE

Benefits for medical treatment provided in the student's home country, outside the United States of America and not covered by any other medical coverage, is payable the same as any sickness or injury, up to policy year maximum of \$20,000.

### BENEFITS MANDATED BY THE STATE OF INDIANA

The Policy pays benefits in accordance with any applicable Indiana law. Mandates are listed below. Description of the mandates can be found in the Master Policy. Benefits may be subject to deductibles, coinsurance, limitations, or exclusions.

- Colorectal Cancer Examinations and Laboratory Tests
- Mammography Coverage
- Prostate Cancer Screening

### ADDITIONAL PROGRAMS

\***GLOBAL EMERGENCY SERVICES** (Travel Assistance) ..... see details on page 14-15  
 \***ASK MAYO CLINIC** (Nurse Line) ..... see details on page 15

**\*Note:** These additional programs are not underwritten by Nationwide Life Insurance Company, but provided by independent vendors and are included if students participate in the insurance plan.