SCHEDULE OF BENEFITS

	IN-NETWORK	OUT-OF-NETWORK
Policy Year Maximum Benefit	Unlimited	Unlimited
Deductible - per person, per policy year additional deductibles and copays may apply	$1,000	$1,000
Insurer Percentage - plan pays	70% of Preferred Allowance (PA)	50% of Reasonable & Customary (R&C)
Out-of-Pocket Maximum - per policy year, applies to in-network only; deductibles, copays (including Rx) and coinsurance paid by insured contribute toward the out-of-pocket maximum; once this maximum is met, the plan pays in-network eligible expenses at 100% of PA	$6,350 per person $12,700 Family See page 10	None
Student Health Benefits	None	
INPATIENT		
Room & Board (paid at the daily semi-private room rate)	70% of PA	50% of R&C
Intensive Care	70% of PA	50% of R&C
Hospital Miscellaneous includes 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, radiation therapy, chemotherapy, miscellaneous items used in association with a surgical or non-surgical event, preadmission testing - **$500 copay per confinement**	70% of PA	50% of R&C
Inpatient Rehabilitation (includes physical therapy and chiropractic care)	70% of PA	50% of R&C
Physician Visits - 1 visit per day; physician visit not paid same day as surgery	70% of PA	50% of R&C
Consulting Physician - 1 visit per day	70% of PA	50% of R&C
Skilled Nursing and Sub-Acute Care Facilities	70% of PA	50% of R&C
SURGERY BENEFITS (INPATIENT AND OUTPATIENT)		
Surgeon's Fees	70% of PA	50% of R&C
Assistant Surgeon	70% of PA	50% of R&C
Anesthesia Services	70% of PA	50% of R&C
Outpatient Surgical Miscellaneous (includes facility fee, supplies, drugs, diagnostic imaging, x-rays, laboratory and other miscellaneous items used with surgical event) - **$500 copay per surgical event**	70% of PA	50% of R&C
General Anesthesia for Dental Services	70% of PA	50% of R&C
Reconstructive Surgery	70% of PA	50% of R&C
Organ Transplant Surgery	70% of PA	50% of R&C

When multiple surgeries are performed through the same incision at the same operative session, the plan pays an amount not to exceed the benefit for the most expensive procedure being performed.

When multiple surgeries are performed through one or more incisions at the same operative session, the plan pays an amount not to exceed the benefit for the most expensive procedure being performed. The benefit for the primary or most expensive procedure or less expensive procedure is 50% of the benefit otherwise payable for each subsequent procedure

SCHEDULE OF BENEFITS Continued	IN-NETWORK	OUT-OF-NETWORK
OUTPATIENT		
Wellness/Preventive & Immunizations (only services listed on page 19, includes STD screenings) - plan deductible and copay are waived	100% of PA	No Benefit
Physician Office Visits (includes specialist/consultants) - 1 visit per day, not paid same day as surgery, **$25 copay per visit**	70% of PA	50% of R&C
Diagnostic Imaging and X-ray Services	70% of PA	50% of R&C
PET Scan, CT Scan, and MRI	70% of PA	50% of R&C
Infusion or Injections (performed in health care facility or physician office)	70% of PA	50% of R&C
Laboratory Services	70% of PA	50% of R&C
Chemotherapy and Radiation Therapy	70% of PA	50% of R&C
Medical Emergency Room (visit to the emergency room for treatment of an emergency condition) – **$250 copay per visit,** waived if admitted, in-network deductible applies	70% of PA	70% of R&C
Urgent Care Facility (non-emergency services) - **$250 copay per visit**, waived if admitted	70% of PA	70% of R&C
Emergency Medical Transportation Services	70% of PA	70% of R&C
OTHER SERVICES (INPATIENT AND OUTPATIENT)		
Prescription Drugs insured will need to file a claim for reimbursement; 30-day supply per prescription; copays do not apply to generic contraceptives and preventive/wellness prescriptions; one copay per 30-day supply	70% of R&C after: $15 copay per generic drug $25 copay per brand drug	70% of R&C after: $15 copay per generic drug $25 copay per brand drug
Allergy Testing & Treatment (includes testing/injections/treatment)	70% of PA	50% of R&C
Diabetes Treatment and Education	70% of PA	50% of R&C
Durable Medical Equipment/Prosthetic Appliances	70% of PA	50% of R&C
Rehabilitative and Habilititative Care (includes physical therapy) - 1 visit per day; **$25 copay per visit**	70% of PA	50% of R&C
Chiropractic Care – 1 visit per day; **$25 copay per visit**	70% of PA	50% of R&C
Rehabilitative and Habilitative Care (includes occupational, and speech therapy)	70% of PA	50% of R&C
Home Health Care	70% of PA	50% of R&C
Hospice	70% of PA	50% of R&C
Dental Injury (treatment due to injury to sound, natural teeth within 12 months of injury; does not include damage from biting or chewing) – **limited to $3,000 per dental injury**	70% of PA	50% of R&C
Private Duty Nurse	70% of PA	50% of R&C
Club and Intramural Sports	Paid as any other Injury	
Maternity Services (including but not limited to: pre and post natal care, hospital services, diagnostic services at physician office and routine newborn care and inpatient newborn care)	Paid as any other Sickness	

SCHEDULE OF BENEFITS Continued	IN-NETWORK	OUT-OF-NETWORK

Pediatric Dental (coverage for insureds up to age 19) - includes coverage for preventive & diagnostic, basic restorative, major, and *medically necessary* orthodontia services. Waiting periods and other limitations may apply. Pre-authorization may be required for major and orthodontic care. Benefits are subject to the medical deductible and out-of-pocket maximum. Please see policy for details on coverage. Medically Necessary Orthodontics means the patient must have a severe and handicapping malocclusion. This means the child's condition must be severe enough to impact their ability to function such as having trouble eating and/or speaking.

Routine Vision Exam – (coverage for insured up to age 19). Includes 1 pair of glasses (lenses and frames) per policy year or contact lenses (in lieu of eyeglasses)	100% up to $150; 50% thereafter.
Treatment Outside United States	50% of Actual Charge
MENTAL HEALTH AND ALCOHOLISM OR DRUG ABUSE	
Inpatient for Mental Conditions	Paid as any other Sickness
Outpatient for Mental Conditions	Paid as any other Sickness
Inpatient for Alcoholism/Drug Abuse	Paid as any other Sickness
Outpatient for Alcoholism/Drug Abuse	Paid as any other Sickness

OTHER SCHEDULED BENEFITS

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.