

Student Health Insurance Plan

Schedule of Benefits - 2012-2013



If a student becomes Sick, and the illness requires treatment by a Physician, the Policy will provide benefits for 52 weeks from the date of accident or date of first illness for covered services and supplies as scheduled below, subject to a \$100.00 deductible up to the Maximum Benefit shown for each service. Benefits will not be provided for services which are not listed in the Medical Benefit Schedule.

PART A – Basic Injury Benefits - \$2,000 Maximum Each Injury, subject to the following limits:

| | <u>In Network</u> | <u>Out of Network</u> |
|--|-------------------|-----------------------|
| 1. Medical and Surgical Treatment by a physician | 100% | |
| 80% | | |
| 2. Hospital Confinement and Miscellaneous hospital expenses | 100% | 80% |
| 3. Dental Treatment (including x-rays – for repair and/or replacement of sound and natural teeth, does not include biting or chewing injuries) up to \$200 | 100% | |
| 80% | | |
| 4. Physical Therapy | 100% | 80% |
| 5. Outpatient Prescription Drug | 100% | 80% |
| 6. Motor Vehicle Injury | 100% | 80% |
| 7. All Other Covered Services | 100% | 80% |
| 8. Injury as a result of play or practice of intercollegiate athletics | 100% | 80% |

PART B – Basic Sickness Benefits - \$2,000 Maximum Each Sickness, subject to the following limits:

| | <u>In Network</u> | <u>Out of Network</u> |
|--|----------------------|-----------------------|
| 1. Hospital Room and Board | 100% | 80% |
| 2. Hospital Miscellaneous Inpatient (for x-ray examinations, laboratory tests, anesthesia, operating room, medications, dressings, etc.) | 100% | 80% |
| 3. Hospital Outpatient Surgical Miscellaneous (in lieu of Inpatient) | 100% | 80% |
| 4. Surgical Treatment (in or out of hospital-services performed by a licensed physician) | 100% | 80% |
| 5. Anesthetist | 80% | 80% |
| 6. Physician’s Non-Surgical Visits (Inpatient, not paid day of surgery) \$100/visit first 3 days; \$50/visit thereafter; 1 visit/day | 100% | 80% |
| 7. Physician’s Non-Surgical Visits (Outpatient, not paid day of surgery) \$50/visit, 10 visits | 100% | 80% |
| 8. Outpatient Diagnostic, X-ray and Lab Services | 100% | 80% |
| 9. Hospital Emergency Room (Outpatient) | 100% | |
| 80% | | |
| 10. Mental & Nervous disorders and Substance Abuse Benefit; Outpatient-50%/visit, up to 10 visits; 1 visit/day | 100% | 80% |
| 11. Maternity Benefits (conception must occur while coverage is in force) | Same as any Sickness | |
| 12. Outpatient Prescription Drugs | \$200 per sickness | |



ASSOCIATED INSURANCE PLANS INTERNATIONAL, INC.

Students who provide proof of existing insurance coverage by September 30, 2012 will be automatically enrolled in this plan. To waive the enrollment, please complete the waiver form online at www.northpark.edu/insurance.

For questions, please call us at **(800) 452-5772**.

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PART C – Major Medical Benefits (\$100,000 per condition)

After the Company has paid \$2,000 under PART A or PART B and the Insured has paid a \$2,000 Major Medical Deductible, the Company will then pay 80% for In Network and 60% for Out of Network treatment, up to a Maximum Benefit for Each Injury or Sickness of \$100,000. This maximum includes benefits paid under both the Basic Benefits and Optional Major Medical Benefits. Benefits shall end at the close of the period of coverage under this policy.

ANNUAL PREMIUM: \$1374.00 Student only



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