

2010-2011 Student Insurance Plan Benefits	2010-2011 Benefits	
	In-Network	Out-of-Network
Lifetime Maximum Medical Expense Benefit - Per Accident or Sickness	\$250,000	\$250,000
Deductible: Per Person - Per Policy Year (waived at Student Health Center)	\$300/policy year	\$300/policy year
Student Health Center - The Deductible does not apply when covered services are received at the Student Health Center (SHC)	100%	N/A
HOSPITAL INPATIENT COVERED SERVICES AND BENEFIT LIMITS	In-Network	Out-of-Network
(a) Hospital Room and Board and Hospital Miscellaneous: \$100 copay per confinement	80%	60%
(b) Surgical Treatment	80%	60%
(c) Anesthesia: 30% of Surgical Treatment	N/A	
(d) Assistant Surgeon: 30% of Surgical Treatment	N/A	
(e) Private Duty Nurse: Paid under (a)	80%	60%
(f) Physician Non-Surgical Visits: 1 visit per day; not paid the day of surgery	80%	60%
(g) Physiotherapy: 1 visit per day; Paid under (a)	80%	60%
(h) Maternity Benefits: Benefits paid the same as any Sickness	80%	60%
(i) Mental & Nervous Disorders: Benefits paid the same as any Sickness; up to \$10,000 per Policy Year; \$50 copay per confinement	80%	60%
(j) Substance Abuse: Benefits paid the same as any Sickness; up to \$10,000 per Policy Year	80%	60%
(k) PreAdmission Testing	80%	60%
OUTPATIENT COVERED SERVICES AND BENEFIT LIMITS	In-Network	Out-of-Network
(a) Hospital Outpatient Surgical Miscellaneous: Day Surgery	80%	60%
(b) Surgical Treatment	80%	60%
(c) Anesthesia: 30% of Surgical Treatment	N/A	
(d) Assistant Surgeon: 30% of Surgical Treatment	N/A	
(e) Physician Non-Surgical Visits: 1 visit per day, not paid the day of surgery; \$20 copay per visit	80%	60%
(f) Physiotherapy: Includes occupational therapy; 1 visit per day, \$20 copay per visit; up to 10 visits	80%	60%
(g) Diagnostic X-rays, Radiology, and Laboratory Services: \$25 copay per visit; includes Ultrasound and Nuclear medicine, ECG, EEF and other Electronic Diagnostic procedures	80%	60%
(h) Hospital Emergency Room: \$100 copay per visit (waived if admitted)	80%	60%
(i) Maternity: Paid the same as any Sickness; includes Abortion if life threatening to mother	80%	60%
(j) Mental and Nervous Disorders: \$20 copay per visit; up to 20 visits per Policy Year	80%	60%
(k) Substance Abuse: \$20 copay per visit; up to 20 visits per Policy Year	80%	60%
(l) Prescription Drugs: 30 day supply per prescription	\$15 copay per Generic Drug; \$25 copay per Brand Drug; Refer to Prescription Drug Program through Express Scripts to \$1,500 per Policy Year	
OTHER COVERED SERVICES AND BENEFIT LIMITS	In-Network	Out-of-Network
(a) Ambulance: up to \$300	N/A	
(b) Dental Treatment: Xray and treatment of dental injury to sound, natural teeth	80%	80%
(c) Orthopedic Appliances and Durable Medical Equipment: up to \$200 per Policy Year	80%	60%
(d) Motor Vehicle Injury: Benefits paid the same as any Injury	80%	60%
(e) Home Health Care: 40 visits per Policy Year; \$50 Deductible/Policy Year, up to maximum \$300 per Policy Year	80%	60%
(f) Consultant Physician: when requested by the attending Physician	80%	60%
(g) Well Child Care: includes immunizations and age appropriate screening tests; subject to Deductible	80%	60%
(h) Immunizations: when received at Student Health Services only; \$200 per Policy Year; \$10 copay per immunization	100%	N/A
(i) Wellness Benefit; up to \$300 per Policy Year, subject to Deductible	80%	60%
(j) Additional Benefits mandated by State of Illinois:	Please see below	
Breast Reconstruction following Mastectomy and Post Mastectomy Treatment Benefits	80%	60%
Cervical Pap and Prostate Cancer Tests Benefit	80%	60%
Diabetes Benefit	80%	60%
Mammography Examination Benefit	80%	60%
HPV Vaccine	80%	60%
Maternity and Postpartum Care Benefit	80%	60%
Temporomandibular Joint Disorder and Craniomandibular Disorder Benefit	80%	60%
2010-2011 PREMIUM		
Student Only:	\$1,355 annually	Note: See Website for Semester & Monthly payment options.
Additional for Spouse:	\$2,710 annually	
Additional for Each Child:	\$2,003 annually	