

UNION UNIVERSITY
STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN
SCHEDULE OF BENEFITS

MEDICAL BENEFITS	In Network	Out-of-Network
Annual Deductible Per Insured Person per Injury or Sickness \$50 per Insured Person per Injury or Sickness if treatment is rendered at Student Health Services	\$100	\$100
Maximum Out-of-Pocket Deductible does not apply to the out-of-pocket maximum	\$10,000	\$10,000
Maximum Benefit Per Injury or Sickness each policy year	\$100,000	\$100,000
COVERED SERVICES	In Network	Out-of-Network
Hospital Room & Board (average semi-private room rate, including nursing services)	80%	60%
Intensive Care Unit	80%	60%
Hospital Miscellaneous (expenses incurred while Hospital Confined or as a precondition for being Hospital Confined, for services and supplies such as the cost of operating room, laboratory tests, X-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, physical therapy, therapeutic services and supplies)	80%	60%
Surgery (if an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session but through different incisions, We will pay as shown in the Policy Schedule of Benefits for the most expensive procedure and 50% of covered expenses for the additional surgeries)	80%	60%
Assistant Surgeon (Inpatient)	80%	60%
Anesthetist (Inpatient)	80%	60%
Doctor's Visits (Inpatient) (when Hospital Confined. Benefits are limited to one visit per day. Benefits do not apply when related to surgery.)	80%	60%
Organ Transplant (including non-investigative and non-experimental human organs and tissue transplants that are Medically Necessary.)	80%	60%
Day Surgery (Outpatient) (Surgeon's and Assistant Surgeon's fees for outpatient surgery. If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session but through different incisions, We will pay as shown in the Schedule of Benefits for the most expensive procedure and 50% of covered expenses for the additional surgeries.)	80%	60%
Day Surgery Miscellaneous (Includes services related to scheduled surgery performed in a Hospital, ambulatory surgical center, operating room expenses, laboratory tests and diagnostic test expense, examinations, including professional fees, anesthesia; drugs or medicines; therapeutic services and supplies. Benefits will not be paid for: surgery performed in a Hospital emergency room, Doctor's office, or clinic.)	80%	60%
Anesthetist (Outpatient)	80%	60%
Doctor's Visits (Outpatient) , \$20 per visit co-pay (Includes well visits and routine GYN exams; benefits are limited to one visit per day. Benefits will not be paid when related to surgery.)	80%	60%

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SCHEDULE OF BENEFITS (CONTINUED)

COVERED SERVICES	In Network	Out-of-Network
Physical Therapy and Chiropractic Expenses (Must be ordered in advance by a Medical Doctor, related to a covered Injury or Sickness, and not obtained at the Student Health Center) (benefits are limited to one visit per day)	80%	60%
Diagnostic X-Ray Services	80%	60%
Medical Emergency Expenses \$250 copayment per visit, waived if admitted	80%	60%
Urgent Care Treatment Center \$50 co-payment per visit	80%	60%
Radiation and Chemotherapy	80%	60%
Laboratory Procedures	80%	60%
Local Ambulance For Injury/Sickness when covered Injury/Sickness results in patient hospitalization	80% of Actual Charge	
Braces and Appliances	80%	60%
Consultant Doctor Fees (when requested and approved by the attending Doctor. Covered Expenses will be paid under this benefit or under the Doctor's Visits benefit, but not for the same day.)	80%	60%
Dental Treatment due to Accident \$250 maximum per tooth \$500 maximum per Policy Year	80%	60%
Dental Treatment (acute onsetin) treatment must be obtained within 24 hours of the sudden and unexpected occurrence of pain) \$100 maximum per Policy Year	80%	60%
Complications of Pregnancy	80%	60%
Hospice Care	80%	60%
Durable Medical Equipment	80%	60%
Outpatient Prescription Drugs	50% of Actual Charge	
Mental/Nervous Disorders (Inpatient)	80%	60%
Mental/Nervous Disorders (Outpatient)	80%	60%
Alcohol and Substance Abuse (Inpatient)	80%	60%
Alcohol and Substance Abuse (Outpatient)	80%	60%
Maternity Care	80%	60%
*Preventive Care, Immunizations and Wellness	*100%	60%
ADDITIONAL COVERED SERVICES		
Emergency Medical Evacuation	\$25,000 Maximum	
Repatriation of Remains	\$25,000 Maximum	
Emergency Reunion	\$1,000 Lifetime Maximum	
Incidental Home Country Coverage	\$1,000 Maximum per Policy Year Maximum 15 days per visit, cumulative	
Accidental Death & Dismemberment	\$10,000 Principal Sum per participant	

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