

SCHEDULE OF BENEFITS

Policy Maximum Benefit – per policy year		\$500,000
	In-Network	Out-of-Network
Policy Deductible – per person - per policy year	\$250	\$500
Policy Deductible – per family - per policy year	\$500	\$1,000
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%
Student Health Benefits	See page 9	See Page 9

COVERED SERVICES AND BENEFIT LIMIT	In-Network	Out-of-Network
<u>INPATIENT</u>		
HOSPITAL ROOM AND BOARD benefit is payable for semi-private room rate	80%	60%
HOSPITAL INTENSIVE CARE benefit is payable for semi-private room rate	80%	60%
HOSPITAL MISCELLANEOUS 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%
SKILLED NURSING FACILITY benefit is payable up to maximum 30 days per policy year	80%	60%
ASSISTANT SURGEON	25% Surgeon's Fees	25% Surgeon's Fees
ANESTHESIA	25% Surgeon's Fees	25% Surgeon's Fees
PHYSIOTHERAPY SERVICES includes physical therapy and chiropractic care, 1 visit per day; benefit is payable up to maximum 30 days per policy year	80%	60%
CHEMOTHERAPY AND RADIATION THERAPY	80%	60%
PHYSICIAN'S NON-SURGICAL VISITS 1 visit per day; not paid same day as surgery; includes benefit for consultant physician; benefit is payable up to maximum 10 visits per condition	80%	60%
PRE-ADMISSION TESTING includes tests done in conjunction with scheduled surgery; within 3 working days of admission	80%	60%
<u>OUTPATIENT</u>		
HOSPITAL EMERGENCY ROOM benefit is payable after \$150 copay per visit; copay waived if admitted	80%	80%
URGENT CARE in-network benefit is payable after \$50 copay per visit	80%	60%
HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS 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%
ASSISTANT SURGEON	25% Surgeon's Fees	25% Surgeon's Fees
ANESTHESIA	25% Surgeon's Fees	25% Surgeon's Fees
PHYSICIAN'S NON-SURGICAL VISITS includes benefit for consultant physician; 1 visit per day; not paid same day as surgery; benefit is payable after \$25 copay per visit; in-network deductible is waived	100%	60%
PHYSIOTHERAPY SERVICES physical therapy is payable up to maximum 30 visits per policy year; chiropractic therapy is payable up to maximum 20 visits per policy year	80%	60%
DIAGNOSTIC, XRAY AND LAB SERVICES	80%	60%
MRI, CAT SCAN, AND PET SCAN	80%	60%
CHEMOTHERAPY AND RADIATION THERAPY	80%	60%
INFUSION AND/OR INJECTIONS	80%	60%
PRESCRIPTION DRUGS Benefit is payable under Express Scripts Prescription Drug Program ; \$10 copay per generic drug; \$30 copay per brand drug; \$45 copay per specialty 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
HOME HEALTH CARE benefit is payable up to maximum 30 visits per policy year	80%	60%

COVERED SERVICES AND BENEFIT LIMITS - Continued	In-Network	Out-of-Network
<u>OTHER INPATIENT OR OUTPATIENT</u>		
EMERGENCY MEDICAL TRANSPORTATION includes all related expenses	80%	80%
SURGERY 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%
DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC APPLIANCE when prescribed by a physician	80%	60%
MATERNITY 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
BIOLOGICALLY BASED MENTAL ILLNESS includes inpatient and outpatient expenses	80%	60%
NON-BIOLOGICALLY BASED MENTAL ILLNESS AND DRUG ABUSE Inpatient – benefits are payable the same as any Sickness, up to 30 days per policy year Outpatient – benefits are payable the same as any Sickness up to 30 visits per policy year	80%	60%
ALCOHOLISM Inpatient - benefit is payable the same as any Sickness Outpatient - benefit is payable the same as any Sickness	80%	60%
PREVENTIVE CARE 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
HOSPICE CARE	80%	60%
<u>ELECTIVE TREATMENT</u>		
DENTAL TREATMENT coverage is limited to injuries to sound natural teeth; does not include biting or chewing injuries; benefit is payable up to maximum \$500 per policy year	80%	80%
PRIVATE DUTY NURSE when medically necessary during inpatient confinement and requested by the attending physician	80%	60%
TMJ AND CRANIOMANDIBULAR JOINT DISORDER benefit is payable same as any sickness, up to lifetime maximum benefit \$5,000 per policy year	80%	60%