

# SCHEDULE OF BENEFITS

COVERED SERVICES FOR ESSENTIAL HEALTH BENEFITS		
	IN-NETWORK	OUT-OF-NETWORK
<b>Policy Year Maximum Benefit</b>	Unlimited	Unlimited
<b>Deductible</b> - per person, per policy year additional deductibles and copays may apply	\$250	\$500
<b>Insured Percent</b> - plan pays	80% of Preferred Allowance (PA)	60% of Reasonable & Customary (R&C)
<b>Out-of-Pocket Maximum</b> - per policy year; deductibles, copays (including Rx) and coinsurance paid by insured contribute toward the out-of-pocket maximum; once this maximum is met, the plan pays eligible expenses at 100% of PA or 100% of R&C	\$6,350 per insured \$12,700 family See page 10	\$12,700 per insured
<b>INPATIENT</b>		
<b>Room &amp; Board</b> (paid at the daily semi-private room rate)	80% of PA	60% of R&C
<b>Intensive Care</b>	80% of PA	60% of R&C
<b>Hospital Miscellaneous</b> 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, and preadmission testing	80% of PA	60% of R&C
<b>Physician Visits</b>	80% of PA	60% of R&C
<b>Consulting Physician</b>	80% of PA	60% of R&C
<b>Skilled Nursing and Sub-Acute Care Facilities</b>	80% of PA	60% of R&C
<b>Inpatient Rehabilitation</b> (includes physical therapy and chiropractic care)	80% of PA	60% of R&C
<b>SURGERY BENEFITS (INPATIENT AND OUTPATIENT)</b>		
<b>Surgeon's Fees</b>	80% of PA	60% of R&C
<b>Assistant Surgeon</b>	25% of Surgeons Payment	25% of Surgeons Payment
<b>Anesthesia Services</b>	25% of Surgeons Payment	25% of Surgeons Payment
<b>Outpatient Surgical Miscellaneous</b> (includes facility fee, supplies, drugs, diagnostic imaging, x-rays, laboratory and other miscellaneous items used with surgical event)	80% of PA	60% of R&C
<b>General Anesthesia for Dental Services</b>	80% of PA	60% of R&C
<b>Reconstructive Surgery</b>	80% of PA	60% of R&C
<b>Organ Transplant Surgery</b>	80% of PA	60% 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
<b>OUTPATIENT</b>		
<b>Wellness/Preventive &amp; Immunizations</b> (only services listed under the Affordable Care Act, see page 20) - in-network deductible and copay are waived	100% of PA	60% of R&C
<b>Physician Office Visits</b> (includes specialist/consultants)	80% of PA	60% of R&C
<b>Diagnostic Imaging and X-ray Services</b>	80% of PA	60% of R&C
<b>PET Scan, CT Scan, and MRI</b>	80% of PA	60% of R&C
<b>Infusion or Injections</b> (performed in health care facility or physician office)	80% of PA	60% of R&C
<b>Laboratory Services</b>	80% of PA	60% of R&C
<b>Chemotherapy and Radiation Therapy</b>	80% of PA	60% of R&C
<b>Medical Emergency Room</b> (includes treatment outside the United States; visit to the emergency room for treatment of an emergency condition, copay waived if admitted) - <b>\$100 copay per visit</b>	80% of PA	80% of R&C
<b>Urgent Care Facility</b> (non-emergency services)	80% of PA	60% of R&C
<b>Emergency Medical Transportation Services</b>	80% of PA	80% of R&C
<b>OTHER SERVICES</b>		
<b>Prescription Drugs</b> The pharmacy benefit network is Catamaran, 30-day supply per prescription; copays do not apply to generic contraceptives; one copay per 30-day supply; in-network deductible is waived	100% of PA after: \$15 copay per generic drug \$35 copay per preferred brand drug \$70 copay per non-preferred brand drug	60% of R&C
<b>Allergy Testing &amp; Treatment</b> (includes testing/injections/treatment)	80% of PA	60% of R&C
<b>Diabetes Treatment and Education</b>	80% of PA	60% of R&C
<b>Durable Medical Equipment/Prosthetic Appliances</b>	80% of PA	60% of R&C
<b>Habilitative/Rehabilitative</b> (includes physical, occupational and speech therapies)	80% of PA	60% of R&C
<b>Chiropractic Care</b>	80% of PA	60% of R&C
<b>Home Health Care</b>	80% of PA	60% of R&C
<b>Hospice</b>	80% of PA	60% of R&C
<b>Private Duty Nurse</b>	80% of PA	60% of R&C
<b>Maternity Services</b> (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
<b>Pediatric Dental</b> (coverage for insureds up to age 19) - includes coverage for preventive & diagnostic, basic restorative, major, and <i>medically necessary</i> 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.			
<b>Routine Vision Exam</b> – (coverage for insureds 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.	
MENTAL HEALTH AND ALCOHOLISM OR DRUG ABUSE			
<b>Inpatient for Mental Conditions</b>		Paid as any other Sickness	
<b>Outpatient for Mental Conditions</b>		Paid as any other Sickness	
<b>Inpatient for Alcoholism/Drug Abuse</b>		Paid as any other Sickness	
<b>Outpatient for Alcoholism/Drug Abuse</b>		Paid as any other Sickness	
ELECTIVE AND NON-ESSENTIAL HEALTH BENEFITS		IN-NETWORK	OUT-OF-NETWORK
<b>Dental Injury</b> (treatment due to injury to sound, natural teeth; does not include damage from biting or chewing; includes extraction of completely bony impacted teeth)		80% of PA	80% of R&C
<b>Treatment Outside the United States</b> (non-emergency) <b>maximum benefit \$20,000 per policy year</b>		60% of Actual Charge	
<b>Intercollegiate/Club/Intramural Sports Injuries</b>		Paid as any other Injury	

### 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.