



## Benefit Summary

### Basic Plan

Coverages	Limits – Covered Person	
<b>MEDICAL BENEFITS</b>		
<b>Coverage Year Limit</b>	\$500,000	
<b>Coverage Year Deductible</b>	\$500	
<b>Coverage Year Out-of-Pocket Limit</b> Out-of-Pocket Limit means the amount of Reasonable Expenses for which the Covered Person is responsible after which the Insurer pays 100% of the Reasonable Expenses, subject to the limits and provisions of the Certificate.	After the Covered Person reaches a \$5,000 Out-of-Pocket Limit per Coverage Year, the Insurer pays the Reasonable Expenses at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, and amounts above the maximums do not apply toward the Out-of- Pocket Limit.	
	<b>In Network Limits</b>	<b>Out of Network Limits</b>
<b>Physician Office Visits</b>	80% of the Negotiated Rate after \$20 Copayment per visit <sup>1</sup>	60% of Reasonable Expenses
<b>Treatment at an Urgent Care Facility</b>	80% of the Negotiated Rate after \$35 Copayment per visit	60% of Reasonable Expenses
<b>Hospital and Physician Outpatient Services</b>	80% of the Negotiated Rate after \$250 Copayment per visit	60% of Reasonable Expenses
<b>Inpatient Hospital Services</b>	80% of the Negotiated Rate after \$250 Copayment per visit	60% of Reasonable Expenses
<b>Emergency Hospital Services</b>	80% of the Negotiated Rate after \$250 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived.	60% of Reasonable Expenses
<b>Benefits listed below are subject to Maximums per Injury and Sickness, Co-Insurance, Out-of- Pocket Maximum and the above listed PPO Plan type limits</b>		
<b>MEDICAL BENEFIT LIMITATIONS</b>		
<b>Maternity Care for a Covered Pregnancy</b>	Same as any other illness	
<b>Complications of Pregnancy</b>	Same as any other illness	
<b>Inpatient treatment of mental and nervous disorders including drug or alcohol abuse</b>	Reasonable Expenses up to \$10,000 Maximum per Coverage Year for a maximum period of 30 days per Coverage Year	
<b>Outpatient treatment of mental and nervous disorders including drug or alcohol abuse</b>	Reasonable Expenses up to \$1,000 Maximum per Coverage Year for a maximum period of 30 visits per Coverage Year	
<b>Treatment of Specified therapies, including acupuncture and Physiotherapy</b>	Reasonable Expenses up to 20 visits per Coverage Year on an Outpatient basis	



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Coverages	Limits – Covered Person
<b>Breast Reconstruction due to Mastectomy</b>	Reasonable Expenses
<b>Medical treatment of Injuries sustained as a result of a covered motor vehicle accident</b>	Reasonable Expenses up to \$10,000 Maximum per Injury or Sickness
<b>Repairs to sound, natural teeth required due to an Injury</b>	Reasonable Expenses up to \$500 per Coverage Year maximum
<b>Outpatient prescription drugs including oral contraceptives and devices</b>	Prescription Drug Program with the Copayment stated below. Limited to a 31 day supply for initial fill or refill.
Generic Drugs	All except a \$10 Copayment per prescription
Brand Name Drugs	All except a \$20 Copayment per prescription
<b>OTHER COVERAGES</b>	
<b>Emergency Medical Evacuation</b>	Maximum Benefit up to \$100,000 per Coverage Year
<b>Emergency Family Travel Arrangements</b>	Up to a maximum benefit of \$1,500 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person
<b>Repatriation of Mortal Remains</b>	Maximum Benefit up to \$25,000
<b>Accidental Death &amp; Dismemberment</b>	Maximum Benefit: Principal Sum up to \$10,000 for Insured Person; \$5,000 for Spouse; and \$1,000 for Child(ren)
<b>OTHER INCLUDED SERVICES</b>	
<b>Global Assistance Services</b>	Emergency Medical and Travel Assistance services provided, including coordination of all evacuations and repatriations if needed
<b>PRE-EXISTING CONDITION LIMITATION <sup>2</sup></b>	The Insurer does not pay benefits for loss due to a Preexisting Condition during the first 6 months of coverage.

1. If there is a charge for visits to, or medical services, treatments and supplies received from, a Recognized Student Health Center for an Injury or a Sickness, benefits for those visits, medical services, treatments and supplies will be paid at 100% of Reasonable Expenses with no Copayment.
2. Pre-Existing Condition means any Injury or Sickness for which a Physician was consulted or for which treatment or a medication was recommended or received up to 6 months prior to the Covered Person's effective date of coverage.

BASIC PLAN					
ANNUAL 8/1/18-7/31/19		FALL 8/1/18-12/31/18		SPRING/SUMMER 1/1/19-7/31/19	
	GROUP RATE		GROUP RATE		GROUP RATE
14 to 24	\$ 735.00	14 to 24	\$ 306.25	14 to 24	\$ 428.75
25 to 30	\$ 895.80	25 to 30	\$ 373.25	25 to 30	\$ 522.55
31 to 40	\$ 1,209.60	31 to 40	\$ 504.00	31 to 40	\$ 705.60
41 to 50	\$ 2,419.20	41 to 50	\$ 1,008.00	41 to 50	\$ 1,411.20
51 to 64	\$ 3,583.80	51 to 64	\$ 1,493.25	51 to 64	\$ 2,090.55
65+	\$ 6,182.40	65+	\$ 2,576.00	65+	\$ 3,606.40
Spouse	\$ 4,032.00	Spouse	\$ 1,680.00	Spouse	\$ 2,352.00
Child	\$ 2,016.00	Child	\$ 840.00	Child	\$ 1,176.00



## Benefit Summary

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### EXCLUSIONS

1. Expenses incurred in excess of Reasonable Expenses.
2. Services or supplies that the Insurer considers to be Experimental or Investigative.
3. Expenses incurred prior to the beginning of the current Period of Coverage or after the end of the current Period of Coverage except as described in Covered General Medical Expenses and Limitations and Extension of Benefits.
4. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, unless otherwise noted.
5. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
6. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
7. Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
8. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the Certificate.
9. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Certificate and performed while the Certificate is in effect.
10. For diagnostic investigation or medical treatment for reproductive services, infertility, fertility, or for male or female voluntary sterilization procedures, or the reversal male or female voluntary sterilization procedures.
11. Expenses incurred for, or related to sex change surgery.
12. Organ or tissue transplant.
13. Participating in an illegal occupation or committing or attempting to commit a felony.
14. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
15. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Certificate.
16. Expenses incurred within the Covered Person's Home Country.
17. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
18. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
19. Diagnosis and treatment of acne.
20. Diagnosis and treatment of sleep disorders.
21. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
22. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
23. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
24. Unless specifically provided for elsewhere under the Certificate, the cost of treatment or services that are provided normally without charge by the Member's Student Health Center, covered or provided by the student health fee, rendered by a person employed by the Member, including team Doctor and trainers or any other service performed at no cost.
25. Expenses incurred for any services rendered by a family member or a Covered Person's immediate family or a person who lives in the Covered Person's home.
26. Loss due to an act of war; service in the armed forces of any country or international authority and Participation in a Riot or Civil Commotion.
27. Loss arising from
  - a. participating in any intercollegiate/interscholastic or professional sports, contest or competition;
  - b. participating in any club sport competition, contest or competition;
  - c. Racing or speed contests;
  - d. SCUBA diving, sky diving, mountaineering (where ropes or other climbing gear is customarily used), ultra-light aircraft, parasailing, sailplaning/gliders, hang gliding, parachuting, or bungee jumping.
28. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
29. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
30. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
31. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
32. Routine hearing tests except as provided under Preventive and Primary Care.
33. Expense covered under any Other Plan.
34. To the extent that such payments would be prohibited by law.