

## STUDENT MEDICAL INSURANCE PLAN OPTIONS FOR 2014-2015



Student Medical Insurance Plan	Student Basic Plan <i>Student Annual Premium*: \$1,941</i>		Student Plus Plan <i>Student Annual Premium*: \$2,610</i>	
	Preferred Care	Non-Preferred Care	Preferred Care	Non-Preferred Care
<b>Policy Year Maximum</b> <i>(medical and prescription drug)</i>	Unlimited		Unlimited	
<b>Policy Year Deductible</b>	\$150	\$500	None	\$250
<b>Out-of-pocket</b> <i>(includes all Deductibles and Copays)</i>	\$5,000	\$5,000	\$3,000	\$3,000
<b>Hospital</b> <i>(1 Copay per admission)</i>	80% after Deductible	60% after Deductible	\$250 Copay, then 100%	80% after Deductible
<b>Surgical</b>	80% after Deductible	60% after Deductible	\$100 Copay, then 100%	80% after Deductible
<b>Office visit</b>	\$40 Copay, then 100%	80% after Deductible	\$25 Copay, then 100%	80% after Deductible
<b>Emergency Room</b> <i>(Copay waived if admitted )</i>	\$150 Copay, then 100%	\$150 Deductible, then 100%	\$100 Copay, then 100%	\$100 Deductible, then 100%
<b>MRI/CT Scan/PET Scan</b>	80% after Deductible	60% after Deductible	\$100 Copay, then 100%	80% after Deductible
<b>Ambulance</b>	80%	80%	100%	100%
<b>Physical Therapy; Chiropractic Care</b>	\$40 Copay, then 100%**	80% after Deductible	\$25 Copay, then 100%**	80% after Deductible
<b>Inpatient mental health</b> <i>(1 Copay per admission)</i>	80% after Deductible	60% after Deductible	\$250 Copay, then 100%	80% after Deductible
<b>Outpatient mental health</b>	\$20 Copay, then 100%	80%	\$20 Copay, then 100%	80%
<b>Durable Medical Equipment***</b>	80% after Deductible	60% after Deductible	90%	80% after Deductible
<b>Routine Physical Exams</b>	100%	80% after Deductible	100%	80% after Deductible
<b>Routine Labs</b>	100%	80% after Deductible	100%	80% after Deductible
<b>Routine Immunizations</b>	100%	80% after Deductible	100%	80% after Deductible
<b>Family Planning</b> <i>(includes contraceptive drugs/devices)</i>	100%	As any other covered expense	100%	As any other covered expense
<b>Prescription Drugs</b> <i>(including Mail Order; 2x Copays)</i>	\$10 Generic \$40 Preferred Brand Name \$60 Non-Preferred Brand Name	80%	\$10 Generic \$35 Preferred Brand Name \$50 Non-Preferred Brand Name	80%

\*Note: Rate shown is based on a policy coverage period of 08/23/2014 through 08/22/2015.

\*\*Copay for services at Ryan Center will be \$20

\*\*\*Breast pumps/lactation supplies are covered at 100%

**THIS IS A COVERAGE SUMMARY ONLY, BEING PROVIDED FOR COMPARISON PURPOSES. ACTUAL POLICY LANGUAGE WILL GOVERN THE PAYMENT OF BENEFITS.**