

SCHEDULE OF BENEFITS

Lifetime Aggregate Maximum: \$100,000 per Sickness or Injury

Deductible: \$150 per Plan Year

Covered Charges include:

The Company pays:

Doctor Visits

Beginning with the first visit

Except the following (benefits will only be paid for one visit for multiple treatments received by the same provider on the same visit):

- Treatment of Mental or Nervous Disorders¹
- Physical Therapist
- Chiropractic
- Acupuncturist-type treatment
- Annual Physical Exam (deductible waived)

After a \$20 copay per visit (paid by the student), 100% for a PPO or 70% for a non-PPO

Includes administered medications

Up to \$100 per visit, up to a maximum of 15 visits per plan year

Up to \$25 per visit, up to a maximum of 10 visits per plan year

Up to \$25 per visit, up to a maximum of 10 visits per plan year

Up to \$25 per visit, up to a maximum of 10 visits per plan year

Up to \$100 per exam, up to one exam per plan year

Hospital Confinement up to semi-private room charge per day including:

- Miscellaneous hospital expenses such as prescribed drugs, dressings, blood and blood plasma, laboratory tests, use of operating room, anesthetics, x-rays²
- Services of a registered graduate nurse
- Mental or Nervous Disorders¹

100% for a PPO or 70% for a non-PPO

Emergency Care for the actual expense incurred for lab, x-ray examinations and Emergency medical treatment²

100% for a PPO or 100% for a non-PPO

All emergent care Doctor visits are subject to a \$20 copay

Laboratory and X-ray²

100% for a PPO or 70% for a non-PPO

Medical Supplies

100% for a PPO or 70% for a non-PPO

Consultation: when requested by the College or attending Doctor
This does not include payment for continuing treatment

100% for a PPO or 70% for a non-PPO

Surgical Benefits² includes assistant surgeon and anesthetist

100% for a PPO or 70% for a non-PPO

Alcohol and Drug Rehabilitation

100% for a PPO or 70% for a non-PPO; up to a maximum of 15 days for inpatient and 15 visits for outpatient; up to a maximum of \$5,000 per plan year

Ambulance Services

100% of R&C

Repair of Injury to Teeth

100% for a PPO or 70% for a non-PPO;
up to a \$500 maximum per Injury

Diabetic Treatment

Covered Charges for treatment of diabetes shall include: 1) blood glucose monitors and blood glucose testing strips; 2) blood glucose monitors designed to assist the visually impaired; 3) insulin pumps and all related necessary supplies; 4) ketone urine testing strips; 5) lancets and lancet puncture devices; 6) pen delivery systems for the administration of insulin; 7) podiatric devices to prevent or treat diabetes-related complications; 8) insulin syringes; 9) visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin; and 10) outpatient self-management training, education and medical nutrition therapy, as Medically Necessary, without a prescription or upon the direction or prescription of the attending Doctor.

Prescription Drugs (including prescription contraceptives)

\$20 copay for generic or a \$50 copay for brand name; **up to a \$1,000 maximum per plan year.** The copay applies to each 30-day supply.

Anti-fungal nail and nail pad prescription medication/therapy (including but not limited to Lamisil and Sporanox) is **not** covered.

The prescription drug program is offered through Express Scripts. Students must use an Express Scripts network pharmacy to receive prescription benefits. For information regarding Express Scripts providers, call **800.447.9638** or go to **www.Express-Scripts.com**.

¹Severe Mental Illness will have benefits paid the same as any other condition.

²Treatment by a non-PPO anesthetist, radiologist, pathologist or Emergency room Doctor in a PPO facility will be paid at the PPO level.