

## 2009 / 2010 Graduate Mandatory Student Insurance Plan

The following schedule is a brief overview of the Student Health Insurance Plan for the **2009/2010** school year. Once you receive your brochure, **read it carefully for an explanation of the benefits, exclusions and limitations.** Please keep the brochure for future reference.

Maximum	Students - \$1,000,000 aggregate lifetime max/\$300,000 aggregate max per policy year; Dependents - \$50,000 Maximum per policy year.
Deductible	In Network: \$250 per person per policy year/\$750 per family per policy year Out of Network: \$300 per person per policy year/\$900 per family per policy year
Coinsurance	*See Schedule below *Covered services rendered through the Preferred Provider Organization (PPO) network shall be based on the allowable charges of its providers. Covered services rendered outside the Preferred Provider Organization (Non-PPO) network shall be based on the reasonable and customary charges (R&C) of the providers.

**Allowable Charges** means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

**Reasonable and Customary** means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

Out of Pocket Maximum	In Network: \$10,000 per person per policy year/\$30,000 per family max per policy year Out-of Network: \$15,000 per person per policy year/\$45,000 per family max per policy year
-----------------------	--

	<b>PPO</b>	<b>Non-PPO</b>
<b>INPATIENT</b>		
Room & Board	80%	60%
Intensive Care	80%	60%
Hospital Misc.	80%	60%
Physiotherapy-10 visit max per policy year	80%	60%
Surgery	80%	60%
Assistant Surgeon	80%	60%
Anesthetist	80%	60%
Registered Nurse	80%	60%
Physician's Visits	80%	60%
Psychotherapy/Alcoholism/Substance Abuse 30 day max per policy year after an additional \$50 deductible per confinement	80%	60%
Pre-Admission Testing	80%	60%
<b>OUTPATIENT</b>		
Surgery	80%	60%
Day Surgery/Misc.	80%	60%
Anesthetist	80%	60%
Physician's Visit	80%	60%
Physiotherapy-up to 30 visits per policy year	80%	60%

## Graduate Mandatory Student Insurance Plan (continued)

Emergency Room-\$150 copay per visit (reduced to \$50 copay if admitted to the hospital within 24 hours)	80%	80%
X-Ray	80%	60%
Laboratory	80%	60%
Tests & Procedures	80%	60%
Chemotherapy / Radiation Therapy	80%	60%
Injections	80%	60%
Outpatient Prescription Drugs- (Pharmacy Benefit Manager) up to \$1,500 max per policy year subject to a \$15 generic copay/ \$30 brand name copay per 30-day supply per prescription per month	100%	N/A
Psychotherapy/Alcoholism/Substance Abuse- Up to 30 visits per policy year	80%	60%
<b>OTHER</b>		
Consultant	80%	60%
Ambulance		
Land Ambulance-up to \$500 max per trip	70%	70%
Air Ambulance-up to 1,000 max per trip	70%	70%
Durable Medical Equipment/Orthopedic Braces & Appliances		
Prosthetic Devices-up to \$10,000 lifetime max	80%	60%
All other Durable Medical Equipment-up to \$5,000 lifetime max	80%	60%
Dental (for injury to sound natural teeth or removal of bony impacted wisdom teeth only)	80%	60%
<b>AIG Assist</b>		
Repatriation-\$1,000,000*		
Medical Evacuation-\$1,000,000*		
Family reunification-up to \$1,500		
Optional Well Child Visits (up to age 12 months of age)	80%	60%

\*A Maximum of \$1,000,000 will be paid for Medical Evacuation and Repatriation combined