

2009 / 2010 Voluntary Student Insurance Plan

The following schedule is a brief overview of the Student Health Insurance Plan for the 2007/2008 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	\$500,000 aggregate lifetime max/\$50,000 max per injury or sickness per policy year
Deductible	In Network: \$350 per person per policy year/\$1,000 per family per policy year Out of Network: \$500 per person per policy year/\$1,500 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.

INPATIENT	PPO	Non-PPO
Room & Board	80%	60%
Intensive Care	80%	60%
Hospital Misc.	80%	60%
Physiotherapy-5 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 days max per policy year after an additional \$50 deductible per confinement	80%	60%
Pre-Admission Testing	80%	60%
OUTPATIENT		
Surgery	80%	60%
Day Surgery/Misc.	80%	60%
Anesthetist	80%	60%
Physician's Visit	80%	60%
Physiotherapy-up to 20 visits per policy year	80%	60%
Emergency Room-\$200 copay per visit (reduced to \$50 copay if admitted to the hospital within 24 hours)	80%	80%
X-Ray	80%	60%

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Laboratory	80%	60%
Tests & Procedures	80%	60%
Chemotherapy / Radiation Therapy	80%	60%
Injections	80%	60%
Outpatient Prescription Drugs- (Pharmacy Benefit Manager) up to \$500 max per policy year subject to a \$20 generic copay/ \$40 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%
OTHER		
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 \$5,000 lifetime max	80%	60%
All other Durable Medical Equipment-up to \$2,500 lifetime max	80%	60%
Dental (for injury to sound natural teeth or removal of bony impacted wisdom teeth only) \$200 per tooth up to \$1,000 max per policy year	80%	60%
AIG Assist		
Repatriation-\$1,000,000*		
Medical Evacuation-\$1,000,000*		
Family reunification-up to \$1,500		

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