

Comparison of Student Health Insurance Plans

BENEFIT	Student Senate Sponsored Plan MEGA (Student Ins.) (New as of 8/1/05)				Regents Plan MEGA (Student Ins.)				International Plan Columbian Life Ins. Co. (SAS)	
	Injury	Sickness	Injury	Sickness	Injury	Sickness	Injury	Sickness	Injury or Sickness	Injury or Sickness
SYNOPSIS OF PLAN	\$150,000 Maximum Benefit Paid for each injury/sickness per policy year. \$400,000 maximum lifetime benefit for each injury/sickness				\$100,000 Maximum Benefit Paid per policy year. An additional \$100,000 if the Major Medical rider is purchased. If a Preferred Provider is not available in area, or services are for emergency benefits paid at preferred level.				\$50,000 Max- injury/sickness. If Preferred Provider not available within 50 miles of campus or services emergent, benefits paid at preferred level. Supplemental Expense Benefit (student only) of \$100,000 - Maximum Lifetime Benefit for each injury/sickness. Pays after initial \$50.00 & pays at 100% of allowable charges for PPO covered services, or 80% of U&C for non-PPO covered services.	
ELIGIBILITY	Undergraduate - 6 hrs/semester; Graduate - 3 hrs/semester Psychology Internship Program Students. International students. Students must attend classes for at least the first 31 days after start date of policy. Semester based Internet & TV classes do count, home study and correspondence classes do not .				Undergraduate - 7 credit hours/semester; Graduate - 3 credit hours/semester. Doctoral students & post doctoral fellows International students. Students must attend classes for at least the first 31 days after start date of policy. Home study, correspondence, internet & TV classes do not count .				All non-immigrant international students & scholars and J-1 Exchange Visitors taking credit hours. On-line, home study, TV and correspondence do not count . Dependents eligible, but must enroll same time as insured or within 30 days of entering US. Enrollment required unless proof of comparable coverage is provided.	
DEDUCTIBLE	\$250.00. for each injury /sickness. Deductible waived, benefit 100% at Student Health Center				\$500 per policy year/per insured, \$1500 maximum/family. Deductible waived, benefit 100% at Student Health Center.				\$150.00 each injury /sickness. Deductible waived, benefit 100% at WMHC. Deductible \$100 if referral given by WMHC.	
PRE-EXISTING CONDITIONS	Existence 12 months immediately prior to the Insured's effective date under the policy. Pre-existing conditions not covered until the insured has been covered under the plan for 8 months Coverage is excluded for student except for those who have been continuously insured under the school's student insurance policy for at least 8 consecutive months; exclusionary period reduced by the total number of months insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy.				Existence 180 days immediately prior to the Insured's effective date under the policy; not covered under this policy until the insured has been covered under the plan for 8 months. Coverage excluded except: 1) individuals who have been continuously insured for at least 8 consecutive months under any plan defined as creditable if coverage was continuous to a date not more than 63 days before effective date of policy; 2) continuously insured for at least 8 months under school insurance policy; 3) a child that is adopted or placed for adoption before attaining eighteen years of age.				Not covered until continuous coverage for 12 months under this policy. 1) If prior creditable coverage, waiting period will be reduced by the period of time of prior insurance. Prior coverage must be continuous, no break more than 63 days immediately prior to this policy. 2) If covered by a university policy in the school term immediately prior to this policy, insured will not experience a break in coverage provided application and payment for this policy is within 31 days of expiration date of the prior student plan.	
INPATIENT	<i>Preferred Providers</i>		<i>Out of Network</i>		<i>Preferred Providers</i>		<i>Out of Network</i>		<i>Preferred Providers</i>	<i>Out of Network</i>
	Injury	Sickness	Injury	Sickness	Injury	Sickness	Injury	Sickness	Injury or Sickness	Injury or Sickness
Room & Board - semi-private room	80%	80%	60% *	60% *	100% allowable \$300/day max	100% allowable \$300/day max	100%* \$300/day max	100%* \$300/day max	90% - student 80% dependents	70%* student 60%* dependents
Intensive Care	80%	80%	60% *	60% *	100% allowable \$300/day max	100% allowable \$300/day max	100%* \$300/day max	100%* \$300/day max	90% - student 80% dependents	70%* student 60%* dependents
Hospital Miscellaneous Expense - such as operating room, lab, x-rays, anesthesia, medicines (except take home), therapeutic services & supplies	80%	80%	60% *	60% *	80%	80% \$1500/day aggregate max	60%*	60%* \$1,500/day aggregate max	90% - student 80% dependents	70%* student 60%* dependents
Routine Newborn Care - while hospital confined		Paid as any other sickness 4 days hospital max		Paid as any other sickness 4 days hospital max		80% 48 hrs/vaginal 96 hrs/cesarean max		60%* 48 hrs/vaginal 96 hrs/cesarean max		
Physical Therapy - paid under hospital miscellaneous	80%	80%	60% *	60% *	80%	80% \$1500/day aggregate max	60%*	60%* \$1,500/day aggregate max	90% - student 80% dependents	70%* student 60%* dependents
Surgeon's Fees - no more than one surgical procedure covered when multiple procedures are performed through one incision or in immediate succession	80%	80%	60% *	60% *	80% > 2 procedures, maximum will not exceed 50% of 2nd procedure and 25% for all subsequent	80% > 2 procedures, maximum will not exceed 50% of 2nd procedure and 25% for all subsequent	60%* > 2 procedures, maximum will not exceed 50% of 2nd procedure and 25% for all subsequent	60%* > 2 procedures, maximum will not exceed 50% of 2nd procedure and 25% for all subsequent	90% - student 80% dependents	70%* student 60%* dependents

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BENEFIT	Student Senate Sponsored Plan MEGA (Student Ins.) (New as of 8/1/05)				Regents Plan MEGA (Student Ins.)				International Plan Columbian Life Ins. Co. (SAS)			
Assistant Surgeon	80%	80%	60% *	60% *	75% of surgery allowance	75% of surgery allowance	75% of surgery allowance	75% of surgery allowance	90% - student dependents	80% dependents	70%* student dependents	60%* dependents
Anesthetist - inpatient surgery	80%	80%	60% *	60% *	80%	75% of surgery allowance	60%*	75% of surgery allowance	90% - student dependents	80% dependents	70%* student dependents	60%* dependents
RN Services - private duty nursing	80%	80%	60% *	60% *	80%	80%	60%*	60%*	90% - student dependents	80% dependents	70%* student dependents	60%* dependents
Physician's Visits - one visit per day and do not apply when related to surgery	80%	80%	60% *	60% *	80%	\$30/day - 30 days max each sickness	60%*	\$30/day - 30 days max each sickness	90% - student dependents	80% dependents	70%* student dependents	60%* dependents
Pre-admission Testing - within 3 days prior to admission	80%	80%	60% *	60% *	80%	80% \$1500/day aggregate max	60%*	60%* \$1,500/day aggregate max	90% - student dependents	80% dependents	70%* student dependents	60%* dependents
Psychotherapy - one visit per day. Psychiatric hospitals are not covered		80% 30 days max/policy year		80% 30 days max/policy year		80% 30 days max/policy year		60%* 30 days max/policy year	100% of first \$100, 80% next \$100, 50% thereafter, \$1,000 max		100%* of first \$100, 80% \$100, 50%* thereafter, \$1,000 max	
OUTPATIENT												
Surgeon's Fees - no more than one surgical procedure covered when multiple procedures are performed through one incision or in immediate succession	80%	80%	60% *	60% *	80% > 2 procedures, max will not exceed 50% of 2nd procedure and 25% for all subsequent	100% > 2 procedures, max will not exceed 50% of 2nd procedure and 25% for all subsequent	60%* > 2 procedures, max will not exceed 50% of 2nd procedure and 25% for all subsequent	60%* > 2 procedures, max will not exceed 50% of 2nd procedure and 25% for all subsequent	90% - student dependents	80% dependents	70%* student dependents	60%* dependents
Day Surgery Miscellaneous - performed in hospital, covers operating room, lab, x-ray, prof. fees, drugs, supplies	80%	80%	60% *	60% *	80%	80% \$4,000 max each sickness	60%*	60%* \$4,000 max each sickness	90% - student dependents	80% dependents	70%* student dependents	60%* dependents
Assistant Surgeon	80%	80%	60% *	60% *	75% of surgery allowance	75% of surgery allowance	75% of surgery allowance	75% of surgery allowance	90% - student dependents	80% dependents	70%* student dependents	60%* dependents
Anesthetist - outpatient surgery	80%	80%	60% *	60% *	80%	75% of surgery allowance	60%*	75% of surgery allowance	90% - student dependents	80% dependents	70%* student dependents	60%* dependents
Outpatient Miscellaneous	80%	80%	60% *	60% *		80% \$2,500 max each sickness		60%* \$2,500 max each sickness	90% - student dependents	80% dependents	70%* student dependents	60%* dependents
Physician's Visits - one visit per day and do not apply when related to surgery or Physical Therapy	80%	80%	60% *	60% *	80%	\$30/day - 5 days max each sickness	60%*	\$30/day - 5 days max each sickness	90% - student dependents	80% dependents	70%* student dependents	60%* dependents
Physical Therapy - one visit per day	80% (exclusions apply)	80% (exclusions apply)	60% *	60% *	80%	Paid under Physician's visits	60%*	Paid under Physician's visits	90% - student dependents	80% dependents	70%* student dependents	60%* dependents
Medical Emergency Expenses - Copay is in addition to deductible, waived if admitted to hospital. Treatment must be within 72 hrs of injury or onset of illness.	90% - \$100 copay	90% - \$100 copay	60%* - \$100 deductible	60%* - \$100 deductible	80% - \$50 copay/visit	80% \$50 copay/visit \$2,500 max each sickness	60%* - \$50 copay/visit	60%* \$50 copay/visit \$2,500 max each sickness	90% - student dependents	80% dependents \$100 copay	70%* student dependents	60%* dependents
Diagnostic x-ray - includes mammograms	80% \$5. copay at SHS	80% \$5. copay at SHS	60% \$5. copay at SHS	60% \$5. copay at SHS	80%	80% \$2,500 max each sickness	60%*	60%* \$2,500 max each sickness	90% - student dependents	80% dependents	70%* student dependents	60%* dependents
Lab - includes pap smears	80% \$5. copay at SHS	80% \$5. copay at SHS	60% \$5. copay at SHS	60% \$5. copay at SHS	80%	80% \$2,500 max each sickness \$5. copay at SHS	60%*	60%* \$2,500 max each sickness \$5. copay at SHS	90% - student dependents	80% dependents	70%* student dependents	60%* dependents

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Tests & Procedures - performed by physician, other than regular visits, PT, x-rays, and lab	80%	80%	60% *	60% *	80%	80% \$2,500 max each sickness	60%*	60%* \$2,500 max each sickness	90% - student dependents 80% TB testing 100% at SHS	70% - student dependents 60% TB testing 100% at SHS	
Injections - when given in Dr. office & charged on Dr. statement	80%	80%	60% *	60% *	80%		60%*		90% - student dependents	70%* student dependents 60%*	
Chemotherapy & Radiation Therapy	80%	80%	60% *	60% *		Paid under Major Medical, if purchased		Paid under Major Medical, if purchased	90% - student dependents	70%* student dependents 60%*	
Prescription Drugs - birth control pills covered up to \$7.50/month. Depo Provera covered up to \$22.50/3months	\$5. copay per prescription at SHS \$15. copay outside SHS \$1000 max	\$5. copay per prescription at SHS \$15. copay outside SHS \$1000 max	\$5. copay per prescription at SHS \$15. copay outside SHS \$1000 max	\$5. copay per prescription at SHS \$15. copay outside SHS \$1000 max	80%* \$250 maximum	100%* \$250 maximum	60%* \$250 maximum	100%* \$250 maximum	90% - student dependents 80% SHS copay \$1,000 max \$15 copay outside SHS \$500 max (Exclusions apply to benefit outside of SHS)	70% - student dependents 60% SHS copay \$1,000 max \$15 copay outside SHS \$500 max (Exclusions apply to benefit outside of SHS)	
Psychotherapy -includes alcoholism/drug abuse - includes all related or ancillary charges resulting from mental /nervous disorder, including prescription drugs.		80% \$3,000 maximum \$10,000 lifetime maximum		60% \$3,000 max \$10,000 lifetime max		100%* for first \$100, 80% of next \$100, 50% for next \$1640 in any policy year \$7,500 max lifetime		100%* for first \$100, 80% of next \$100, 50% for next \$1640 in any policy year \$7,500 max lifetime			
OTHER											
Ambulance -includes air	80%*	80%*	80%*	80%*	80%	\$150 maximum	60%*	\$150 maximum	90% - student dependents 80% \$5,000 maximum	70%* - student dependents 60%* \$5,000 maximum	
Durable Medical Equipment - replacement equipment not covered	80%	80%	60% *	60% *	80%		60%*		90% - student dependents 80% \$1,000 maximum	70%* - student dependents 60%* \$1,000 maximum	
Consultant Physician Fees	80%	80%	60% *	60% *	80%	\$150 maximum	60%*	\$150 maximum	90% - student dependents	70%* student dependents 60%*	
Dental Treatment - due to injury, natural teeth only	80%	80%	60% *	60% *	100%* \$500 maximum		100%* \$500 maximum		90% - student dependents 80% \$1,000 maximum	70%* - student dependents 60%* \$5,000 maximum	
Maternity/Complications of Pregnancy	80%	80%	60% *	60% *		Paid as any sickness		Paid as any sickness	Paid as any sickness	Paid as any sickness	
	<i>(No Asterisk) Percentage of Allowable charges</i>				<i>*(Asterisk) Percentage of Usual & Customary charges</i>						
COST	Student	Spouse	Each Child		Student	Student and Spouse	Student and Children	Student and Family	Student	Spouse (only)	Children (only)
Annual	\$1,928.00	\$6,744.00	\$4,336.00		\$876.00	\$4,436.00	\$3,942.00	\$7,502.50	\$935.00	\$2522.00	\$1,571.00
Fall	\$826.00	\$2,892.00	\$1,860.00		\$365.00	\$1,848.00	\$1,642.00	\$3,125.00	\$467.00	\$1269.00	\$793.00
Spring	\$816.00	\$2,854.00	\$1,834.00		\$365.00	\$1,848.00	\$1,642.00	\$3,125.00			
Spring/Summer	\$1,140.00	\$3,988.00	\$2,564.00		\$511.00	\$2,588.00	\$2,300.00	\$4,377.00	\$468.00	\$1269.00	\$793.00
Summer	\$324.00	\$1,134.00	\$730.00		\$146.00	\$740.00	\$658.00	\$1,252.00			
Major Medical Rider	N/A	N/A	N/A		\$461.00	\$922.00	\$922.00	\$1,383.00	N/A	N/A	N/A