

Student Health Insurance Plan

BENEFIT	Student Health Insurance Plan 2009-2010			
SYNOPSIS OF PLAN	\$100,000 Maximum Benefit Paid for each injury/sickness per policy year.			
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 .			
DEDUCTIBLE	\$250.00. for each injury /sickness per policy year. Deductible waived, benefit 100% at Student Health Center			
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.			
INPATIENT	<i>Students</i>		<i>Dependents</i>	
	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>
Room & Board - semi-private room	80%	60%	70%	50%
Intensive Care	Paid under Room & Board	Paid under Room & Board	Paid under Room & Board	Paid under Room & Board
Hospital Miscellaneous Expense - such as operating room, lab, x-rays, anesthesia, medicines (except take home), therapeutic services & supplies	80%	60%	70%	50%
Routine Newborn Care - 4 days hospital confinement expense maximum. Routine nursery care provided immediately after birth.	80%	60%	70%	50%
Physical Therapy - paid under hospital miscellaneous	80%	60%	70%	50%
Surgeon's Fees - If 2 or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	80%	60%	70%	50%
Assistant Surgeon	80%	60%	70%	50%
Anesthetist - inpatient surgery	80%	60%	70%	50%

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	80%	60%	70%	50%
RN Services - private duty nursing	80%	60%	70%	50%
Physician's Visits - one visit per day and do not apply when related to surgery	80%	60%	70%	50%
Pre-admission Testing - within 3 days prior to admission	80%	60%	70%	50%
Psychotherapy - one visit per day. 30 days maximum per policy year. Psychiatric hospitals are not covered	80%	60%	70%	50%
OUTPATIENT	<i>Students</i>		<i>Dependents</i>	
	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>
Surgeon's Fees - If 2 or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	80%	60%	70%	50%
Day Surgery Miscellaneous - performed in hospital, covers operating room, lab, x-ray, prof. fees, drugs, supplies	80%	60%	70%	50%
Assistant Surgeon	80%	60%	70%	50%
Anesthetist - outpatient surgery	80%	60%	70%	50%
Physician's Visits - one visit per day and do not apply when related to surgery or Physical Therapy	80%	60%	70%	50%
Physical Therapy - \$1,000 maximum per policy year. No maximum when following surgery or hospital confinement. Benefits limited to 1 visit per day.	80%	60%	70%	50%
Medical Emergency Expenses - \$100 Copay/deductible per visit, waived if admitted to hospital. Treatment must be within 72 hrs of injury or onset of illness.	80%	60%	70%	50%
Diagnostic x-ray - includes mammograms. Benefits payable at 100% for a chest x-ray as a result of a positive TB test required by the school, not subject to the deductible, \$5 copay or pre-existing condition limitation	80%	60%	70%	50%
Lab - includes pap smears	80%	60%	70%	50%

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Tests & Procedures - performed by physician, other than regular visits, PT, x-rays, and lab. Benefits provided for a TB test required by the school, payable at 100%, not subject to the deductible, \$5 copay or pre-existing conditions limitation.	80%	60%	70%	50%
Injections - when given in Dr. office & charged on Dr. statement	80%	60%	70%	50%
Chemotherapy & Radiation Therapy	80%	60%	70%	50%
Prescription Drugs - \$1,000 maximum per policy year.	At Student Health Center - \$5 copay per prescription for generic/30% coinsurance for brand name. United participating pharmacies - \$15 copay per prescription for Tier 1/30% coinsurance for Tier 2. Up to 31 day supply per prescription. Benefits payable only for SHS or United participating pharmacies. Birth control covered up to \$15/month. Monthly coverage can be aggregated for means that provide protection for more than 31 days, such as Depo Provera. Prescriptions not subject to plan deductible .			
Psychotherapy - \$3,000 maximum per policy year, \$10,000 maximum lifetime benefit. Benefits limited to one visit per day. Including all related or ancillary charges incurred as a result of mental and nervous disorder, including alcoholism/drug abuse	80%	60%	70%	50%
OTHER				
Ambulance -includes air	80%	60%	70%	50%
Durable Medical Equipment - replacement equipment not covered	80%	60%	70%	50%
Consultant Physician Fees - when requested and approved by attending physician.	80%	60%	70%	50%
Dental Treatment - due to injury, natural teeth only	80%	60%	70%	50%
Maternity/Complications of Pregnancy	80%	60%	70%	50%
Repatriation/Medical Evacuation	Benefits provided by Scholastic Emergency Services		Benefits provided by Scholastic Emergency Services	
COST	Student	Student & Spouse	Student & All Children	Student, Spouse, & All Children
Annual	\$915.00	\$4,691.00	\$4,169.00	\$7,945.00
Fall	\$375.00	\$1,923.00	\$1,709.00	\$3,257.00
Spring	\$375.00	\$1,923.00	\$1,709.00	\$3,257.00
Spring/Summer	\$540.00	\$2,768.00	\$2,460.00	\$4,688.00
Summer	\$165.00	\$845.00	\$751.00	\$1,431.00