

2017-2018 STUDENT HEALTH PRIMARY COMPREHENSIVE - PLAN B

Primary Major Medical Health and Accident Benefits

COMPREHENSIVE PRIMARY HEALTH PLAN			
JESSE TRICE (CAMPUS) STUDENT HEALTH CENTER			
	TIER 1 Jesse Trice Community Health Facilities (OFF CAMPUS)	TIER 2 HealthSmart Preferred In-Network	TIER 3 Out-of-Network
Lifetime Maximum Benefit		Unlimited	
Coinsurance (plan pays)	90%	80%	60%
Annual Deductible (per Individual)	\$0	\$150	\$500
Annual Out-of-Pocket Maximum		\$5,000	\$10,000
	TIER 1 Jesse Trice Community Health Facilities (OFF CAMPUS)	TIER 2 HealthSmart Preferred In-Network	TIER 3 Out-of-Network
Room & Board (paid at higher coinsurance up to \$1200 per day, then 60% thereafter)		80% of PPO Allowance	60% of Usual & Customary
Hospital Miscellaneous Expense		80% of PPO Allowance	60% of Usual & Customary
Intensive Care		80% of PPO Allowance	60% of Usual & Customary
Physiotherapy		80% of PPO Allowance	60% of Usual & Customary
Surgical Expenses		80% of PPO Allowance	60% of Usual & Customary
Anesthesia and Assistant Surgeon		80% of PPO Allowance	60% of Usual & Customary
Registered Nurse's Services		80% of PPO Allowance	60% of Usual & Customary
Skilled Nursing, limited to 60 Days/Benefit Period		80% of PPO Allowance	60% of Usual & Customary
Transplant Services		80% of PPO Allowance	60% of Usual & Customary
Hospital Based Physician's Visits		80% of PPO Allowance	60% of Usual & Customary
Pre-Admission Testing		80% of PPO Allowance	60% of Usual & Customary
Psychotherapy		80% days 1-20, then 60% thereafter	60% of Usual & Customary
	TIER 1 Jesse Trice Community Health Facilities (OFF CAMPUS)	TIER 2 HealthSmart Preferred In-Network	TIER 3 Out-of-Network
OUTPATIENT MEDICAL EXPENSES			
Surgical Expense & Day Surgery Misc. (paid at higher coinsurance up to \$1200, then 60% thereafter)	90% of Allowable Charges	80% of PPO Allowance	60% of Usual & Customary
Emergency Room	\$250 Copayment	\$250 Copay + 20% Coinsurance	\$250 Copay + 20% Coinsurance
Urgent Care Center	90% of Allowable Charges	80% of PPO Allowance	60% of Usual & Customary
Laboratory Procedures	90% of Allowable Charges	80% of PPO Allowance	60% of Usual & Customary
Diagnostic X-Ray and Imaging Services	90% of Allowable Charges	80% of PPO Allowance	60% of Usual & Customary
Injections	90% of Allowable Charges	80% of PPO Allowance	60% of Usual & Customary
Radiation Therapy/Chemotherapy	90% of Allowable Charges	80% of PPO Allowance	60% of Usual & Customary
Test & Procedures	90% of Allowable Charges	80% of PPO Allowance	60% of Usual & Customary
Physician's Visits (Includes Specialty Visits)	90% of Allowable Charges	80% of PPO Allowance	60% of Usual & Customary
Consultant Visits	80% of Allowable Charges	80% of PPO Allowance	60% of Usual & Customary
Physiotherapy & Chiropractic Care	90% visits 1-25, then 60% thereafter	80% visits 1-25, then 60% thereafter	60% of Usual & Customary
Preventative Care Services	100% to \$450, then 60% thereafter	80% of PPO Allowance [100% with referral from Student Health Center]	60% of Usual & Customary
Well Women Routine Annual Exam	90% of Allowable Charges	80% of PPO Allowance	60% of Usual & Customary
Psychotherapy	90% visits 1-10, then 60% thereafter	80% visits 1-10, then 60% thereafter	60% of Usual & Customary
Maternity/Complications of Pregnancy		Paid as any other Sickness	
	Jesse Trice Student Health Center or (off campus) Jesse Trice Community Health Facilities	WellDyne Participating Pharmacies	Out-of-Network
PHARMACY BENEFITS			
Prescription Maximum		Unlimited	
Pharmacy Supply Limit		31 Days or 101 Tablets	
Deductible		No Deductible Applies	
Tier 1 - Copay + Coinsurance	\$5	\$5	\$5 + 40% Coinsurance
Tier 2 - Copay + Coinsurance	\$15	\$15	\$15 + 40% Coinsurance
Tier 3 - Copay + Coinsurance	\$30	\$30	\$30 + 40% Coinsurance
Contraceptives	100%	100%	100%
90 Day Maintenance Supply	N/A	copy x 2.5	No Benefits
	TIER 1 Jesse Trice Community Health Facilities (OFF CAMPUS)	TIER 2 HealthSmart Preferred In-Network	TIER 3 Out-of-Network
ADDITIONAL MEDICAL BENEFITS			
Ambulance Services	N/A	80% to \$750, 60% thereafter	Out-of-Network
Durable Medical Equipment	80% of Allowable Charges	80% of Allowable Charges	80% of Allowable Charges
Treatment for TMJ	90% of Allowable Charges	80% of PPO Allowance	60% of Usual & Customary
Dental (injury to sound, natural teeth only)		Paid as any other Accident	
Club Sports		Paid as any other Accident up to \$500 per Injury	
Intramural Sports		Paid as any other Accident up to \$500 per Injury	

IMPORTANT NOTICE: The information contained herein is a brief summary of certain benefits which are offered under this student health plan, sponsored by SEBT (Student Educational Benefit Trust). This document is a summary only and does not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant plan. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor SEBT has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in plan design required by the applicable state regulatory authority may result in differences between this summary and the actual student health plan.

For more details about this plan, visit www.FMStudentInsurance.net

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