

SUMMARY OF COVERAGE HEALTH, ACCIDENT & ATHLETIC COVERAGE

JESSE TRICE (CAMPUS) STUDENT HEALTH CENTER

Jesse Trice Student Health Center provides acute medical health services on campus at no cost to all full-time undergraduate students. Services are covered at 100% and include, but not limited to, the following primary health care to meet the students' immediate health needs: emergency first aid- chronic disease management- nutrition counseling- screenings- immunizations- ancillary services (order labs, x-rays, prescribe medication) - referrals (if services needed are not provided).

ALL OTHER PROVIDERS	TIER 1 Jesse Trice Community Health Facilities (OFF CAMPUS)	TIER 2 HealthSmart Preferred In-Network	TIER 3 Out-of-Network
Annual Maximum Benefit	\$5,000 (Per Academic Year) / \$1,500 (Per Injury or Sickness)		
Coinsurance (plan pays)	90%	80%	60%
Annual Deductible (per Individual)	\$0	\$150	\$500
OUTPATIENT MEDICAL EXPENSES (benefits limited to \$1,500 per Injury or Sickness)	TIER 1 Jesse Trice Community Health Facilities (OFF CAMPUS)	TIER 2 HealthSmart Preferred In-Network	TIER 3 Out-of-Network
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	No Benefits	No Benefits	No Benefits
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% up to \$120	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	

PHARMACY BENEFITS	Jesse Trice Student Health Center or (off campus) Jesse Trice Community Health Facilities	WellDyne Participating Pharmacies	Out-of-Network
Prescription Maximum		\$350 Per Year	
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	copay x 2.5	No Benefits
ADDITIONAL MEDICAL BENEFITS	TIER 1 Jesse Trice Community Health Facilities (OFF CAMPUS)	TIER 2 HealthSmart Preferred In-Network	TIER 3 Out-of-Network
Ambulance Services	N/A	80% to \$750, 60% thereafter	
Durable Medical Equipment	80% of up to \$315	80% of up to \$315	80% up to \$315
Treatment for TMJ	No Benefits		No Benefits
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		
Intercollegiate Sports	100% of Allowable Charges up to \$25,000 per Injury		
Term Life Insurance	\$10,000		
Accidental Death & Dismemberment	\$10,000		
Optional Dental & Vision Coverage	Offered Separately For Additional Premium.		
24/7 Telephonic MD and After Hours Nurseline	Services are included in this plan. Details are available on the website.		

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.FMUSudentInsurance.net