

2018-19 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 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 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	Inpatient services are not available.	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 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	
PHARMACY BENEFITS	Jesse Trice Student Health Center or (off campus) Jesse Trice Community Health Facilities	Participating Pharmacies	Out-of-Network
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
ADDITIONAL MEDICAL BENEFITS	TIER 1 Jesse Trice Community Health Facilities (OFF CAMPUS)	TIER 2 Preferred In-Network	TIER 3 Out-of-Network
Ambulance Services	N/A	80% to \$750, 60% thereafter	
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	