

Suffolk University 2009-2010 Student Accident and Sickness Insurance Program

The Plan is underwritten by Nationwide Life Insurance Company

A summary of benefits is listed below, as are instructions to waive the insurance coverage if you do not want it and have comparable coverage with claims payment in the United States. If you are enrolled in the plan, you will receive a complete benefits brochure with your identification card. The full benefit brochure is also available on line at the University Health Plans website. Simply click on Suffolk University, select Student Insurance Plan, and then 'Brochure' to view, download and/or print the Suffolk University 2009-2010 brochure.

Plan effective dates: **August 21, 2009 – August 21, 2010**. The Law Students effective dates: **August 10, 2009 – August 10, 2010**. Spring Semester dates: **January 1, 2010 – August 21, 2010**. Spring Semester Dates for Law Students: **January 1, 2010 – August 10, 2010**.

ON-LINE ENROLLMENT AND WAIVER PROCESS:

Suffolk University is offering an on-line enrollment-waiver response for students. If you **DO NOT** want the above insurance and have comparable coverage with a United States based insurance company, simply follow the instructions below to waive the coverage quickly and easily. If you choose to waive coverage, you must complete the on-line waiver by **September 25, 2009** or you will be automatically enrolled and billed the annual premium.

To enroll or waive coverage on-line:

1. Go to www.universityhealthplans.com
2. Click on Suffolk University
3. Click on Suffolk University Student Insurance Plan
4. Left side menu, click on either the Enrollment Form or Waiver Form
5. Submit the form by clicking 'Apply.' If the form is accepted, you will receive immediate confirmation of your enrollment or waiver. Please print a copy of your confirmation for your record.

BENEFIT SUMMARY:

The Preferred Provider Network is PHCS. A list of participating providers can be found on the University Health Plans website. The program does not require you to use a preferred provider. If you utilize PHCS or CHP providers, you will receive maximum benefits and lower your out-of-pocket payments. This summary is not a complete listing of the benefits available; please refer to the Suffolk University 2009-2010 brochure for full details.

SUMMARY OF BASIC INSURANCE BENEFITS		
UP TO \$250,000 MAXIMUM BENEFIT PAID AS SPECIFIED BELOW (FOR EACH ACCIDENT OR SICKNESS)		
The policy will pay for Covered Medical Expenses incurred by a Covered Person due to a covered Accident or covered Sickness not to exceed an aggregate maximum benefit of \$250,000 per Accident or Sickness, except as specifically stated.		
Coverage: Reimbursement is based on the Negotiated Charge for In-Network Preferred Providers or Reasonable and Customary (R&C) based in accordance with data provided by Nationwide for Out-of-Network Non Preferred Providers.		
Inpatient Services	In Network (PHCS)	Out-of-Network
Hospital Room and Board Expenses: for an overnight stay.	100% of Negotiated Charge up to the semi-private rate (or ICU rate, if applicable). Subject to a \$250 inpatient co-pay	80% of R&C Charge up to the semi-private rate (or ICU rate, if applicable). Subject to a \$250 inpatient deductible
Physician Hospital Visit Expenses: for non-surgical services	100% of Negotiated Charge for the 1 st \$2,000, then 80% of the negotiated charge to plan max	100% of R&C Charge for the 1 st \$2,000, then 80% of R&C to plan max
Outpatient Services	In Network (PHCS)	Out-of-Network
Outpatient Doctor's Visit: Benefits for Physician's visits do not apply when related to surgery or Physiotherapy.	100% of Negotiated Charge for students after a \$10 copay per visit	80% of R&C Charge for students, with a \$10 deductible per visit
Emergency Room Expenses: not resulting in a hospital admission	80% of Negotiated Charge for students, subject to a \$50 co-pay; 80% of Negotiated Charge for dependents with \$75 co-pay	80% of R&C Charge, subject to a \$50 deductible; 80% of R&C Charge for dependents with a \$75 deductible
Prescription Drug Coverage: must be filled at an "Express Scripts" Participating Pharmacy. Contraceptive outpatient prescription drugs are covered; included in the \$1,200 policy year maximum	100% \$10 co-pay for generic and \$25 co-pay for brand name; Up to a maximum of \$1,200 per policy year	100% \$10 co-pay for generic and \$25 co-pay for brand name; Up to a maximum of \$1,200 per policy year
Women's Health Benefit Expenses: for routine screening of Chlamydia, pap smear, and mammogram.	100% when obtained through Suffolk University Health & Wellness Services. Outside of Health & Wellness Services coverage is 100% of discounted rate with a \$10 per visit co-pay	100% when obtained through Suffolk University Health & Wellness Services. Outside of Health & Wellness Services coverage is 80% of the R&C with a \$10 per visit deductible.
Dental Treatment: Made necessary by Injury to Sound, Natural Teeth	80% of R&C, up to \$200 maximum per tooth	80% of R&C, up to \$200 maximum per tooth
Laboratory and X-Ray Expense: 100% when obtained through Suffolk University Health & Wellness Services	80% of Negotiated Charge after a \$50 co-pay	80% of R&C Charge after a \$50 deductible.