

DREW UNIVERSITY 2014-2015 SCHEDULE OF BENEFITS

NOTE: Payment will be made at 100% of charges incurred for covered benefits provided at Drew University Health Services; the Policy Year deductible will not apply. Up to \$500 per Policy Year will be paid at 100% if referred by the Student Health Service for outpatient diagnostic X-ray and laboratory expense and emergency room expenses.

	In-Network	Out-of-Network
Policy Year Maximum Benefit (includes Medical Evacuation & Repatriation)	Unlimited	
Deductible	\$100 per individual	
Out-of-Pocket Maximum (includes Coinsurance and Copayments; does not include non-covered medical expenses or elective treatment)	\$6,350 per Covered Person/ \$12,700 Family Maximum	No Maximum
Coinsurance	80% of Preferred Allowance (PA)	70% of Reasonable & Customary (R&C)
Preventive/Wellness & Immunization Services (deductible does not apply)	100% of PA	70% of R&C
Services provided at Drew University Health Services (deductible does not apply)	100% of Actual Charges	N/A
Outpatient Services (other than Surgery, Maternity, Mental Health/Drug or Alcohol)		
Office Visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery or physiotherapy.	80% of PA	70% of R&C
Diagnostic Imaging, X-ray and Laboratory Services	80% of PA	70% of R&C
Inpatient Services – (other than Surgery, Maternity, Mental Health/Drug or Alcohol, except as specified)		
Miscellaneous Hospital Services	80% of PA	70% of R&C
Room and Board expense, at the semi-private room, general nursing care, and ICU	80% of PA	70% of R&C
Physician visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery.	80% of PA	70% of R&C
Skilled Nursing and Sub-Acute Care Facilities	80% of PA	70% of R&C
Surgical Services (Inpatient & Outpatient) - When multiple surgeries are performed through the same incision at the same operative session, We will pay an amount not to exceed the Benefit for the most expensive procedure being performed.		
Surgeon and Assistant Surgeon Fees	80% of PA	70% of R&C
Anesthetist Services, limited to 25% of the surgeon's fee.	80% of PA	70% of R&C
Hospital Miscellaneous includes supplies, drugs, facility fee, and miscellaneous items used in association with the surgical event.	80% of PA	70% of R&C
Organ transplants	80% of PA	70% of R&C
Obesity surgery	80% up to \$5,000, 50% thereafter	70% up to \$5,000, 50% thereafter
Maternity Care – Includes forty-eight (48) hours of Inpatient care following a normal delivery and ninety-six (96) hours of Inpatient care following a cesarean delivery, unless after conferring with the mother or a person responsible for the mother or newborn, the Attending Physician or a certified nurse-midwife who consults with a Physician, decides to discharge the mother or newborn child sooner. In the event of early discharge, Home Health Care visits will be provided.		
Maternity care and pre and post-natal services	Paid the same as any other Sickness	
Mental Conditions & Substance Abuse		
Inpatient Services and Outpatient Services	Paid the same as any other Sickness	
Urgent Care and Emergency Services		
Urgent Care	80% of PA	70% of R&C
Emergency services. Use of the emergency room and supplies Copayment waived if admitted. The In-Network Out-of-Pocket Maximum applies to Out-of-Network services.	80% of PA	80% of R&C
Emergency Medical Transportation services	80% of PA	80% of R&C
Other Services		
Allergy Services (testing/injections/treatment)	80% of PA	70% of R&C
Habilitative and Rehabilitative therapy – only when Prescribed by the treating physician including Physical, Speech, and Occupational	80% of PA	70% of R&C
Chiropractic, up to 30 visits per Policy Year	80% of PA	70% of R&C
Home Health Care –Including Private Duty Nursing (up to 60 visits per Policy Year)	80% of PA	70% of R&C
Hospice	80% of PA	70% of R&C
Diabetic Treatment and Education	Paid the same as any other Sickness	
Durable Medical Equipment (DME) – includes Prosthetic and Orthotic Devices	80% of PA	70% of R&C
Prescription Drug Expense <ul style="list-style-type: none"> • Only a thirty (30) day supply can be dispensed at any time • One (1) copayment per thirty (30) day supply • Copayments apply to the out-of-pocket • Prescriptions must be filled at an “Express Scripts” pharmacy. Visit www.express-scripts.com to locate participating pharmacies. • Deductible does not apply. 	<ul style="list-style-type: none"> • \$0 Co-pay for generic contraceptives and wellness prescriptions; or • \$15 Co-pay for other generic prescriptions; or • \$30 Co-pay for any brand name prescription; or • \$50 Co-pay for any non-preferred brand name drugs 	
Hearing Aids – one pair of hearing aids every 2 years for insureds age fifteen (15) or younger when prescribed by a licensed physician or audiologist.	80% of PA	70% of R&C
Infertility (diagnosis and treatment); see policy for details of coverage	Paid the same as any other Sickness	
Routine Vision Exam for Covered Persons under nineteen (19) – limited to one (1) exam per Policy Year. Includes prescription eye glasses (lenses & frames), or contact lenses in lieu of eyeglasses, limited to once per Policy Year.	100% of R&C up to \$150, 50% thereafter.	
Dental Expenses, Injury to sound, natural teeth only.	80% of PA	70% of R&C
TMJ	80% of PA	70% of R&C