

Ithaca College 2014-2015 Student Health Insurance Program

Effective: August 10, 2014, to August 9, 2015 - **Nationwide Life Insurance Company - Policy Number:** 302-078-3112 – **Group Number:** S210312

If you have any questions or concerns about this notice, contact Consolidated Health Plans at (800) 633-7867.

GENERAL INFORMATION

This is a schedule of benefits available through the Ithaca College 2014-2015 Student Health Insurance Program. This summary should be used in conjunction with the full plan description, including plan provisions, limitations and exclusions. You can obtain a copy of the full plan description by calling Consolidated Health Plans (CHP) at (800) 633-7867, at www.chpstudent.com or University Health Plans at 800-437-6448. Questions regarding the benefits, limitations and exclusions of the Student Health Insurance Program can be directed to Consolidated Health Plans at (800) 633-7867 or by email at customerservice@consolidatedhealthplan.com. The benefits payable are as defined in and subject to all provisions of this Policy and any endorsements thereto. **Your out-of-pocket costs may be lower when you utilize a PHCS Preferred Provider. For a listing of PHCS Providers, go to www.phcs.com or contact CHP for assistance.**

SUMMARY OF BENEFITS	Preferred Provider Benefit Amount	Non-Preferred Provider Benefit Amount
Policy Year Aggregate Maximum (Includes Medical Evacuation & Repatriation)	Unlimited	
Policy Year Deductible	\$150 Insured - \$500 Family	
Out-of-pocket Maximum (All deductibles, copayments and coinsurance apply towards maximum) Excludes non-covered medical expenses & Elective services; any Coinsurance paid by You is applied to the Out-of-Pocket Limit per Policy Year; Once the Out-of-Pocket Limit is reached by the Covered Person, the Insured Percent paid by the Company will increase to 100% In-Network	\$1,500 Insured - \$3,000 Family	
Home Country Coverage (International Students) , for medical treatment provided in the Covered Person's Home Country, if not covered by any other coverage, up to a Policy Year maximum of \$20,000. (Non-Emergency care for Domestic students not covered outside of the US)	100%	
Wellness/Preventive Care and Immunizations	100% of Preferred Allowance (PA); deductible does not apply	60% of Reasonable & Customary Charges (R&C)
Outpatient Services (other than Surgery, Maternity, Mental Conditions/Drug or Alcohol)		
Office Visits , includes Consulting Physician/ Specialist. Does not apply when related to surgery or Physical Therapy	\$10 copay, then 80% of PA	\$10 copay, then 60% of R&C
Diagnostic X-ray, Diagnostic Imaging and Laboratory Services	80% of PA	60% of R&C
Mental Conditions and Alcoholism/Drug Abuse	Paid the same as any other Sickness	
Inpatient Services (other than Surgery, Maternity, Mental Conditions/Drug or Alcohol, except as specified)		
Miscellaneous Hospital Services includes Pre-Admission testing and Inpatient Rehabilitation (such as Occupational and Speech Therapy). Inpatient Physical Therapy is limited to 60 days per condition.	80% of PA	60% of R&C
Room & Board Expenses , daily semi-private room rate and general nursing care provided by the Hospital and ICU	80% of PA	60% of R&C
Physician In-Hospital Visits (includes Specialists/Consultants), limited to one (1) visit per day and does not apply when related to surgery	80% of PA	60% of R&C
Skilled Nursing Facility and Sub-Acute Care Facility	80% of PA	60% of R&C
Surgical Services (Inpatient/Outpatient) - When Injury or Sickness requires multiple Surgical Procedures through the same incision, We will pay an amount not less than that for the most expensive procedure being performed. Multiple Surgical Procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the Covered Percentage of the Covered Charge of the most expensive Surgical Procedure then being performed.		
Surgeon	80% of PA	60% of R&C
Assistant Surgeon	20% of surgery allowance	
Anesthesia	25% of surgery allowance	
Surgical Miscellaneous - Includes supplies, drugs, facility fee, anesthesia, Diagnostic Imaging, laboratory and miscellaneous items used in association with the surgical event	80% of PA	60% of R&C
Obesity Surgery (treatment of Morbid Obesity)	80% of PA up to \$5,000, 50% thereafter	60% of R&C
Maternity Benefits	Paid the same as any other Sickness	
Mental Conditions and Alcoholism/Drug Abuse (Inpatient and Outpatient)	Paid the same as any other Sickness	
Urgent Care and Emergency Services		
Urgent Care Visit	\$10 copay, then 80% of PA	\$10 copay, then 60% of R&C
Emergency services (copayment waived if admitted)	\$50 copay, then 80% of PA	\$50 copay, then 80% of R&C
Emergency Medical Transportation services	80% of PA	80% of R&C
Other Services		
Habilitative & Rehabilitative therapies (Includes Physical, Speech and Occupational Therapy)	80% of PA	60% of R&C
Chiropractic Care	\$10 copay, then 80% of PA	\$10 copay, then 60% of R&C
Home Health Care , forty (40) visit maximum per year	\$50 copay, then 80% of PA	\$50 copay, then 60% of R&C
Hospice (Includes up to 5 sessions for family members either before or after death of member)	80% of PA	60% of R&C
Nutritionist Visit	80% of PA	60% of R&C
Durable Medical Equipment (DME) – includes Prosthetic and Orthotic Devices	80% of PA	60% of R&C
Hearing Aids (limited to single purchase including repair/replacement, every 3 years) Up to \$1,500 per Policy Year	80% of PA	60% of R&C
Prescription Drug Benefits , Prescriptions should be filled at an Express Scripts participating pharmacy. Visit www.express-scripts.com for participating pharmacies. Deductibles do not apply. Co-pays are per 30-day supply.	Generic Contraceptive Drugs: \$0 copay Other Generic Drugs: \$10 copay All Brand Name Drugs: \$20 copay All Non-Formulary Brand Name Drugs: \$30 copay	
Elective Termination of Pregnancy	80% of PA	60% of R&C
Intercollegiate and Club Sports , up to a \$700 maximum. This includes "Repetitive Motion Injuries" such as, but not limited to, Strains, Sprains, Hernia, Tennis Elbow, Tendonitis, Bursitis, and Muscle Tears.	80% of PA	60% of R&C
Accidental Dental Expense , for treatment resulting from injury to Sound, Natural teeth	80% of PA	60% of R&C