

SARAH LAWRENCE COLLEGE 2013-2014 SUMMARY OF BENEFITS

Aggregate Policy Year Maximum	\$500,000	
Plan Deductible	\$150 per policy year	
Annual Coinsurance Maximum Limit , Once an Insured individual has reached the applicable Out-of-Pocket Maximum, the Coinsurance Percentage paid by the Company will be 100% of PA for Preferred Providers and 100% of R&C for Out-of-Network Providers, not to exceed the policy year aggregate maximum.	\$3,000 (deductible, non-covered services and prescription drug co-pays do not apply towards meeting the Out-of-Pocket Maximum).	
Referral Requirement	Referral from Student Health Services (SHS) is required before any benefits will be paid under the Health Insurance Plan. Please see page 14 for information.	
HOSPITAL EXPENSE BENEFITS	Preferred Provider	Out-of-Network Provider
Hospital Room and Board , including semi-private room, nursing services, Intensive Care Unit (ICU).	90% of PA	60% of R&C
Hospital Miscellaneous Expense , including laboratory tests, x-rays, surgical dressings, anesthesia, supplies and equipment use and medicines, use of an operating room, casts and temporary surgical appliances.	90% of PA	60% of R&C
In-Hospital Physician Visit and Consultation Expense , including non-surgical services of the attending physician or a consulting physician.	90% of PA	60% of R&C
SURGICAL EXPENSE BENEFITS (INPATIENT AND OUTPATIENT)		
Surgical Expense, including Surgeon, Assistant Surgeon and Anesthesiology Expenses , for surgical services performed by a physician.	90% of PA	60% of R&C
OUTPATIENT EXPENSE BENEFITS		
Miscellaneous Outpatient Services (excluding surgery) , including Durable Medical Equipment, Physical, Speech and Occupational Therapy, Diagnostic X-ray and Laboratory, nutritionist visits, pre-admission testing and other reasonable expenses for services and supplies that have been prescribed by the attending Physician.	80% of PA	60% of R&C
Emergency Room : for treatment of an Emergency Medical Condition. Co-pay waived if admitted.	80% of PA after a \$100 co-pay per visit	80% of R&C after a \$100 co-pay per visit
Physician's Office Visit Expense , including chiropractic care benefits.	80% of PA after a \$15 co-pay per visit	60% of R&C after a \$15 co-pay per visit
MENTAL ILLNESS AND SUBSTANCE ABUSE EXPENSE		
Inpatient Expenses , including expenses incurred while confined as a full-time inpatient in a hospital or residential treatment facility for the treatment of Mental Illness, and treatment received during partial hospitalization or intensive outpatient in a hospital or treatment facility. When approved, benefits will be payable in place of an inpatient admission, whereby two (2) days of partial hospitalization or intensive outpatient treatment may be exchanged for one (1) day of full hospitalization.		
<ul style="list-style-type: none"> Biologically Based Mental Illness Expenses and Coverage for Children with Serious Emotional Disturbances 	90% of PA	60% of R&C
<ul style="list-style-type: none"> Mental Disorders (non-biologically based mental illness) Expenses are payable up to a maximum of sixty (60) days per Policy Year. 	90% of PA	60% of R&C
Outpatient Treatment Expense , includes expenses while not confined as a full time inpatient in a hospital. Note: Coverage for Applied Behavioral Analysis for Autism Spectrum Disorder is limited to \$45,000 per Policy Year.		
<ul style="list-style-type: none"> Biologically Based Mental Illness Expenses and Coverage for Children with Serious Emotional Disturbances 	80% of PA	80% of R&C
<ul style="list-style-type: none"> Mental Disorders (Non-biologically based mental illness) Expenses are payable up to a maximum of thirty (30) visits per Policy Year. 	80% of PA	80% of R&C
Substance Abuse Inpatient Expense , includes the treatment of a substance abuse condition while confined as an inpatient in a hospital or facility licensed for such treatment. Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. When approved, benefits will be payable in place of an inpatient admission, whereby two (2) days of partial hospitalization may be exchanged for one (1) day of full hospitalization. Benefits will include seven (7) inpatient days for detoxification in any Policy Year and sixty (60) inpatient days for rehabilitation in any Policy Year.	90% of PA	60% of R&C
Substance Abuse Outpatient Expense , for outpatient diagnosis and treatment of a substance abuse conditions. Benefits are limited to one (1) visit per day, sixty (60) visits per Policy Year, and twenty (20) visits for counseling.	80% of PA	80% of R&C
MATERNITY BENEFITS		
Maternity Care , for pregnancy, childbirth and complications of pregnancy	Benefits are payable as any other Sickness.	
Well Newborn Nursery Care Expenses , including charges for routine care of a covered person's newborn child as follows: 1) Hospital charges for routine nursery care during the mother's confinement, but for not more than four days for a normal delivery; and 2) Physician's charges for circumcision, visits to the newborn child in the hospital, and consultations.	Benefits are payable as any other Sickness	
ADDITIONAL BENEFITS		
Preventive/Wellness & Immunizations : Deductible does not apply.	100% of PA	Not Covered
Ambulance Expense , for the services of a professional ambulance to or from a Hospital, when required due to the emergency nature of a covered Accident or Sickness.	100% of PA	100% of R&C
Elective Termination of Pregnancy , up to a \$500 Policy Year maximum:	100% of PA	100% of R&C
Prescription Drugs : Deductible does not apply. Covered medications include oral contraceptives, Lunelle, Depo-Provera, Patch and Ring. Expenses incurred for office visits in conjunction with the administration of a covered prescription contraceptive is provided under the Medical portion of the Plan. Prior authorization is required for growth hormones and drugs which are used for the treatment of Malaria. Participating Pharmacies can be found on-line at www.express-scripts.com. Note: If you fill a prescription at an out-of-network pharmacy, you will be required to pay for the prescription up front, and submit the receipt to CHP for reimbursement, less the applicable co-pay.	80% of PA after: \$15 co-pay per generic drug \$25 co-pay per brand name drug 100% of PA for generic contraceptives; Co-pays do not apply.	80% of R&C after: \$15 co-pay per generic drug \$25 co-pay per brand name drug
Home Health Care , forty (40) visit maximum per year. Four (4) hours of home health aide service shall be considered as one (1) home care visit.	90% of PA	60% of R&C
Hospice	100% of PA	100% of R&C
Intercollegiate and Club Sports , up to a \$90,000 Policy Year maximum	Benefits are payable as any other Injury	
Home Country Coverage (Only for International Students/Dependents who have purchased the Supplemental Home Country Coverage Plan) , for medical treatment provided in the Covered Person's Home Country, if not covered by any other coverage.	Paid as any other Injury or Sickness	