

**SARAH LAWRENCE COLLEGE 2012-2013 SUMMARY OF BASIC INSURANCE BENEFITS
UP TO \$100,000 MAXIMUM BENEFIT PAID AS SPECIFIED BELOW**

The chart below shows how the plan pays benefits for the major types of health plan expenses. Please note the difference in cost if you seek the services of a Preferred Provider. By using a Preferred Provider, you will lower your out-of-pocket expenses, and extend the overall benefits available to you under the plan.

PLEASE NOTE THE FOLLOWING:

- In-Network Charges are covered at the Negotiated Rate. Out-of-Network Charges are covered at the Reasonable and Customary Rate (R&C).
- Referral from Student Health Services (SHS) is required before any benefits will be paid under the Health Insurance Plan. The Referral Requirement is waived under the following circumstances:
 - Medical Emergency (the student must return to SHS for necessary follow-up care).
 - When the SHS is closed.
 - Medical Care received when the student is no longer eligible to use SHS due to a change in student status.
 - Gynecological Care, including Maternity Care.
 - When having a prescription filled under the pharmacy benefit.
 - Insured Dependents.

Aggregate Policy Year Maximum:	\$100,000
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Plan Deductible:	\$150 per policy year
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Annual Out-of-Pocket Maximum:	\$1,500 (deductible, non-covered services and prescription drug co-pays do not apply towards meeting the Out-of-Pocket Maximum).
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Referral Requirement:	Except as outlined in this flyer, all non-emergency services require a referral from the Student Health Services in order to be eligible for coverage.
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The following summary is intended as an overview of the benefits provided under the 2012-2013 Sarah Lawrence College Student Health Insurance Plan. To view the full plan brochure, including plan limitations and exclusions, please visit www.universityhealthplans.com , and click on "Sarah Lawrence College".	RATES		
		Annual	Spring
	Student:	\$2,491	\$1,702
	Spouse or Domestic Partner:	\$6,320	\$4,236
	Child(ren):	\$3,018	\$2,035

Benefit	In-Network NY/NJ area - MagnaCare – Preferred Providers can be found on-line at www.magnacare.com Nationally – MultiPlan – Preferred Providers can be found on-line at www.multiplan.com	Out-of-Network
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Hospital Inpatient: including Room & Board, Intensive Care Unit, Miscellaneous charges and nonsurgical services of the attending Physician or a consulting Physician.	90% of the Negotiated Rate	60% of the R&C
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Surgical Benefits (Inpatient and Outpatient) including Surgeon, Assistant Surgeon and Anesthetist.	90% of the Negotiated Rate	60% of the R&C
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Outpatient Benefits: Including Physician Office Visit, Lab and X-Ray.	80% of the Negotiated Rate after a \$15 co-pay per visit	60% of the R&C after a \$15 co-pay per visit
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Emergency Room: for treatment of an Emergency Medical Condition	80% of the Negotiated Rate after a \$100 co-pay per visit	80% of the R&C after a \$100 co-pay per visit
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Preventive/Wellness & Immunizations:	100% of the Negotiated Rate; Deductible does not apply.	Not Covered
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Ambulance Expense:	100% of the Negotiated Rate	100% of the R&C
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Maternity Expense:	Covered on the same basis as any other Sickness.	
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Voluntary Termination of Pregnancy:	100% up to \$500 per policy year	100% up to \$500 per policy year
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Biologically-Based Mental Illness: (Inpatient and Outpatient)	Covered on the same basis as any other Sickness.	
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Inpatient Mental Health - Non-Biologically-Based: Maximum of sixty (60) days per policy year	Covered on the same basis as any other condition	
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Outpatient Mental Health- Non-Biologically-Based: Maximum of thirty (30) visits per year	80% of the Negotiated Rate	80% of the R&C
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Inpatient Chemical Abuse: Maximum of sixty (60) days per policy year; seven (7) days for detoxification	Covered on the same basis as any other condition	
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Outpatient Chemical Abuse: Maximum sixty (60) visits for treatment and twenty (20) visits for counseling per policy year	80% of the Negotiated Rate	80% of the R&C
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Medical Evacuation Expense: (International Students Only)	100% of R&C, not to exceed \$10,000	
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Repatriation Expense: (International Students Only)	100% of R&C, not to exceed \$7,500	
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Prescription Drugs: Deductible does not apply.	Plan pays 80% of the Negotiated Rate after a \$10 co-pay per generic and a \$25 co-pay per brand name prescription. Plan pays 100% of the Negotiated Rate for generic contraceptives; Co-pays do not apply. Participating Pharmacies can be found on-line at www.express-scripts.com .	Plan pays 80% of the R&C after a \$10 co-pay per generic and a \$25 co-pay per brand name prescription. Please 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 the claims administrator for reimbursement, less the applicable co-pay.
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