

\*In accordance with PPACA guidelines illustrated at [www.healthcare.gov](http://www.healthcare.gov). Deductibles, Copayments and Coinsurance do not apply to preventive services rendered In-Network or at the Student Health Center.

## STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN SCHEDULE OF BENEFITS 2016-2017

For questions or to enroll:  
[www.SaintXavierInsurance.com](http://www.SaintXavierInsurance.com)  
(800) 452-5772.

All covered expenses are subject to the deductible and copays unless indicated otherwise.

BENEFITS PER COVERED INJURY/SICKNESS	IN-NETWORK	NON-NETWORK
<b>INPATIENT BENEFITS</b>		
Hospital Room & Board Expenses	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Hospital Intensive Care Unit Expense - in lieu of normal Hospital Room & Board Expenses	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Hospital Miscellaneous Expenses for services & supplies, such as cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic services, casts & temporary surgical appliances, oxygen, blood & plasma, miscellaneous supplies.	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Pre-admission Testing	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Physician's Visits while Confined	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Inpatient Surgery; Surgeon Services	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Anesthetist	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Assistant Surgeon	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Registered Nurse Services for private duty nursing while confined	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Skilled Nursing Facility Expense Benefit	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Mental Health Disorder Benefits	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Substance Use Disorder Benefits	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
<b>BENEFITS PER COVERED INJURY/SICKNESS</b>		
<b>OUTPATIENT BENEFITS</b>		
Outpatient Surgery Surgeon Services	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Anesthetist	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Assistant Surgeon	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Outpatient Surgery Miscellaneous (excluding not-scheduled surgery – expenses for services & supplies, such as cost of operating room therapeutic services, miscellaneous supplies, oxygen, oxygen tent, and blood & plasma	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy and speech therapy  Habilitative Services are covered to the extent that they are Medically Necessary. Cardiac Rehabilitation services limited to 36 treatment sessions per Policy Year.	80% of PPO Allowance for Covered Medical Expenses \$40 Copayment	50% of Usual and Reasonable Charge for Covered Medical Expenses \$40 Copayment
Emergency Services Expenses (Emergency medical care because of a criminal sexual assault or abuse – no cost sharing)	80% of PPO Allowance for Covered Medical Expenses \$500 Copayment	50% of Usual and Reasonable Charge for Covered Medical Expenses \$500 Copayment
In Office Physician's Visits	80% of PPO Allowance for Covered Medical Expenses \$40 Copayment	50% of Usual and Reasonable Charge for Covered Medical Expenses \$40 Copayment
Mental Health Disorder	80% of PPO Allowance for Covered Medical Expenses \$40 Copayment	50% of Usual and Reasonable Charge for Covered Medical Expenses \$40 Copayment

**STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN  
SCHEDULE OF BENEFITS 2016-2017 (CONTINUED)**

All covered expenses are subject to the deductible and copays unless indicated otherwise.

<b>BENEFITS PER COVERED INJURY/SICKNESS</b>	<b>IN-NETWORK</b>	<b>NON-NETWORK</b>
<b>OUTPATIENT BENEFITS (CONTINUED)</b>		
Substance Use Disorder	80% of PPO Allowance for Covered Medical Expenses \$40 Copayment	50% of Usual and Reasonable Charge for Covered Medical Expenses \$40 Copayment
Urgent Care Centers or Facilities	80% of PPO Allowance for Covered Medical Expenses \$40 Copayment	50% of Usual and Reasonable Charge for Covered Medical Expenses \$40 Copayment
Diagnostic X-ray Services	\$25 Copayment	\$25 Copayment
Laboratory Procedures (Outpatient)	80% of PPO Allowance for Covered Medical Expenses \$25 Copayment	50% of Usual and Reasonable Charge for Covered Medical Expenses \$25 Copayment
Allergy Testing and Treatments Benefit	80% of PPO Allowance for Covered Medical Expenses \$40 Copayment	50% of Usual and Reasonable Charge for Covered Medical Expenses \$40 Copayment
Prescription Drugs	Generic Copayment \$25 Single Source Brand Copayment \$60 See Prescription Card	N/A
Outpatient Miscellaneous Expense for Services not otherwise covered but excluding surgery	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Home Health Care Expenses	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Hospice Care Coverage	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Private Duty Nursing	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Chiropractic Care	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
<b>OTHER BENEFITS</b>		
Ambulance Services	80% of PPO Allowance for Covered Medical Expenses	80% of Usual and Reasonable Charge for Covered Medical Expenses
Braces and Appliances	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Durable Medical Equipment	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Maternity Benefit	Same as any Covered Sickness	Same as any Covered Sickness
Routine Newborn Care Consultant Physician Services Consultant Physician Services	Same as any Covered Sickness	Same as any Covered Sickness
Additional Surgical Opinion upon request by Insured Person	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Accident Injury Dental Treatment for Insured Persons over age 18	80% of PPO Allowance for Covered Medical Expenses	80% of Usual and Reasonable Charge for Covered Medical Expenses
Pediatric Dental Care Benefit Preventive Dental Care limited to 1 dental exam every 6 months  <i>The benefit amount payable for the following services is different for Preventive Dental Care</i> Emergency Dental Clinical Oral Evaluations Endodontic Services *Periodontal Services *Prosthodontic Services Medically Necessary Orthodontic Care	See Benefit for limitations 100% of PPO Allowance for  50% Usual and Reasonable 50% Usual and Reasonable N/A	See Benefit for limitations 50% of Usual and Reasonable Charge for Preventive Services  50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable N/A
Pediatric Vision Care Benefit	100% of PPO Allowance for Preventive Services	50% of Usual and Reasonable Charge for Covered Medical Expenses
Naprapathic Service	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Non-Emergency Treatment outside the United States	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses

**STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN  
SCHEDULE OF BENEFITS 2016-2017 (CONTINUED)**

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<b>OTHER BENEFITS (CONTINUED)</b>	<b>IN-NETWORK</b>	<b>NON-NETWORK</b>
Hearing Aid Benefit	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
<b>MANDATED BENEFITS</b>		
Habilitative Services for Children	Same as any other Habilitative Service	
Human Papillomavirus Vaccine Benefit	Same as any other Preventive Service	
Shingle Vaccine for Insureds age 60 or older	Same as any other Preventive Service	
Infertility Treatment Up to 4 treatments Additional 2 treatments following a live birth	Same as any other Covered Sickness	
Post-Mastectomy Care	Same as any other Covered Sickness	
Reconstructive Breast Surgery	Same as any other Surgical Benefit	
Routine Care During Clinical Cancer	Same as any other Covered Sickness	
<b>TRIALS BENEFIT</b>		
Amino Acid-base Elemental Formula Benefit	Same as any other Covered Sickness	
Adjunctive Services in Dental Care Benefit	Same as any other Covered Sickness	
Breast Cancer Pain Medication and Therapy Benefit	Same as any other Prescription Drug	
Multiple Sclerosis Preventive Physical Therapy Benefit	Same as any other Covered Sickness	