

## Insurance Plan Comparisons for the Student Plan

(This summary is intended to help you learn more about the plan available to you. It does not replace the legal plan document or contract for the benefit plan and should not, in any way, be considered a legal contract or guarantee of coverage.)

### UHC 08-09

### Aetna 09-10

Deductible – Per Person Per School Year	\$100 per injury/illness \$200 maximum per year	\$200 Per Person Per Policy Year
<b>Once Deductibles are met for eligible services:</b>		
In-network Reimbursement Rate (Off Campus)	100%	80%
Out of Network Reimbursement Rate	60%	60%
Out of Pocket Expenses – Deductible and co-insurance amounts accumulate toward this limit. Prescription Co-pays do not apply. Co-insurance, deductible and co-pays are patient's responsibility.	\$5000/person	\$2500/person
Pregnancy is Pre-Existing Condition	YES	<b>NO</b>
Emergency Care Reimbursement Rate	100% or 60%	80%
Prescription Co-pays at Health Center – Deductible does not apply.	\$15 generic \$25 brand \$50 preferred	\$5 generic \$25 brand \$35 preferred
Prescription Benefit Off Campus – You must meet your deductible first before any reimbursement will be made. <b>Generic – required, if available</b> <b>Brand – if generic not available</b> <b>Non Preferred – Brand when generic is available</b>	After deductible, \$50 reimbursed 1 time per Injury/Illness	After deductible, Generic 80% Brand 60% Preferred 0%
Durable medical equipment	\$1000 max per year	Unlimited for in- Network \$2000 max per year for Out of Network
Warts and removal of warts	Covered if malignant	All Covered
Foot Care	Not covered	All Covered
Interhall/intramural sport injuries	Partial	All Covered
Travel Abroad Benefit	60% U&C	80% U&C
Benefit for Evacuation and Repatriation	Unlimited	Unlimited
Deductibles are not applied for services received at University Health Services, South Bend Medical Foundation (SBMF), X-ray Consultants (XRC), Rad, Inc and McDonald Physical Therapy. Services from these providers are covered at 100%. Dependents may not receive services at University Health Services in Saint Liam Hall; however, they may use the satellite services of SBMF and McDonald's Physical Therapy as ordered by an off campus provider.		
Students and Dependents are invited to use University Pharmacy for prescriptions and supplies.		
Referrals are needed for STUDENTS who require care within a 25-mile radius of campus except for Obstetrics and Gynecology care, Mammograms and Wellness physicals.		

### Insurance Plan Comparisons for the Dependent Plan

(This summary is intended to help you learn more about the plan available to you. It does not replace the legal plan document or contract for the benefit plan and should not, in any way, be considered a legal contract or guarantee of coverage.)

#### UHC 08-09

#### Aetna 09-10

Deductible – Per Person Per School Year	\$100 per injury/illness \$200 maximum per year	\$200 Per Person Per Policy Year
Plan Options/Choices	2 Options	1 Plan for All
Yearly Plan Maximum	\$50,000 per inj/illness	\$100,000 per inj/ill
<b>Once Deductibles are met for eligible services:</b>		
In-network Reimbursement Rate (Off Campus)	100%	80%
Out of Network Reimbursement Rate	60%	60%
Out of Pocket Expenses – Deductible and co-insurance amounts accumulate toward this limit. Prescription Co-pays do not apply. Co-insurance, deductible and co-pays are patient’s responsibility.	\$5000/person	\$2500/person
Pregnancy is Pre-Existing Condition	YES	<b>NO</b>
Emergency Care Reimbursement Rate	100% or 60%	80%
Prescription Co-pays at Health Center – Deductible does not apply.	\$15 generic \$25 brand \$50 preferred	\$5 generic \$25 brand \$35 preferred
Prescription Benefit Off Campus – You must meet your deductible first before any reimbursement will be made. <b>Generic – required, if available</b> <b>Brand – if generic not available</b> <b>Non Preferred – Brand when generic is available</b>	After deductible, \$50 reimbursed 1 time per Injury/Illness	After deductible, Generic 80% Brand 60% Preferred 0%
Durable medical equipment	\$1000 max per year	Unlimited for in- Network \$2000 max per year for Out of Network
Warts and removal of warts	Covered if malignant	All Covered
Foot Care – as medically necessary	Not covered	All Covered
Interhall/intramural sport injuries	Partial	All Covered
Travel Abroad Benefit	60% U&C	80% U&C
Benefit for Evacuation and Repatriation	Unlimited	Unlimited
Deductibles are not applied for services received at University Health Services, South Bend Medical Foundation (SBMF), X-ray Consultants (XRC), Rad, Inc and McDonald Physical Therapy. Services from these providers are covered at 100%. Dependents may not receive services at University Health Services in Saint Liam Hall; however, they may use the satellite services of SBMF and McDonald’s Physical Therapy as ordered by an off campus provider.		
Students and Dependents are invited to use University Pharmacy for prescriptions and supplies.		