

Campbell University – Undergraduate Students Student Health Insurance Plan Benefits / Rates 2016-2017 Policy Year

BENEFITS: AC indicates Allowable Charges. R&C indicates Reasonable & Customary Charges

ELIGIBLE EXPENSES	IN-NETWORK	OUT-OF-NETWORK
Policy Year Deductible per Covered Person	\$250	\$250
Aggregate Maximum Amount per Policy Year	Unlimited	
Hospital Emergency Room and Non-Scheduled Surgery:	\$300 Co-pay in addition to Deductible (Co-pay waived if the Covered Person is admitted to Hospital as an inpatient)	
• Non-Emergency Medical Condition	80% of PPO Allowance	60% of R&C
• Emergency Medical Condition	80% of PPO Allowance	80% of R&C
Out of Pocket Limit per Policy Year: (see page 8)		
Per Covered Person	\$6,350	\$25,000
Per Family	\$12,700	\$75,000
INPATIENT BENEFITS		
Room & Board up to the Semi-Private Room Rate except if Intensive Care Unit	80% of AC	60% of R&C
Hospital Miscellaneous	80% of AC	60% of R&C
Physiotherapy, occupational therapy, speech therapy, cardiac/pulmonary therapy	80% of AC	60% of R&C
Surgical Expense	80% of AC	60% of R&C
Assistant Surgeon	80% of AC	60% of R&C
Anesthesia (professional services)	80% of AC	60% of R&C
Private duty nursing rendered by a Registered Nurse (RN) or Licensed Practical Nurse (LPN)	80% of AC	60% of R&C
In-Hospital Doctor's Fees Expense (limited to 1 visit per day and not related to Physiotherapy)	80% of AC	60% of R&C
Psychiatric Conditions Expense:		
Serious Mental Illness	Same as any other Sickness	Same as any other Sickness
Mental and Nervous Disorders	80% of AC	60% of R&C
Alcoholism and Substance Abuse	Paid as any other Sickness	Paid as any other Sickness
OUTPATIENT BENEFITS		
Surgical Expense	80% of AC	60% of R&C
Day Surgery Facility / Miscellaneous	80% of AC	60% of R&C
Assistant Surgeon	80% of AC	60% of R&C
Anesthesia (professional services)	80% of AC	60% of R&C
Out of Hospital Doctor's Fees Expense (more than one visit per day may be allowed, provided the 2 nd and subsequent visits are not with the same Doctor.) Benefits do not apply when related to surgery.	80% of AC after \$25 Co-pay per visit	60% of R&C after \$25 Co-pay per visit

Rehabilitative Care (limited to one visit per day):		
Physiotherapy	80% of AC after \$20 Co-pay per visit	60% of R&C after \$20 Co-pay per visit
Occupational Therapy, limited to 60 visits per Injury or Sickness	80% of AC after \$25 Co-pay per visit	60% of R&C after \$25 Co-pay per visit
Chiropractic, limited to 60 visits per Injury or Sickness	80% of AC after \$25 Co-pay per visit	60% of R&C after \$25 Co-pay per visit
Cardiac/Pulmonary, limited to 60 visits per Injury or Sickness	80% of AC after \$25 Co-pay per visit	60% of R&C after \$25 Co-pay per visit
Speech and Hearing Therapy Limited to 60 visits per Injury or Sickness	80% of AC after \$25 Co-pay per visit	60% of R&C after \$25 Co-pay per visit
Dialysis and Filtration Procedures Limited to 60 visits per Injury or Sickness	80% of AC after \$25 Co-pay per visit	60% of R&C after \$25 Co-pay per visit
Intravenous Home Therapy Limited to 60 visits per Injury or Sickness	80% of AC after \$25 Co-pay per visit	60% of R&C after \$25 Co-pay per visit
Allergy Testing (Benefits include, but are not limited to, charges for the following: laboratory tests; Doctor's office visits; prescribed medications for testing of the allergy, including equipment used in the administration of prescribed medication; and other Medically Necessary supplies and services.)	Same as any other Sickness	Same as any other Sickness
Infertility Services Limited to a maximum of \$5,000 per Policy Year	80% of AC after \$50 Co-pay per visit	60% of R&C after \$50 Co-pay per visit
Sexual Dysfunction Services (Benefits are payable for services related to diagnosis, treatment and correction of any underlying causes of sexual dysfunction. No coverage is available to Dependent children.)	80% of AC after \$25 Co-pay per visit	60% of R&C after \$25 Co-pay per visit
Respiratory Therapy, up to a maximum of 60 visits per Injury or Sickness	80% of AC after \$25 Co-pay per visit	60% of R&C after \$25 Co-pay per visit
X-Rays Examinations and Laboratory (not otherwise covered under Preventive Services)	80% of AC - after \$10 Co-pay per visit	60% of R&C after \$10 Co-pay per visit
Cat Scan/MRI/PET Scan	80% of AC	60% of R&C
Chemotherapy/Radiation Therapy	80% of AC	60% of R&C
Diagnostic Services, including Medical Procedures performed by the Doctor (other than Doctor's visits, Physiotherapy, x-rays and lab procedures) (not otherwise covered under Preventive Services)	80% of AC - after \$10 Co-pay per visit	60% of R&C after \$10 Co-pay per visit
Prescribed Medicines Expense: Each prescription or refill is limited to 30-day supply. This benefit applies to all prescribed FDA-approved birth control methods. Prescribed FDA-approved birth control are not subject to the co-pay and co-insurance. Eligible Expenses for outpatient contraceptive services will be included in Preventive Services.	Catamaran participating pharmacies (information can be found at http://www.studentinsurance.com/Apps/Schools/Default.aspx?ID=400): Copay per prescription: \$15 generic Co-pay \$35 formulary brand name Co-pay \$100 non-formulary brand name Co-pay	

Psychiatric Conditions Expense Serious Mental Illness Mental and Nervous Disorders (limited to 1 visit per day)	Same as any other Sickness 80% of AC - after a \$25 copay per visit	Same as any other Sickness 60% of R&C after a \$25 copay per visit
Alcoholism and Substance Abuse Expense	Same as any other Sickness	Same as any other Sickness
Urgent Care Expense	80% of AC after a \$50 Co-pay per visit	60% R&C after a \$50 Co- pay per visit

Preventive Services. Please go to <https://www.healthcare.gov/coverage/preventive-care-benefits/> to view a list of Preventive Services (as mandated by the Patient Protection and Affordable Care Act).

Benefits will be paid at 100% Allowable Charge at the Student Health Center or In-Network, not subject to Deductibles or Co-pays. Preventive Services rendered Out of Network will be paid at the Out of Network level on the same basis as any other Sickness

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Ambulance Expense	80% of AC	80% of R&C
Emergency Medical Services	80% of AC	80% of R&C
Consultant's Fee Expense (when required and ordered by attending Doctor)	80% of AC - after a \$25 Co- pay per visit	60% of AC after a \$25 Co- pay per visit
Dental Treatment Expense (Injury only)	80% of AC	80% of R&C
Durable Medical Equipment*/Orthopedic Braces and Appliances *No benefits will be payable for rental charges in excess of the purchase price.	80% of AC	60% of R&C
Prosthetic Appliances and Devices	80% of AC	60% of R&C
Hospice Care Expense	80% of AC	60% of R&C
Home Health Care Expense	80% of AC	60% of R&C
Skilled Nursing Facility	80% of AC	60% of R&C
Human Organ and Tissue Transplant Expense	Same as any other Sickness	
Maternity and Complications of Pregnancy	Same as any other Sickness	

PEDIATRIC DENTAL TREATMENT EXPENSE (For Covered Persons under age 19 only)

Covered Percentage:

For Diagnostic and Preventive Services.....	50%
For Basic Services.....	50%
For Major Services	50%
For Orthodontic Services.....	50%

Co-pay Amount per visit \$25

See the complete Policy on file with the Policyholder for full details.

PEDIATRIC VISION CARE EXPENSE (for Covered Persons under age 19 only)

Co-pay per visit:

Examination	\$10
Materials	\$10
Covered Percentage	60%

Standard Plastic Lenses:

Single Vision

Bifocal

Trifocal

Lenticular

Progressive

Frames

Contact Lenses (in lieu of eyeglass lenses and frames)

Fit, Follow-up & Materials:

Effective

Medically Necessary

Benefits are limited to a routine eye examination, a pair of lenses and one frame per Policy Year.
