

Summary of Plan Benefits for School Year 07/08

****This is for basic comparison – brochures should be read for more complete information.**

Highlights	Amount Student is Responsible For	
	<u>MEGA</u>	<u>Blue Cross</u>
Deductible (benefit period)	\$150 single \$250 family	\$250 single \$750 family
Out-of-Pocket Max.	N/A	\$1,000 single \$3,000 family
Preventive Care	Not covered	Not covered
Childhood immunizations	Deductible Waived	20%, Deductible Waived
Annual OB/GYN	Deductible Waived	20%, Deductible Waived
Annual Mammogram 40 & over	Deductible Applied	20%, Deductible Waived
Physicians Services		
Office Visits	\$0 at PP 20% Out-of-net.	20%
Maternity & Newborn	\$0 at PP 20% Out-of-net.	20%
Lab, x-ray, surgery	\$0 at PP 20% Out-of-net.	20%
Other Provider Services		
Outpatient Physical Therapy	UHS only	20% PP, 50% NPP
Inpatient Physical Therapy	20%	20% PP, 50% NPP
Outpatient Hospital Services	\$0 at PP 20% Out-of-net.	20% PP, 50% NPP
Inpatient Hospital Services	\$0 at PP 20% Out-of-net.	20% PP, 50% NPP
Emergency Room (true emergency)	\$0 at PP 20% Out-of-net.	\$0, Ded. Waived
Durable Medical Equipment	Not covered	20% PP, 50% NPP
Mental Health		
Inpatient	50%	20% PP, 50% NPP
Partial Hospitalization	N/A	50% PP, not cov. NPP
Outpatient	50% - insurance Only pays \$20/day	50%
Prescription Coverage	See brochure	See brochure
Maximum Benefit	\$50,000 per school yr.	\$1,000,000 lifetime
Cost of Plan per year (student only)	\$1,107.00	\$3,502.80

** MEGA – after deductible has been met, covered expenses at preferred provider (PP) will be paid at 100% excluding professional fees. Also, you may increase your maximum benefit from \$50,000 per school year to \$250,000 by purchasing additional major medical coverage at a cost of an additional \$253.