

SARAH LAWRENCE COLLEGE
2008 / 2009 SUMMARY OF BASIC INSURANCE BENEFITS

UP TO \$50,000 MAXIMUM BENEFIT PAID AS SPECIFIED BELOW (FOR EACH INJURY OR SICKNESS)

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 Sickness and Accident 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.

Lifetime Maximum:	\$50,000 per condition
Plan Deductible:	\$200 per policy year
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).
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.

The following summary is intended as an overview of the benefits provided under the 2008/2009 Sarah Lawrence College Student 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:	\$1,870	\$1,273
	Spouse or Domestic Partner:	\$4,745	\$3,174
	Child(ren):	\$2,265	\$1,522

<u>Benefit</u>	<u>In-Network</u> Private Health Care Systems (PHCS) – Preferred Providers can be found online at www.phcs.com	<u>Out-of-Network</u>
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
Surgical Benefits (Inpatient and Outpatient) including Surgeon, Assistant Surgeon and Anesthetist.	90% of the Negotiated Rate	60% of the R&C
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
Emergency Room: for treatment of an Emergency Medical Condition	80% of the Negotiated Rate after a \$50 co-pay per visit	80% of the R&C after a \$50 co-pay per visit
Ambulance Expense:	100% up to \$150 per trip	100% up to \$150 per trip
Maternity Expense:	Covered on the same basis as any other Sickness.	Covered on the same basis as any other Sickness.
Voluntary Termination of Pregnancy:	100% up to \$500 per policy year	100% up to \$500 per policy year
Inpatient Mental Health and Chemical Abuse:	Covered on the same basis as any other condition up to a maximum of 60 days per policy year (7 days for detoxification)	Covered on the same basis as any other condition up to a maximum of 60 days per policy year (7 days for detoxification)
Outpatient Mental Health:	80% of the Negotiated Rate to a maximum of \$3,500 per policy year.	80% of the R&C to a maximum of \$3,500 per policy year.
Outpatient Chemical Abuse:	80% of the Negotiated Rate including 60 visits for treatment and 20 visits for counseling per policy years.	80% of the Negotiated Rate including 60 visits for treatment and 20 visits for counseling per policy years.
Medical Evacuation Expense: (International Students Only)		100 % of U&C, not to exceed \$10,000
Repatriation Expense: (International Students Only)		100 % of U&C, not to exceed \$7,500
Prescription Drugs: 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.	Plan pays 80% of the Negotiated Rate after a \$10 co-pay per generic and a \$25 co-pay per brand name prescription to a plan maximum of \$750 per policy year (including contraceptives). Participating Pharmacies can be found online 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 to a plan maximum of \$750 per policy year (including contraceptives).