

2014-2015 Student Insurance Plan

Plan Overview

This is a brief overview of benefits provided for informational purpose only. It is not a complete description of the plan.

IMPORTANT INFORMATION

All full time students are required to have health insurance. Students who fail to complete a waiver and provide proof of comparable coverage by September 29th will be automatically enrolled and charged for the University sponsored student health insurance plan.

Medical Expense Benefits

Plan Maximum —Unlimited
Deductible —\$500 In-Network/\$1,000 Out-of-Network (per person per policy year) Waived for Physician Visits or Urgent Care if referred by the SHC.
Coinsurance —70% In-Network based on the PPO Allowance/50% Out-of-Network based on Usual and Customary
Out-of Pocket Maximum —\$5,000 per person per policy year/\$10,000 per family per policy year

Preventative/Wellness Services	100% In-Network/50% Out-of-Network, Co-Pay and Deductible apply Out-of-Network only
Physician Visits Including Specialty, PT's, Consultative & Chiropractic	70% In-Network/50% Out-of-Network Subject to a \$20 Co-Pay (Deductible Waived if Referred by SHC.)
Urgent Care	70% In-Network/50% Out-of-Network (Deductible Waived if referred by SHC.)
Surgical Treatment	70% In-Network/50% Out-of-Network
Hospital Room & Board Expenses (semi-private room)	70% In-Network/50% Out-of-Network Subject to a \$150 Co-Pay
Hospital Inpatient Miscellaneous	70% In-Network/50% Out-of-Network
Day Surgery Outpatient Miscellaneous	70% In-Network/50% Out-of-Network Subject to a \$150 Co-Pay
Hospital Outpatient Miscellaneous	70% In-Network/50% Out-of-Network
Diagnostic X-Rays and Laboratory Services	70% In-Network/50% Out-of-Network
Outpatient Mental & Nervous Disorders	70% In-Network/50% Out-of-Network
Emergency Room	70% In-Network/50% Out-of-Network Subject to a \$250 Co-Pay (Waived if Admitted)
Prescription Drugs	\$15 Co-Pay Generic/\$35 Co-Pay Brand/\$50 Co-Pay Specialty

2014/2015 Annual Rates	
Student—Annual	\$1,930
Student—Fall	\$843
Student—Spring	\$1,090

IMPORTANT NOTICE

The material in this hand out is for informational purposes only. The Plan contains Exclusions and Limitations as defined in the Brochure. The plan will pay benefits in accordance with applicable Iowa Insurance mandates. If any discrepancy exists between this hand out and the Master Policy, the Master Policy will govern and control the payment of benefits. Information is believed to be accurate as of the production date; however, it is subject to change. This plan meets the PPACA rule for Student Health Insurance compliance.

QUESTIONS?

Please Call: Collegiate Risk Management at
1-800-922-3420

This is a brief description of benefits. This program is much more extensive. For a total description of benefits, please visit www.collegiaterisk.com.

PREFERRED PROVIDER NETWORK: First Health Provider Network

In order to maximize the benefits offered under this plan, you should seek treatment from the First Health Preferred Provider Network. A list of participating providers is available at www.collegiaterisk.com.

For more detailed information please visit www.collegiaterisk.com.

To access your schools plan information: type "GU" after "Enter School Name", then click on the arrow