

Benefits and Limits of StudentSecure®

| BENEFIT | ELITE | SELECT | BUDGET | SMART |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Certificate period maximum | \$5,000,000 | \$600,000 | \$500,000 | \$200,000 |
| Maximum benefit per injury or illness | \$500,000 | \$300,000 | \$250,000 | \$100,000 |
| Deductible (Except Emergency Room) | \$25 per injury or illness within the PPO network, outside the U.S. or at a student health center; otherwise \$50 per injury or illness | \$35 per injury or illness within the PPO network, outside the U.S. or at a student health center; otherwise \$70 per injury or illness | \$45 per injury or illness within the PPO network, outside the U.S. or student health center; otherwise \$90 per injury or illness | \$50 per injury or illness within the PPO network, outside the U.S. or student health center; otherwise \$100 per injury or illness |
| Emergency Room Deductible (Claims incurred in the U.S. only) | \$100 for treatment received in an emergency room | \$200 for treatment received in an emergency room | \$350 for treatment received in an emergency room | |
| Coinsurance- claims incurred inside U.S. | Within the PPO: We will pay 100% of eligible expenses, after the deductible, up to the overall maximum limit. Outside the PPO: Usual, reasonable, and customary. You may be responsible for any charges exceeding the payable amount. | Within the PPO: We will pay 80% of the next \$5,000 of eligible expenses after deductible, then 100% to the overall maximum limit. Outside the PPO: Usual, reasonable, and customary. You may be responsible for any charges exceeding the payable amount. | Within the PPO: We will pay 80% of the next \$25,000 of eligible expenses after deductible, then 100% to the overall maximum limit. Outside the PPO: Usual, reasonable, and customary. You may be responsible for any charges exceeding the payable amount. | Within the PPO: We will pay 80% of eligible expenses after the deductible up to the overall maximum limit. Outside the PPO: Usual, reasonable, and customary. You may be responsible for any charges exceeding the payable amount. |
| Coinsurance- claims incurred outside of U.S. | After the deductible, 100% of eligible expenses to the certificate period maximum. | | | |

Eligible expenses are subject to deductible, coinsurance, overall maximum limit, and are per certificate period unless specifically indicated otherwise.

| BENEFIT | ELITE Limit | SELECT Limit | BUDGET Limit | SMART Limit |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| Hospital room & board | Average semi-private room rate, including nursing services | | | |
| Local ambulance (Not subject to coinsurance) | Up to \$750 per injury / illness if hospitalized as inpatient | | Up to \$500 per injury / illness if hospitalized as inpatient | Up to \$300 per injury / illness if hospitalized as inpatient |
| Intensive care unit | Up to the overall maximum limit | | | |
| Outpatient treatment | Up to the overall maximum limit | | | |
| Outpatient prescription drugs | Generic Drugs: 100% coinsurance Brand Name Drugs: 50% coinsurance. Specialty Drugs: No coverage. (not subject to deductible) | 50% of actual charge (not subject to deductible or coinsurance) | | |
| Vaccinations | Up to \$150. Covered vaccinations and testing are: Measles, Mumps, Rubella (MMR); Tetanus/ Diphtheria/Pertussis (TDAP); Chicken Pox (Varicella); Hepatitis B; and Meningitis (Meningococcal MCV4 and B) (not subject to deductible or coinsurance) | No coverage | | |
| Mental health disorders (Treatment must not be provided at a student health center) | Outpatient: Maximum of 30 visits. Inpatient: Maximum of 30 days. | | | Outpatient: \$50 maximum per day, \$500 maximum. Inpatient: Up to \$5,000. |
| Dental treatment due to accident | Up to \$250 maximum per tooth; \$500 maximum per certificate period. Not subject to coinsurance. | | | |
| Emergency dental (Acute onset of pain) | Up to \$100. Not subject to coinsurance. | | | |
| Pre-existing condition | 6-month waiting period | | 12-month waiting period | No coverage |
| Acute onset of pre-existing condition (excludes chronic and congenital conditions) | \$25,000 lifetime maximum for eligible expenses | | | |
| Maternity care for a covered pregnancy | Up to \$25,000. | Up to \$10,000. | Up to \$5,000. | No coverage |
| Nursery care of newborn (not subject to coinsurance) | Up to \$750. | | Up to \$250. | No coverage |
| Therapeutic termination of pregnancy | Up to \$500. Not subject to coinsurance. | | | |
| Outpatient Physical therapy & chiropractic care (Not subject to coinsurance. Must be ordered in advance by a physician and not obtained at a student health center.) | Up to \$75 per visit per day | Up to \$50 per visit per day | | Up to \$25 per visit per day |
| Intercollegiate, interscholastic, intramural, or club sports | Up to \$5,000 maximum per injury or illness; medical expenses only | | Up to \$3,000 maximum per injury or illness; medical expenses only | No coverage |
| Terrorism | Up to \$50,000 lifetime maximum. Eligible medical expenses only. | | | No coverage |

| EMERGENCY TRAVEL BENEFIT | ELITE Limit | SELECT Limit | BUDGET Limit | SMART Limit |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------|---------------------------------|
| Emergency medical evacuation (Not subject to deductible or coinsurance.) | Up to \$500,000 lifetime maximum | Up to \$300,000 lifetime maximum | Up to \$250,000 lifetime maximum | Up to \$50,000 lifetime maximum |
| Emergency reunion (Not subject to deductible or coinsurance.) | Up to \$5,000, subject to a maximum of 15 days | | Up to \$1,000, subject to a maximum of 15 days | |
| Accidental death & dismemberment (Not subject to deductible or coinsurance.) | Lifetime Maximum- \$25,000 Death- \$25,000 Loss of 2 Limbs- \$25,000 Loss of 1 Limb- \$12,500 | No coverage | | |
| Repatriation of remains (not subject to deductible, coinsurance, or overall maximum limit) | Up to \$50,000 lifetime maximum | | Up to \$25,000 lifetime maximum | |
| Personal Liability (Not subject to deductible or coinsurance.) | Up to \$250,000 lifetime maximum. Up to \$250,000 third person injury or property. Up to \$2,500 related third person property. | No coverage | | |