

Benefits of StudentSecure®

| BENEFIT | LIMIT - ELITE | LIMIT - SELECT | LIMIT - BUDGET | LIMIT - SMART |
|--|--|--|---|---|
| Certificate period maximum (Except for Emergency Medical Evacuation, Repatriation of Remains, Emergency Reunion, Accidental Death & Dismemberment, and Personal Liability) | \$500,000 | \$300,000 | \$250,000 | \$200,000 |
| Maximum benefit per injury or illness | \$500,000 | \$300,000 | \$250,000 | \$100,000 |
| Deductible | \$25 per injury or illness within the PPO, outside the U.S. or at a student health center; otherwise \$50 per injury or illness | \$35 per injury or illness within the PPO, outside the U.S. or at a student health center; otherwise \$70 per injury or illness | \$45 per injury or illness within the PPO, outside the U.S. or student health center; otherwise \$90 per injury or illness | \$50 per injury or illness within the PPO, outside the U.S. or student health center; otherwise \$100 per injury or illness |
| Coinsurance- claims incurred inside U.S. | Underwriters will pay 100% of eligible expenses within the PPO network (80% of eligible expenses outside the PPO network) | Underwriters will pay 80% of the next \$5,000 of eligible expenses after deductible, then 100% to certificate period maximum | Underwriters will pay 80% of the next \$25,000 of eligible expenses after deductible, then 100% to certificate period maximum | Underwriters will pay 80% of eligible expenses after the deductible to the certificate maximum |
| Coinsurance- claims incurred outside of U.S. | After the deductible, 100% of eligible expenses to the certificate period maximum. | | | |
| Hospital room & board | Average semi-private room rate, including nursing services | | | |
| Local ambulance | 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 | Usual, reasonable, and customary charges | | | |
| Outpatient treatment | Usual, reasonable, and customary charges | | | |
| Outpatient prescription drugs | 80% of actual charge | 50% of actual charge | | |
| Mental health disorders | Outpatient or inpatient: 80% within the PPO, 60% out of network. Maximum 30 days of coverage. (Coverage includes drug abuse or alcohol abuse. Treatment must not be obtained at a student health center.) | Outpatient or inpatient: 80% within the PPO, 60% out of network. Maximum 30 days of coverage. (Coverage includes drug abuse or alcohol abuse. Treatment must not be obtained at a student health center.) | Outpatient: \$50 maximum per day, \$500 maximum lifetime Inpatient: Usual, reasonable, and customary charges to \$10,000 maximum lifetime (Coverage includes drug abuse or alcohol abuse. Treatment must not be obtained at a student health center.) | Outpatient: \$50 maximum per day, \$500 maximum lifetime Inpatient: Usual, reasonable, and customary charges to \$5,000 maximum lifetime (Treatment must not be obtained at a student health center.) |
| Dental treatment due to accident | \$250 maximum per tooth; \$500 maximum per certificate period | | | No coverage |
| Dental treatment to alleviate pain | \$100 maximum per certificate period. Not subject to deductible or coinsurance. | | | No coverage |
| 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 | 80% up to certificate period maximum within the PPO; 60% up to certificate period maximum outside the PPO | 80% up to \$10,000 within the PPO; 60% up to \$10,000 outside the PPO | 80% up to \$5,000 within the PPO; 60% up to \$5,000 outside the PPO | No coverage |
| Routine nursery care of newborn | \$750 maximum per certificate period | | \$250 maximum per certificate period | No coverage |
| Therapeutic termination of pregnancy | \$500 maximum per certificate period | | | |
| Physical therapy & chiropractic care | Maximum \$75 per day | Maximum \$50 per day | | Maximum \$25 per day |
| Intercollegiate, interscholastic, intramural, or club sports | \$5,000 maximum per injury / illness; Medical expenses only | | \$3,000 maximum per injury / illness Medical expenses only | No coverage |
| Terrorism | \$50,000 maximum lifetime limit | | | No coverage |
| Emergency medical evacuation (Not subject to deductible or coinsurance.) | \$500,000 lifetime maximum | \$300,000 lifetime maximum | \$250,000 lifetime maximum | \$50,000 lifetime maximum |
| Emergency reunion | \$5,000 lifetime maximum | | \$1,000 lifetime maximum | |
| Accidental death & dismemberment (AD&D) | \$25,000 lifetime maximum Optional AD&D Rider: Additional \$25,000 lifetime maximum | | No coverage | |
| Repatriation of remains | \$50,000 maximum (not subject to deductible or coinsurance) | \$25,000 maximum (not subject to deductible or coinsurance) | | |
| Personal Liability | \$250,000 lifetime maximum | No coverage | | |
| Optional Crisis Response Rider – Ransom, Personal Belongings, and Crisis Response Fees and Expenses | \$100,000 lifetime maximum | No coverage | | |