### Limitations and Restrictions

| Pre-existing condition limitations: | None |
| Benefit Maximum: | None |
| Out-of-service-area restrictions: | None |

### Maximums & Deductibles

<table>
<thead>
<tr>
<th>Deductibles:</th>
<th>$350 Medical/waived student health center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-pocket maximum:</td>
<td>$6,600/person (includes all copayments)</td>
</tr>
<tr>
<td>Benefit maximum:</td>
<td>No annual/lifetime maximums</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deductibles:</th>
<th>$750; waived student health center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-pocket maximum:</td>
<td>$12,700/person (includes all copayments)</td>
</tr>
</tbody>
</table>

### In-hospital care:

- 20% after deductible
- 40% after deductible

### Emergency room:

- $150 copay; 20% after deductible
- 40% after deductible

### Emergency Services:

- 20% after deductible
- 40% after deductible

### Surgery:

- 20% after deductible
- In physician's office, See office visit
- 40% after deductible

### Office visits:

- $35 copay
- 40% after deductible

### Preventive exam:

- 100% covered
- 40% after deductible

### Lab/X-rays:

- 20% after deductible
- 40% after deductible

### Skilled nursing facility (not including custodial care):

- 20% after deductible; 25 days/plan year
- 40% after deductible; 25 days/plan year

### Home health care:

- 20% after deductible; 60 visits/plan year
- 40% after deductible; 60 visits/plan year

### Other Healthcare Benefits

- Chiropractic care: $35/visit
- 40% after $35 copay; 35 visits/person

- Durable medical equipment: 20% after deductible
- 40% after deductible

- Mental health:
  - Inpatient - 20% after deductible
  - Outpatient - $35/visit
  - 40% after deductible
  - 40% after $35 copay

- Physical therapy:
  - $35/visit; 35 visits/person
  - 40% after $35 copay; 35 visits/person

- Vision/Hearing/Speech:
  - 20% after deductible
  - One preventive vision exam/per plan year
  - 40% after deductible (must be within 60 days of rehabilitation release)

### Prescription drugs:

- $15 at student health center;
- Prime Therapeutics RX drug card $15/generic, $30/preferred brand-name, $40/non-preferred brand-name - no maximum

**Generic Drug** — A medication duplicated by another company once the patent expires

**Brand Name Drug** — A medication developed by a pharmaceutical company