In-Network Comparisons Only		
Coverage		
The Company will pay Covered Medical Expenses incured at 80% for Preferred Providers and 60% for Out-of-Network Providers up to $2,500 before the Insured Person is responsible for satisfaction of the $4,500 Preferred Providers Deductible and $6,500 Out-of-Network Providers Deductible. After the Company pays $2,500, the Deductible must be satisfied by the Insured Person before additional benefits will be paid. Once the Deductible has been satisfied, the Company will pay Covered Medical Expenses incurred at 100% for Preferred Providers and 70% for Out-of-Network Providers.		
Plan Basics		
Deductible		$4,500 in/ $6,500 out (per insured person per policy year). Deductible is NOT applied until $2,500 paid in medical expenses
Coinsurance		80% in/60% out to $2,500 benefit, then Deductible, then 100% in/70% out thereafter
Annual Maximum		Unlimited
Plan Benefits		
Office Visits *(Primary / Specialist)*		Coinsurance and Deductible
Inpatient Hospital		Coinsurance and Deductible
Hospital Miscellanenous		Coinsurance and Deductible
Intensive Care		Coinsurance and Deductible
Surgery		Coinsurance and Deductible
Emergency Room		$100 Copay, then Coinsurance and Deductible (waived if admitted)
Ambulance		Coinsurance and Deductible
Mental, Nervous, and Substance		Coinsurance and Deductible
Preventive Care Services		100% of preferred allwance (No deductible, copays, or coinsurance when services are received from a preferred provider)
AD&D		Up to $5,000
Evacuation		Frontier Medex included
Repatriation		Frontier Medex included
24 Hour Nurse Line		Covered under the Collegiate Assistance Program (for insured students)
R_x	Rx Deductible *(Ind/Family)*	$100 / $300
	Retail Tier 1	$20
	Retail Tier 2	$30

Highlights of Coverage:

*Preventive Care Services which includes, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations are covered at 100% with no Copay or deductible only when the services are received from a
*The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link, http://www.uhcsr.com/lookupredirect.aspx?delsys=52
*FrontierMEDEX - Domestic Students are eligible for FrontierMEDEX services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address. International Students are covered worldwide except in their home country.