

LewerMark Health Insurance Copay Plan for Delta State University

Medical Benefits	
Lifetime Maximum Benefit	Unlimited
Annual Maximum Benefits	\$50,000
Maximum Benefit per injury or Sicknesses	\$50,000
Annual Out-of-Pocket Limit	\$3,000
Annual Deductible	None

Covered Services – Inpatient	Network Benefits	Out of Network Benefits
Hospital Room & Board (including general nursing care.)	100% after \$100 copay for admission.	80% after \$100 copay for admission.
Hospital Intensive Care (including 24 hour nursing care.)		
Hospital Miscellaneous Inpatient (services and supplies including but not limited to: the cost of the operating room; laboratory test; x-ray examinations; anesthesia; drugs-excluding take home drugs or medications; supplies' pre-admission testing.)		
Hospital Emergency Room	\$100 copay.	\$100 copay.
Surgical Treatment	100% of allowable charges after copay.	80% of usual and customary charges after copay.
Physicians Non-Surgeon		
Motor Vehicle Injury		
Maternity Benefits (subject to pre-existing condition limitations)	100% after copay (same as sickness.)	80% after copay (same as sickness.)
Mental & Nervous Disorders	100% after copay up to 10 inpatient days per year; 3 outpatient visits per year.	80% after copay up to 10 inpatient days per year; 3 outpatient visits per year.
Substance Abuse		
Covered Services – Outpatient		
Hospital Outpatient Surgical Miscellaneous	100% of allowable charges after copay.	80% of usual and customary charges after copay.
Surgical Treatment		
Chemotherapy & Radiation Therapy		
Diagnostic, X-ray & Lab Services		
Maternity Benefits (subject to pre-existing condition limitations)		
Motor Vehicle Injury	100% after \$25 co-pay	80% after \$25 co-pay
Physician's Non-surgical visits		
Mental & Nervous Disorders (Hospital ER limited to \$100)		
Substance Abuse	100% after co-pay/ deductible up to 10 inpatient days per year; 3 outpatient visits per year	80% after co-pay up to 10 inpatient days per year; 3 outpatient visits per year
Prescription Drugs (does not include birth control or infertility drugs)		
	100% at SHC; 50% at retail pharmacy	100% at SHC; 50% at retail pharmacy

Covered Services – Other		
Ambulance Services (Professional & Air Service)	100% up to \$500 (see evacuation benefits.)	100% of U&C, up to \$500 (see evacuation benefits.)
Consultant Physician (when requested by the attending physician)	100% after co-pay	80% of U&C after co-pay
Dental Treatment (injury to sound, natural teeth, includes X-ray)	100% - \$100 limit per natural tooth up to \$500.	80% of U&C - \$100 limit per natural tooth up to \$500.
Orthopedic Appliances & Medical Supplies (requiring Physician's written prescription.)	100% of U&C –does not include rental charges.	80% of U&C – does not include rental charges.
Intercollegiate Sports	\$5,000 limit per accident	
Repatriation Benefit	Maximum of \$25,000 for expenses incurred. (additional benefits with Assist America)	
Medical Evacuation Benefit	Maximum of \$50,000 for air evacuation of injured or sick insured as well as provider or escort. (additional benefits with Assist America)	

Premiums	Annual	Monthly
Student Only	\$ 844.00	\$ 70.33
Student & Spouse	\$ 3080.00	\$256.67
Per Child Rate	\$ 844.00	\$ 70.33

<p>Additional Programs Note: The programs described below are not insurance.</p>
<p>Travel Assistance Program: This program provides travel assistance services to students insured by the student accident and sickness insurance plan and their dependents. The services include emergency medical evacuation and repatriation. A description of the program and identification card will be provided to each student purchasing the student insurance plan. There is an unlimited medical evacuation and repatriation benefit in addition to the medical expense benefit. The emergency care services are provided by Assist America, Inc.</p>
<p>Express Scripts, Inc. Prescription Drug Program and Vision Discount: A prescription discount card is offered through Express Scripts and provides a discount on many prescription drugs at participating pharmacies. A vision discount card is also made available to students enrolled in the medical plan and provides discounts at participating vision providers.</p>
<p>Please note that student coverage is purchased through a blanket policy through a participating school for a specific period not greater than 12 months. Participation is mandatory unless student provides proof of equivalent coverage.</p>
<p>Please note this quote is to be utilized as an illustration and can be modified and/or retracted by The Lewer Agency, Inc. at anytime prior to the effective date. The benefits described are subject to the terms and conditions of the insurance policy, subject to specific state mandates.</p>

General Policy Exclusions

Unless specifically provided for elsewhere under the policy, the policy does not cover loss caused by or result from, nor is any premium charged for, any of the following:

1. Elective, cosmetic or reconstructive surgery.
2. Treatment in student's home country.
3. Routine exams.
4. Dental work unless for an injury to natural teeth.
5. Hearing aids and glasses.
6. Birth control or infertility. (subject to state mandates)
7. Professional sports injuries.
8. Intentional injury.
9. Injury while parachuting, hang gliding, or while driving illegally.
10. Act of war related injury.
11. Expenses due to a pre-existing injury or sickness.
12. Other expenses specified in the policy.

The policy will not cover charges or expenses due to a pre-existing injury or bodily infirmity or complication thereof. A pre-existing injury or bodily infirmity is one where the insured individual has consulted a physician; had medicine prescribed; or is receiving or has received medical care for that injury or bodily infirmity in the six months (subject to state mandates) prior to the insured individual's effective date of coverage under the policy.

Benefits will be payable for pre-existing injury or bodily infirmity after the insured individual's coverage has been in force for 12 consecutive months (subject to state mandates).