

Dickinson College
Student Blanket Accident and Health Plan
2010-2011 Summary of Benefits

Eligibility: All Dickinson College students enrolled for a minimum of 9 credit hours are required to enroll in this plan unless they can provide evidence of acceptable, personal medical insurance.

Effective Dates: August 1, 2010 – July 31, 2011

Cost of Insurance: Student, Visiting Scholars or Teaching Assistants - \$999
 Dependent Spouse - \$2,469
 Dependent Child - \$1,481
 Rates include all administrative fees.

Networks: The UnitedHealthcare Options PPO is available to students and dependents. Use of a network provider reduces out-of-pocket expenses as network providers have agreed to accept lower fees as payment for healthcare services. You can review a list of in-network providers, by visiting www.firststudent.com, and accessing the Provider Finder.

Per Condition Maximum-combined total for in- and –out-of-network.	\$75,000	
<p>Preferred Allowance (PA) means the amount a Preferred provider will accept as payment in full. Usual, Reasonable and Customary (URC) is the charges and/or fees for medical services, treatments or supplies that are the lesser of the usual charge by the provider for the service or supply given or the average charged for the service or supply in the area where the service/supply is given or received and that are reasonable to the severity of the condition.</p>		
	In-Network	Out-of-Network
Inpatient Benefits		
Anesthetist	25% of Surgeon's URC Fees	
Assistant Surgeon	50% of Surgeon's URC Fees	
Hospice	No Benefits	
Hospital Expense Daily semi-private room rate and hospital miscellaneous expenses which includes anesthesia, operating room, laboratory tests, x-rays, oxygen, medicines, drugs (excluding take-home drugs), dressings, and other medically necessary non-room and board expenses.	100% after \$75 copay/day	80% URC
Inhalation Therapy	100% after \$20 copay	80% URC
Intensive Care	100% after \$100 copay/day	80% URC
Mental and Nervous Disorders Limited to 30 Inpatient days per policy year.	100% after \$75 copay/day	80% URC
Physician's Visits	100% after \$20 copay	80% URC
Pre-Admission Testing	Paid Under Hospital Benefit	
Radiation Therapy & Chemotherapy	100% after \$20 copay	80% URC
Rehabilitation Services Limited to 30 visits per policy year	100% after \$20 copay	80% URC
Skilled Nursing Facility	No Benefits	
Surgeon's Fees	100% after \$50 copay	80% URC
OUTPATIENT BENEFITS		
Outpatient Hospital When related to a scheduled surgery includes the cost of the operating room, anesthesia, drugs (excluding take home drugs), medicines and supplies	100% after \$50 copay	80% URC
Outpatient Miscellaneous Includes but not limited to benefits designated as Paid under Outpatient Miscellaneous.	100% after \$20 copay	80% URC

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OUTPATIENT BENEFITS (continued)	In-Network	Out-of-Network
Anesthetist Professional service administered in connection with outpatient surgery.	25% of Surgeon's URC Fees	
Assistant Surgeon	50% of Surgeon's URC Fees	
Home Health Care Limited to 30 visits per policy year.	100% after \$40 copay	80% URC
Inhalation Therapy	100% after \$20 copay	80% URC
Laboratory Services	Paid Under Outpatient Miscellaneous	
Medical Emergency Expenses Includes use of Emergency Room and supplies.	100% after \$150 copay	
Mental and Nervous Disorders Limited to 60 Outpatient days per policy year.	100% after a \$490 copay	80% URC
Physician's Visits	100% after a \$20 copay	80% URC
Radiation Therapy & Chemotherapy	100% after a \$20 copay	80% URC
Radiology, Diagnostic, and Treatment Services	Paid under Medical Emergency Expense, Outpatient Hospital or Outpatient Miscellaneous	
Rehabilitation Services Limited to 30 visits per policy year	100% after a \$20 copay	80% URC
Surgeon's Fees	100% after \$50 copay	80% URC
Termination of Pregnancy	100% after \$75 copay	80% URC
Other Benefits	In-Network	Out-of-Network
Alcoholism/Drug Abuse Inpatient and Non-hospital resident limit of 7 days per admission, 4 admissions per policy year; Up to 8 admissions per lifetime for both in- and out-of-network. Outpatient limited to 60 visits per policy year.	Inpatient: 100% after \$75 copay/day; Outpatient: 100% after \$40 copay/visit	In-/Outpatient: 80% URC
Allergy, Antigen and Serum	100% after \$20 copay	80% URC
Allergy Testing and Treatment	100% after \$20 copay	80% URC
Ambulance	100% after \$50 copay	
Blood and Blood Products	Paid under Hospital Expense, Outpatient Hospital, or Outpatient Miscellaneous	
Cardiac Rehabilitation Therapy	100% after \$20 copay	80% URC
Dental and Oral Surgical Services Coverage is limited to injury to teeth, dental abscesses, or impact wisdom teeth, including x-rays and root canals.	100% after \$40 copay, \$750 max per tooth	80% URC \$750 max per tooth
Diabetic Care Benefits	100% after \$20 copay	80% URC
Dialysis	100% after \$20 copay	80% URC
Disposable Supplies (non-diabetic supplies)	100% after \$20 copay	80% URC
Durable Medical Equipment & Corrective Appliances Up to a \$5,000 annual maximum benefit for both in- and out-of-network combined.	100% after \$40 copay	80% URC
Family Planning Includes Diaphragm fittings, IUD's, insertion and removal of implanted time-release capsules and injectable contraceptive aids.	100% after \$20 copay	50% URC
Immunizations Children – As required by law Adults – Coverage limited to Hepatitis A and B, Tetanus, (Td), Rabies, Flu Vaccine, Meningitis and TB Testing	Children – 100% Adults – 100% after \$20 copay	Children – 100% Adults – 80% URC
Maternity and Complications of Pregnancy	Paid as any other sickness	

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Other Benefits (continued)	In-Network	Out-of-Network
Nutritional Counseling	100% after \$20 copay if provided by Physician; \$40 copay is provided by a Registered Dietician	80% URC
Prescription Drugs Mandatory Generic, if available, No coverage for Non-formulary Brand Name Drugs; Limited to \$2,500 per policy year.	\$20 copay – Generic \$30 copay – Brand Name 2 Retail copayments – Mail Order	No Coverage
Preventive Women’s Care Annual Gynecological Exam and Pap Smear. Mammogram for qualified women age 40 or over.	100% after \$20 copay for each individual service	80% of URC
Repatriation of Remains and/or Medical Evacuation	100% up to \$40,000 lifetime maximum for both in- and out-of-network combined.	
School Sponsored Sports Injury 104 week benefit period, Maximum of \$5,000 per injury for both in- and out-of-network combined.	Paid as any other injury or sickness	
Spinal Manipulations	Not Covered	
Transplant Services \$10,000 Lifetime Maximum	Paid as any other sickness	
Benefit Maximums		
Annual Maximum Comprehensive Benefit	\$75,000	
Annual Maximum Supplemental Benefit	\$50,000	
Lifetime Maximum	Two Times the Annual Maximum Comprehensive Benefit	

Maximum number of days, Comprehensive Benefit and Supplemental Benefit amounts indicated represent both in- and out-of-network eligible charges combined.

<p style="text-align: center;">Claims Administered by UnitedHealthcare StudentResources</p> <p>Customer Service: 1-800-505-4160</p> <p>E-mail: www.customerservice@uhcsr.com</p> <p>Website: www.firststudent.com</p> <p>Claims forms: You should not need to submit any claim forms. The only exception would be if you do not have your card with you when you purchase health care services or medication and you want to be reimbursed. You can download a reimbursement claim form at www.firststudent.com.</p> <p>For Claim issues or problems, please call customer service at 1-800-505-4160</p>	<p style="text-align: center;">Program Insured by United Healthcare Options</p> <p style="text-align: center;">www.firststudent.com</p> <p style="text-align: center;">To find a list of Health Care Providers in your area.</p>	<p style="text-align: center;">Healthcare Advocacy Provided by Health Advocate</p> <p style="text-align: center;">www.healthadvocate.com</p> <p style="text-align: center;">866-695-8622</p> <p style="text-align: center;">or</p> <p style="text-align: center;">Answers@healthadvocate.com</p>
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