

UNDERGRADUATE STUDENTS

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| 2011-2012 | 2010-2011 |
|---|---|
| \$400,000 Lifetime Maximum | \$200,000 Lifetime Maximum |
| Off campus services in network 90%, out of network paid at 60% | Off campus services in network 90%, out of network paid at 60% |
| \$200 deductible off campus | No deductible |
| \$3,000 stop loss | \$3,000 stop loss |
| \$10,000 prescription benefit maximum with a \$15 co-pay for generic medications | \$3,000 prescription benefit maximum with a \$15 co-pay for generic medications |
| \$20 co-pay for off campus specialist (PT, OT, Chiro, etc.) | \$15 co-pay for off-campus specialist, (PT, OT, Chiro, etc.) |
| \$15 co-pay for off-campus office visits | No co-pay for off-campus office visits |
| Laboratory services, no charge at Campus Health Center (CHC), off- campus 90% in network and 60% out of network | Laboratory services, no charge at Campus Health Center (CHC), off-campus 90% in network and 60% out of network |
| X-Ray at CHC, no charge, off-campus 90% in network and 60% out of network | X-Ray at CHC, no charge, off-campus 90% in network and 60% out of network |
| \$20 co-pay for PT (including post op), OT and speech, \$5,000 per benefit year combined | Post op PT in network 90%, out of network 60% up to a maximum of \$1000 per sickness or injury |
| \$20 co-pay for chiropractic and acupuncture limited to 20 visits per benefit year combined | \$15 co-pay for PT (excluding post op), acupuncture, chiro- practic 20 visits per year combined |
| Routine physical exam at CHC, 1 per year at no cost including immunizations | Routine physical exam and immunizations not covered |
| Adult preventive services: no co-pay or coinsurance (mammograms, pap smears, prostate ca screening) | Adult preventive services: 90% in network and 60% out of network, (mammograms, pap smears, prostate ca screening) |
| Emergency room \$100 co-pay, waived if admitted | Emergency room \$50 co-pay, waived if admitted |
| Urgent care \$50 co-pay | Urgent care no co-pay |
| Vision: \$8 co-pay for exam, \$20 glasses, \$125 allowance for contacts | Vision: \$8 co-pay for exam, \$20 glasses, \$125 allowance for contacts |
| Dental: Services provided by the CHC Dental Clinic only. Co-pays are associated with services | Dental: Services provided by the CHC Dental Clinic only. Co-pays are associated with services |
| Referrals required for all off-campus services even if outside the 50 mile radius of campus | Referral required for all-off campus services unless outside of a 50 mile radius of campus |
| 24/7 Nurse Line at no charge | 24/7 Nurse Line not a benefit |



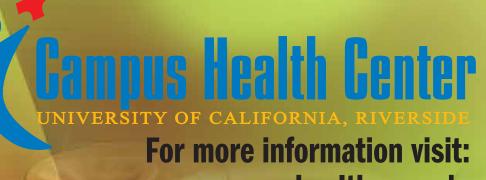


GRADUATE STUDENTS

| 2011-2012 | | | | | |
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2010-2011

| 2011-2012 | 2010-2011 |
|---|---|
| \$400,000 Lifetime Maximum | \$250,000 Lifetime Maximum |
| Off campus services in network 90% out of network 60% | Off campus services in network 95% out of network 65% |
| \$200 deductible off campus | No deductible off campus |
| \$3000 stop loss | No stop loss |
| \$10,000 prescription benefit maximum | \$7,500 prescription benefit maximum |
| \$5 co-pay for generic drugs | \$10 co-pay for generic drugs |
| \$20 for off-campus specialist (PT, OT, Chiro, etc.) | \$15 for off-campus specialist (PT, OT, Chiro, etc.) |
| \$15 co-pay for off-campus office visits | \$10 co-pay for off-campus office visits |
| Laboratory services no charge at Campus Health Center (CHC), off campus 90% in network and 60% out of network | Laboratory services no charge at Campus Health Center (CHC), off campus 95% in network and 65% out of network, with a \$75 deductible per condition |
| X-Ray at CHC no charge, off campus 90% in network and 60% out of network | X-Ray at CHC no charge, off campus 95% in network and 65% out of network |
| \$20 co-pay for PT (including post op), OT and speech, \$5000 per benefit year combined | \$15 co-pay with 20 visits combined maximum. Post op PT in network 95%, out of network 65% to a max of \$500 per condition |
| Chiropractic and acupuncture \$20 co-pay limited to 20 visits per benefit year combined | Chiropractic and acupuncture 95% in network and 65% out of network up to a maximum of \$25 per visit up to a maximum of \$100 per plan year. |
| Routine physical exam at CHC, 1 per year at no charge including immunizations | Routine physical exam including immunizations not a covered benefit |
| Adult preventive services: no co-pay or coinsurance (mammograms, pap smears, prostate cancer screening) | Adult preventive services: 5% coinsurance in network and 35% coinsurance out of network, (mammograms, pap smears, prostate cancer screening) |
| Emergency room \$100 co-pay, waived if admitted | Emergency room co-pay \$0 |
| Urgent care co-pay \$50 | Urgent care co-pay \$0 |
| Anthem Blue Vision Benefits | Self Managed Plan through CHC |
| Delta Dental PPO | Dental Services at CHC Dental Clinic Only, co-pays for services |
| 24/7 Nurse Line: no charge | Nurse Line was not a benefit |
| Mommy and Me Program: no charge | Mommy and Me Program: no benefit |
| Referrals required for all off-campus services even if outside of a 50 mile radius from campus | Referrals required for all off-campus services unless outside of a 50 mile radius from campus |



student

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