

Anthem Comparison of Benefits

UNDERGRADUATE STUDENTS

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, chiropractic 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

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

