



BOSTON UNIVERSITY SCHOOL OF MEDICINE
 AND
BOSTON UNIVERSITY GOLDMAN SCHOOL OF DENTAL MEDICINE
2008-09 STUDENT HEALTH PLAN



Student Plus Plan	In-Network	Out-of-Network
Policy Year Maximum	\$250,000	
Policy Year Deductible	None	\$250
Out-of-pocket <i>(does not include deductible or Copays)</i>	N/A	\$2,500
Hospital	\$100 Copay, then 100%	80% after Deductible
Surgical	\$50 Copay, then 100%	80% after Deductible
Office Visit <i>(30 visit limit per condition)</i>	\$15 Copay, then 100%	80% after Deductible
Emergency Room <i>(Copay waived if admitted)</i>	\$75 Copay, then 100%	\$75 Deductible, then 100%
Physical Therapy <i>(30 visit limit per condition)</i>	\$15 Copay, then 100%	80% after Deductible
Inpatient mental health	\$100 Copay, then 100%	80% after Deductible
Outpatient mental health <i>(30 visit limit per condition)</i>	\$10 Copay, then 100%	80% after Deductible
Women's health <i>(physical exam)</i>	\$15 Copay, then 100%	80% after Deductible
Men's health <i>(physical exam)</i>	\$15 Copay, then 100%	80% after Deductible
Miscellaneous <i>(includes birth control, x-ray, lab, DME, etc.)</i>	100%	80% after Deductible
Flu, Tetanus, HPV Immunizations	\$25 Copay, then 100%	80% after Deductible
Infertility	Covered	Covered
Chiropractic <i>(30 visit limit per condition)</i>	\$15 Copy, then 100%	80% after Deductible
Prescription Drugs <i>(No maximum; includes Mail Order 90-day supply at 2x Retail Copays)</i>	\$5 / \$25 generic / brand	80%

**Note: There is no referral requirement. Students are also eligible for services at Student Health Services on Commonwealth Avenue.*

The Plan provides for the Medically Necessary Reasonable Charge (RC) incurred by a Covered Person for loss due to a covered Injury or Sickness. If a Covered Person receives care from a Preferred Provider, any eligible expenses will be paid at the Preferred Provider level of benefits. Unless noted reduced or lower benefits will be provided when a Non-Preferred (Out-of-Network) provider is used.

PLEASE REMEMBER THAT THIS SUMMARY IS ONLY A GENERAL OUTLINE OF THE STUDENT HEALTH INSURANCE PLAN. REFER TO THE PLAN POLICY FOR COMPLETE DETAILS, LIMITATIONS & EXCLUSIONS. IF ANY DISCREPANCY EXISTS BETWEEN THIS FLYER AND THE POLICY, THE MASTER POLICY WILL GOVERN AND CONTROL THE PAYMENT OF BENEFITS.

This information is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract.