

The Student Travel Medical Plan Schedule of Benefits

Medical Coverage	Beacon- Elite	Beacon- Advantage	Beacon- Choice
Maximum Limits - Per Coverage Period	\$500,000 (Student); \$60,000 (Spouse) \$50,000 (Child)	\$250,000 (Student); \$60,000 (Spouse) \$50,000 (Child)	\$200,000 (Student) No Dependent Coverage
Maximum Sub-Limits - Per Illness or Injury	\$500,000 (Student); \$60,000 (Spouse) \$50,000 (Child)	\$250,000 (Student); \$60,000 (Spouse) \$50,000 (Child)	\$100,000 (Student) No Dependent Coverage
Deductibles – Per Illness or Injury	\$50 Out-of-Network, \$25 In-Network or within the Student Health Center	\$90 Out-of-Network, \$45 In-Network or within the Student Health Center	\$100 Out-of-Network,\$50 In- Network or within the Student Health Center
Coinsurance - Claims incurred within the US PPO Network or at a Student Health Center will be waived	The plan pays 80% of the next \$5,000 after the Deductible for Eligible Expenses, then 100% to the Coverage Period Maximum Limit	The plan pays 80% of the next \$25,000 after the Deductible for Eligible Expenses, then 100% to the Coverage Period Maximum Limit	The plan pays 80% of Eligible Expenses after the Deductible
Coinsurance - Claims incurred outside the US or Canada	The plan pays 100% of all Eligible Expenses to the Coverage Period Maximum Limit, after the Deductible		
Pre-existing Conditions Waiting Periods	180 days	180 days	365 days (\$25,000 for acute onset)
Hospital Services			
Pre-Certification Penalty	50% reduction of all Eligible Expenses		
Hospital Room and Board	Average Semi-private room rate, including nursing services		
Intensive Care Unit	Usual, Reasonable and Customary charges		
Emergency Room Illness or Accident	Usual, Reasonable, and Customary charges. Subject to additional \$250 Deductible if Participating Member is not admitted overnight or if there is a threat to Participating Member's life or limb(s)		
Outpatient Services			
Physician Visit	Usual, Reasonable and Customary charges		
Physical Therapy / Chiropractic Care - Must be referred by a Physician and not a Physical Therapist	\$60 Sub-Limit per visit, 1 visit per day. Maximum 15 visit per Coverage Period	\$60 Sub-Limit per visit, 1 visit per day. Maximum 10 visit per Coverage Period	\$25 Sub-Limit per visit, 1 visit per day Maximum 10 visit per Coverage Period
Mental/Nervous Disorder or Alcohol/Substance Abuse (Available after 90 days of continuous coverage)	Plan pays 80% within the PPO Network and 60% outside the PPO, For Inpatient or Outpatient treatment, Maximum Limit of 30 days of Treatment	\$60 per day, \$500 Sub-Limit for Inpatient Treatment, \$10,000 Sub- Limit for Outpatient Treatment	\$50 per day, \$500 Sub-Limit for Inpatient Treatment, \$10,000 Sub- Limit for Outpatient Treatment. No Alcohol or Substance Abuse Coverage
Other Services			
All Other Eligible Medical Expenses	Usual, Reasonable and Customary charges		
Durable Medical Equipment	Usual, Reasonable and Customary charges, Limited to a Standard hospital bed and wheelchair		
Prescription Drugs	The Plan will reimburse up to 50% of cost (Generic Only)		
Dental - Acute onset of pain	\$100 maximum per Coverage Period		No Coverage
Dental - Injury as result of Accident	\$250 maximum per tooth, \$500 Maximum Limit per Coverage Period. Only available for Policies purchased for 90 days or more.		No Coverage
Act of Terrorism	\$50,000 Maximum Limit, Medical Expenses ONLY		No Coverage
Maternity care for a Eligible pregnancy	Usual, Reasonable and Customary charges		No Coverage
Therapeutic Termination of pregnancy	\$500 per Coverage Period, \$1,000 Maximum Limit		No Coverage
Newborn Care - Routine Nursery	\$750 Sub-Limit per Coverage Period	\$250 Sub-Limit per Coverage Period	No Coverage
Local Ambulance	Up to \$750 when covered Illness Injury results in Hospitalization	Up to \$500 when covered Illness or Injury results in Hospitalization	Up to \$300 when covered Illness or Injury results in Hospitalization
Emergency Medical Evacuation - Not subject to Deductible or Coinsurance	\$400,000 (Student); \$60,000 (Spouse) \$50,000 (Child) Maximum Limits	\$400,000 (Student); \$60,000 (Spouse) \$50,000 (Child) Maximum Limits	\$400,000 (Student) Maximum Limits
Emergency Reunion	\$5,000 Maximum Limit	\$1,000 Maximum Limit	\$1,000 Maximum Limit
Repatriation of Remains - Not subject to Deductible or Coinsurance	\$50,000 Maximum Limit	\$25,000 Maximum Limit	\$7,500 Maximum Limit
Intercollegiate/Interscholastic/Intramural Or Club Sports	Optional Rider - \$5,000 Maximum Limit	Optional Rider - \$1,000 Maximum Limit	No Coverage
Accidental Death & Dismemberment – Not Subject to Deductible or Coinsurance	\$25,000 (Student); \$10,000 (Spouse); \$5,000 (Child) Principal Sum	No Coverage	No Coverage

THIS IS A CONSOLIDATED SUMMARY DESCRIPTION OF BENEFITS AND LIMITS