

**MEDICAL BENEFITS SCHEDULE  
COMPREHENSIVE & INTERNATIONAL PLANS**

	PROVISIONS	GROUP SPECIFIC PREFERRED NETWORK	PAYERFUSION NETWORK PROVIDERS	NON-NETWORK PROVIDERS
<b>MAXIMUM BENEFIT</b>		UNLIMITED		
<b>Note: The Network deductibles and out-of-pocket amounts ARE NOT applied to the Non-Network deductibles and out-of-pocket amounts. The Non-Network deductibles and out-of-pocket amounts ARE NOT applied to the Network deductibles and out-of-pocket amounts. Deductibles do not apply when a Copayment is required.</b>				
<b>DEDUCTIBLE, PER PLAN YEAR</b>				
Per Covered Person		\$0	\$400	\$800
<b>OUT-OF-POCKET MAXIMUM, PER PLAN YEAR</b>				
Individual/Family		\$6,250/\$12,500		\$6,250/\$12,500
<b>STUDENT HEALTH CENTER</b>				
Office visits		100%		
Mental Health visit		100%		
SHC Prescriptions		\$5/\$15/\$30		
Labs & X-rays, Tests & Procedures		100%	Paid based on where the specimen or x-ray was taken	
<b>INPATIENT</b>				
Inpatient Hospital Expenses Admission greater than 23 hours	precertification required	90%	80%	60% of usual and customary
Surgical Expenses, Anesthesia, Assistant Surgeon		90%	80%	60% of usual and customary
Physician Inpatient Consultation/Specialist		90%	80%	60% of usual and customary
Intensive Care Unit	precertification required	90%	80%	60% of usual and customary
Transplant Services *Donor Expenses and Travel & Lodging are not covered	precertification required	90%	80%	60% of usual and customary
Mental Health & Substance Abuse	precertification required	90%	80%	60% of usual and customary
Rehabilitative and Habilitative Services	precertification required Physical, Speech, Occupational, and Cardiac Therapy Combined (90 days plan year maximum)	90%	80%	60% of usual and customary
Chemotherapy and Radiation	precertification required	90%	80%	60% of usual and customary
Skilled Nursing	precertification required (90 days plan year maximum)	90%	80%	60% of usual and customary
<b>OUTPATIENT BENEFITS</b>				
Surgical Expenses	precertification required	90%	80%	60% of usual and customary
Primary Care Visit to treat an injury or illness		90%	80%	60% of usual and customary
Specialist Visit		90%	80%	60% of usual and customary
Other Practitioner Office Visit		90%	80%	60% of usual and customary

Emergency Medical Transportation Ground Ambulance	Precertification required for Air Ambulance	90%	90%	90% of usual and customary
Urgent Care Facility		90%	80%	60% of usual and customary
Habilitative and Rehabilitative	precertification required Physical, Speech, Occupational, and Cardiac therapy combined 90 days per plan year	90% for visits 1-25, then 60%	80% for visits 1-25, then 60%	60% of usual and customary
		Visits 1-25 are combined for Tiers 1 & 2		
Chemotherapy and Radiation	precertification required	90%	80%	60% of usual and customary
Massage Therapy		Not covered	Not covered	Not covered
Chiropractic		90% for visits 1-25, then 60%	80% for visits 1-25, then 60%	60% of usual and customary
		Visits 1-25 are combined for Tiers 1 & 2		
Emergency Room		\$100 copay	Deductible then \$100 copay, then 80%	Deductible then \$100 copay, then 80% of usual and customary
Use of Emergency Room for Non- Medical Emergency		Not covered	Not covered	Not covered
Laboratory & X-ray Expense		90%	80%	60% of usual and customary
Tests & Procedures		90%	80%	60% of usual and customary
Injections		90%	80%	60% of usual and customary
Mental Health & Substance Abuse		90%	80%	60% of usual and customary
MRI/CAT/MRA/PET scans	precertification required	90%	80%	60% of usual and customary
Infusion Therapy	precertification required	90%	80%	60% of usual and customary
Renal Dialysis	precertification required	90%	80%	60% of usual and customary
<b>PEDIATRIC VISION CARE - Participants up to attained age 19</b>				
Exam, including fitting and follow-up care for regular contact lenses		N/A	100% (one per year)	Up to \$30 (one pair of glasses total per year)
Single Vision Lenses	Limited to one per plan year	N/A	100% (one pair of glasses total per year)	Up to \$25 (one pair of glasses total per year)
Bifocal Lenses	Limited to one per plan year	N/A	100% (one pair of glasses total per year)	Up to \$35 (one pair of glasses total per year)
Trifocal Lenses	Limited to one per plan year	N/A	100% (one pair of glasses total per year)	Up to \$45 (one pair of glasses total per year)
Lenticular Lenses	Limited to one per plan year	N/A	100% (one pair of glasses total per year)	Up to \$45 (one pair of glasses total per year)
Evaluation and fitting for specialty lenses	including, but not limited to, toric, multifocal, and gas permeable lenses. Limited to one per plan year	N/A	Up to \$60 (one per year)	Up to \$60 (one per year)
Elective Contact Lenses	Limited to one per plan year, in lieu of glasses	N/A	Up to \$150 (in lieu of glasses)	Up to \$75 (in lieu of glasses)

Medically Necessary Contact Lenses	Limited to one per plan year, in lieu of glasses	N/A	Up to \$600	Up to \$225
Frames	Limited to one per plan year	N/A	Up to \$150 (one pair of glasses total per year)	Up to \$30 (one pair of glasses total per year)
<b>PEDIATRIC DENTAL CARE - Covered for participants up to attained age 19</b>				
Class A - Basic		100%	100%	90% of usual and customary
Class B - Intermediate		70%	70%	60% of usual and customary
Class C - Major		50%	50%	40% of usual and customary
Class D - Orthodontic		50%	50%	50% of usual and customary
<b>ADDITIONAL BENEFITS</b>				
Prenatal and Postnatal Care		90% (100% for Preventive services)	80%	60% of usual and customary
Durable Medical Equipment	precertification required on diabetic DME exceeding \$500 and all prosthetics. Repairs covered if Medically Necessary	80%	80%	80% of usual and customary
Home Health Care	precertification required	90%	80%	60% of usual and customary
Hospice	precertification required. Includes bereavement counseling  Limited to 6 months per lifetime	90%	80%	60% of usual and customary
Treatment for TMJ		80%	80%	80% of usual and customary
Infertility (Counseling, Testing & Treatment)		80% up to \$750, then 60%		
Transexualism/ Gender Identity		80% up to \$750, then 60%		
Club Sports	Limited to \$500 maximum per accident	90%	80%	60% of usual and customary
Intramural Sports	Limited to \$500 maximum per accident	90%	80%	60% of usual and customary
Intercollegiate Sports (ICS)	Limited to \$2500 max per accident	90%	80%	60% of usual and customary

	PROVISIONS	GROUP SPECIFIC PREFERRED NETWORK	PAYERFUSION NETWORK PROVIDERS	NON-NETWORK PROVIDERS
<b>PREVENTIVE SERVICES &amp; WELLNESS BENEFITS</b>				
Adult Preventive Care/ Screening/ Immunization		100%	100%	60% of usual and customary
<ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm (Once per lifetime screening for men);</li> <li>• Alcohol Misuse screening/counseling;</li> <li>• Aspirin use for men and women of certain ages;</li> <li>• Blood Pressure screening;</li> <li>• Cholesterol screening for adults of certain ages or at higher risk;</li> <li>• Colorectal Cancer screening for adults over 50;</li> <li>• Depression screening;</li> <li>• Type 2 Diabetes screening for adults with high blood pressure;</li> <li>• Diet counseling for adults at higher risk for chronic disease;</li> <li>• HIV screening for adults;</li> <li>• Immunization vaccines: (Doses, ages, and recommended populations vary); <ul style="list-style-type: none"> <li>Hepatitis A;</li> <li>Hepatitis B; Herpes</li> <li>Zoster;</li> <li>Human Papillomavirus;</li> <li>Influenza;</li> <li>Measles, Mumps, Rubella;</li> <li>Meningococcal; Pneumococcal;</li> <li>Tetanus, Diphtheria, Pertussis;</li> <li>Varicella;</li> <li>Anthrax;</li> <li>BCG (tuberculosis);</li> <li>Japanese encephalitis;</li> <li>Rabies;</li> <li>Smallpox;</li> <li>Typhoid; Yellow fever</li> </ul> </li> <li>• Obesity screening and counseling;</li> <li>• Sexually Transmitted Infection (STI) prevention counseling for higher risk;</li> <li>• Tobacco Use counseling and interventions;</li> <li>• High blood pressure screening;</li> <li>• Syphilis screening for higher risk;</li> <li>• Falls prevention in older adults;</li> <li>• Hepatitis C virus infection screening: adults;</li> <li>• Lung cancer screening;</li> <li>• Hepatitis B screening;</li> <li>• Skin cancer behavioral counseling.</li> </ul>				

Women's Preventive Care Services		100%	100%	60% of usual and customary
<ul style="list-style-type: none"> <li>• Anemia screening on a routine basis for pregnant women</li> <li>• Bacteriuria urinary tract or other infection screening for pregnant women</li> <li>• BRCA counseling about genetic testing for women with higher risk</li> <li>• Breast cancer Mammography screenings</li> <li>• Breast cancer Chemoprevention counseling for women at higher risk</li> <li>• Breast Feeding intervention to support and promote breast feeding</li> <li>• Cervical cancer screening for sexually active women</li> <li>• Chlamydia infection screening for younger women and other women at higher risk</li> <li>• Folic Acid supplements for women who may become pregnant</li> <li>• Gonorrhea screening for all women at higher risk</li> <li>• Hepatitis B screening for pregnant women at their first prenatal visit</li> <li>• Osteoporosis screening for women over age 640 depending on risk factors</li> <li>• Rh Incompatibility screening for pregnant women &amp; follow-up testing for women at higher risk</li> <li>• Tobacco Use screening and interventions for all women, and expanded counseling</li> <li>• Syphilis screening for all pregnant women or women at higher risk    • Screening for gestational diabetes</li> <li>• Human papillomavirus testing</li> <li>• Counseling for sexually transmitted diseases</li> <li>• Counseling for screening for human immune-deficiency virus</li> <li>• FDA-approved female prescription contraceptive drugs and devices (e.g. diaphragm)</li> <li>• FDA-approved female prescription contraceptive surgical procedures (e.g. IUD's)</li> <li>• FDA-approved emergency contraceptive drugs</li> <li>• Breastfeeding support, supplies and counseling</li> <li>• Screening and counseling for interpersonal and domestic violence</li> <li>• Preeclampsia prevention: aspirin;</li> <li>• HIV counseling and screening;</li> </ul>				

Child and Adolescent Preventive Care/ Screening/ Immunization		100%	100%	60% of usual and customary
<ul style="list-style-type: none"> <li>• Alcohol and Drug Use assessments for adolescents</li> <li>• Autism screening for children at 18 and 24 months</li> <li>• Behavioral assessments for children</li> <li>• Cervical Dysplasia screening for sexually active females</li> <li>• Congenital Hypothyroidism screening for newborns</li> <li>• Developmental screening for children under age 3, and surveillance throughout childhood</li> <li>• Dyslipidemia screening for children at higher risk for lipid disorders</li> <li>• Fluoride Chemoprevention supplements for children without fluoride in their water source</li> <li>• Gonorrhea preventive medication for the eyes of newborns</li> <li>• Hearing screening for newborns</li> <li>• Height, Weight and Body Mass Index measurements</li> <li>• Hematocrit or Hemoglobin screening for children</li> <li>• Hemoglobinopathis or sickle cell screening for newborns</li> <li>• HIV screening for adolescents at higher risk</li> <li>• Immunization vaccines: (Doses, ages, and recommended populations vary) <ul style="list-style-type: none"> <li>Diphtheria, Tetanus, Pertussis</li> <li>Haemophilus influenzae type b</li> <li>Hepatitis A</li> <li>Hepatitis B</li> <li>Human Papillomavirus</li> <li>Inactivated Poliovirus</li> <li>Influenza</li> <li>Measles, Mumps, Rubella</li> <li>Meningococcal Pneumococcal</li> <li>Rotavirus Varicella</li> <li>Anthrax;</li> <li>BCG (tuberculosis);</li> <li>Japanese encephalitis;</li> <li>Rabies;</li> <li>Smallpox;</li> <li>Typhoid; Yellow fever;</li> </ul> </li> <li>• Iron supplements for children ages 6 to 12 months at risk for anemia</li> <li>• Lead screening for children at risk of exposure</li> <li>• Medical History for all children throughout development</li> <li>• Obesity screening and counseling</li> <li>• Oral Health risk assessment for young children</li> <li>• Phenylketonuria (PKU) screening for this genetic disorder in newborns</li> <li>• Sexually Transmitted Infection (STI) prevention counseling for adolescents at higher risk</li> <li>• Tuberculin testing for children at higher risk of tuberculosis</li> <li>• Visual acuity screening between ages 3 and 5;</li> <li>• Dental caries prevention: infants and children up to age five years;</li> <li>• Depression screening: adolescents;</li> <li>• Hepatitis B screening: adolescents;</li> <li>• Tobacco use interventions;</li> <li>• Skin cancer behavioral counseling.</li> </ul>				

**PRESCRIPTION DRUG BENEFIT SCHEDULE**

	<b>PREFERRED PHARMACY WALMART</b>	<b>EHIM NETWORK PROVIDERS</b>	<b>NON-NETWORK PROVIDERS</b>
<b>RETAIL 30-DAY SUPPLY</b>			
Tier 1 – Generic Drugs	\$5 copayment	\$5 copayment + 20%	\$5 copayment + 40%
Tier 2 – Preferred Drugs	\$15 copayment	\$15 copayment + 20%	\$15 copayment + 40%
Tier 3 – Non-Formulary Drugs	\$30 copayment	\$30 copayment + 20%	\$30 copayment + 40%
Contraceptive	100%	100%	100%
<b>MAIL ORDER 90-DAY SUPPLY</b>			
Tier 1 – Generic Drugs	\$12.50 copayment	\$12.50 copayment + 20%	\$12.50 copayment + 40%
Tier 2 – Preferred Drugs	\$37.50 copayment	\$37.50 copayment + 20%	\$37.50 copayment + 40%
Tier 3 – Non-Formulary Drugs	\$75.00 copayment	\$75.00 copayment + 20%	\$75.00 copayment + 40%

<b>PAUL QUINN COLLEGE EVACUATION AND REPATRIATION BENEFITS</b> <i>(Only Applicable to International Students)</i> <b>Pre-certification required</b>	
Emergency Medical Evacuation	\$100,000 USD
Repatriation	\$50,000 USD
Repatriation of Mortal Remains	\$50,000 USD

<b>PAUL QUINN COLLEGE ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT</b>	
Loss of Life	100% up to \$10,000
Loss of One Hand and Severance at or above the Wrist	50% up to \$10,000
Loss of One Foot by Severance at or above the Ankle	50% up to \$10,000
Entire and Irrevocable Loss of Sight in One Eye	50% up to \$10,000
Loss of more than one of the above in one accident	100% up to \$10,000