

STUDENT HEALTH PROGRAM COVERED SERVICES
STUDENTS AND FELLOWS
MEDICAL BENEFITS AT-A-GLANCE
EFFECTIVE DATE: DECEMBER 1, 2006

<i>Services and Supplies</i>	<i>Option 1 Access Care through UHS Provider</i>	<i>Option 2 Access care through JHU and JHH and JHBMC Clinic Providers*</i>	<i>Option 3 Access Care through In Network Providers</i>	<i>Option 4 Access Care through Out of Network Providers</i>
TREATMENT OF ILLNESS OR INJURY				
Primary care office visit (over 19 years of age)	100%	80%	80% after deductible	80% of R&C, after deductible
Specialty care office visit	Services not provided	100%	80% after deductible	80% of R&C, after deductible
Pediatric care office visit (under 19 years of age)	Services not provided	100%	100%	100% of R&C
Podiatry care office visit	Services not provided	100%	100%	100% of R&C
Diagnostic services and treatment	Services not provided	100%	100%	100% of R&C
PREVENTIVE SERVICES				
General physical exam	100%	Not covered	Not covered	Not covered
Diagnostic services for physical exam	100%	100%	Not covered	Not covered
Well-Child care: office visits, immunizations and PKU, flu vaccine, urinalysis and lead testing	Services not provided	100%	100%	100% of R&C
Mammograms (screening) Once per 12 month period	Services not provided	100%	100%	100%
Colonoscopy Screening	Services not provided	80%	80% after deductible	80% of R&C, after deductible
Annual GYN exam Once per 12 month period	100%	100%	Not covered	Not covered
Annual PAP Once per 12 month period	100%	100%	Not covered	Not covered
Adult immunizations and inoculations	100%	Not covered	Not covered	Not covered
SURGICAL PROCEDURES				
Professional services for inpatient and outpatient surgery	Services not provided	80% (1)	80% after deductible (1)	80% of R&C, after deductible (1)
Reconstructive and/or surgically implanted prosthetics	Services not provided	80% (1)	80% after deductible (1)	80% of R&C, after deductible (1)
LABORATORY AND X-RAY PROCEDURES				
Laboratory tests, imaging exams, X-rays and ultrasound	Services not provided	100%	100%	100% of R&C

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REPRODUCTIVE HEALTH				
Physician office visits (for prenatal care only)	100%	100%	80% after deductible	80% of R&C after deductible
Charges for Delivery and Related Anesthesia	Services not provided	100% (1)	80% after deductible (1)	80% of R&C after deductible (1)
Newborn care Initial and Discharge Visits Only	Services not provided	100% (1)	80% after deductible (1)	80% of R&C after deductible (1)
Newborn care All other inpatient visits	Services not provided	80% (1)	80% after deductible (1)	80% of R&C after deductible (1)
Birthing center (licensed facility only)	Services not provided	100% (1)	100% (1)	100% of R&C (1)
Voluntary sterilization	Services not provided	80% (1)	80% after deductible (1)	80% of R&C after deductible (1)
ALLERGY TESTS AND PROCEDURES				
Allergy tests	Services not provided	100%	100%	100% of R&C
Desensitization materials and serum	Services not provided	80%	80% after deductible	80% of R&C, after deductible
URGENT CARE CENTER				
Physician visit	Services not provided	100%	100%	100% of R&C
Diagnostic services and treatment	Services not provided	100%	100%	100% of R&C
EMERGENCY SERVICES				
Emergency care (facility and professional fees) (i.e. the onset of a sudden and serious condition requiring immediate care)	Services not provided	100% for services within 72 hours after onset of emergency, then 80% after deductible	100% for services within 72 hours after onset of emergency, then 80% after deductible	100% of R&C for services within 72 hours after onset of emergency, then 80% of R&C, after deductible

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HOSPITAL CARE				
Inpatient care (semi-private, unless private room is medically necessary)	Services not provided	100% for 1 st 30 days then 80% after deductible (1)	100% for 1 st 30 days then 80% after deductible (1)	100% of R&C for 1 st 30 days then 80% of R&C, after deductible (1)
Intensive care	Services not provided	100% for 1 st 30 days, then 80% after deductible (1)	100% for 1 st 30 days then 80% after deductible (1)	100% of R&C for 1 st 30 days then 80% of R&C, after deductible (1)
Other inpatient services	Services not provided	100% for 1 st 30 days, then 80% after deductible (1)	100% for 1 st 30 days, then 80% after deductible (1)	100% of R&C for 1 st 30 days, then 80% of R&C, after deductible (1)
Inpatient physician services (excluding surgical services)	Services not provided	80% (1)	80% after deductible (1)	80% of R&C, after deductible (1)
Hospital inpatient days limitation (Limits apply for Mental Health/Substance Abuse treatment)	Services not provided	No limit for medically necessary days	No limit for medically necessary days	No limit for medically necessary days
Skilled Nursing Rehabilitation facility	Services not provided	100% for 1 st 30 days, then 80% after deductible (1)	100% for 1 st 30 days, then 80% after deductible (1)	100% of R&C for 1 st 30 days, then 80% of R&C, after deductible (1)
Outpatient services, including outpatient testing prior to outpatient surgery	100%	100%	100%	100% of R&C
Outpatient surgery facility charges, including freestanding surgical centers	Services not provided	100% (1)	100% (1)	100% of R&C (1)
CHEMOTHERAPY/RADIATION THERAPY				
Physician visit	Services not provided	100%	80% after the deductible	80% of R&C; after the deductible
Physician Materials	Services not provided	80%	80% after the deductible	80% of R&C; after the deductible
ACUPUNCTURE				
\$300 maximum per calendar year	Services not provided	80%	80% after the deductible	80% of R&C; after the deductible

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HOME HEALTH CARE				
Must be provided by a licensed health care organization	Services not provided	100% for 1 st 90 visits per calendar year, then 80% after deductible (1)	100% for 1 st 90 visits per calendar year, then 80% after deductible (1)	100% of R&C for 1 st 90 visits per calendar year, then 80% of R&C, after deductible (1)
HOSPICE CARE				
Inpatient and home	Services not provided	100% (1)	100% (1)	100% of R&C (1)
AMBULANCE TRANSPORTATION				
To and/or from a hospital only	Services not provided	80%	80% after deductible	80% of R&C, after deductible
SPEECH THERAPY				
Restorative, non-developmental therapy only	Services not provided	80%(1)(3)	80% after deductible (1)(3)	80% of R&C, after deductible (1)(3)
PHYSICAL/OCCUPATIONAL THERAPY				
Excludes maintenance therapy	Services not provided	80%	80% after deductible	80% of R&C, after deductible
CHIROPRACTIC CARE				
Restricted to initial evaluation, X-Rays and spinal manipulations limited to \$1,000 calendar year maximum	Services not provided	80%	80% after deductible;	80% of R&C, after deductible;
DURABLE MEDICAL EQUIPMENT				
Equipment, prosthetic appliances, and medical supplies	Services not provided	80%	80% after deductible (1)	80% of R&C, after deductible (1)
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES				
Professional fees for outpatient mental health treatment	52% after the deductible for 1st 20 visits per calendar year, then 50% after deductible	52% after the deductible for 1st 20 visits per calendar year, then 50% after deductible	52% after the deductible for 1st 20 visits per calendar year, then 50% after deductible	52% of R&C, after the deductible for 1st 20 visits per calendar year, then 50% of R&C, after deductible
Professional fees for inpatient mental health care	Services not provided	80%	80% after deductible	80% of R&C after deductible

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- (3) Covered benefits only include therapy aimed at restoring the level of speech the individual had attained before the onset of a condition (i.e., before an illness or injury). speech therapy for developmental disorders, such as stuttering, articulation disorders, tongue thrust, lispings, etc. is not covered.

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Facility charges for inpatient mental health care	Services not provided	100% for 30 days then 80% after deductible (1)(2)	100% for 30 days then 80% after deductible (1)(2)	100% of R&C for 30 days then 80% of R&C, after deductible (1)(2)
Facility charges for inpatient alcohol and substance abuse care	Services not provided	Alcohol detoxification: 100% for 7 days per calendar year, then 80% after deductible;(1)(2) Substance abuse rehabilitation: 100% for 30 days per calendar year, then 80% after deductible (1)(2)	Alcohol detoxification: 100% for 7 days per calendar year, then 80% after deductible; ⁽¹⁾⁽²⁾ Substance abuse rehabilitation: 100% for 30 days per calendar year, then 80% after deductible (1)(2)	Alcohol detoxification: 100% of R&C for 7 days per calendar year, then 80% of R&C, after deductible; ⁽¹⁾⁽²⁾ Substance abuse rehabilitation: 100% of R&C for 30 days per calendar year, then 80% of R&C, after deductible (1)(2)
Professional fees for inpatient and outpatient alcohol and substance abuse care	80% after deductible	80% after deductible	80% after deductible	80% of R&C after deductible
Facility charges for outpatient alcohol and substance abuse treatment	Services not provided	100% up to 30 visits per calendar year maximum	100% up to 30 visits per calendar year maximum	100% of R&C, up to 30 visits per calendar year maximum
MAXIMUM LIFETIME BENEFIT PER PERSON	\$1,000,000			
MAXIMUM LIFETIME BENEFIT PER PERSON FOR ALCOHOL AND SUBSTANCE ABUSE	\$250,000; 120 days/visits combined for all inpatient and outpatient care			
CALENDAR YEAR DEDUCTIBLE (ALL OPTIONS COMBINED)				
Individual	\$100	\$100	\$100	\$100
Family	\$300	\$300	\$300	\$300
COINSURANCE OUT OF POCKET MAXIMUM PER CALENDAR YEAR (ALL OPTIONS COMBINED)				
Individual	\$3000	\$3,000	\$3,000	\$3,000
Family	\$9000	\$9,000	\$9,000	\$9,000
PRESCRIPTION DRUGS				
NETWORK PHARMACY				
Retail pharmacy: 34-day supply	80% of R&C			
Mail order: 90-day supply	80% of R&C			

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