



2019-2020

STUDENT HEALTH INSURANCE PLAN

DOMESTIC STUDENTS

Schedule of Benefits

This document is a high level summary of the benefits available through Florida Atlantic University's Student Health Insurance Plan for Domestic students.

The Subscriber Certificate is the complete description of benefits, limitations and exclusions and will be available shortly. Once finalized, the Subscriber Certificate will be the governing document.

This plan is underwritten by UnitedHealthcare **StudentResources**.

The plan is managed through Gallagher Student Health & Special Risk, www.gallagherstudent.com/FAU.

The Preferred Provider for this plan is UnitedHealthcare Choice Plus. You can find a list of participating providers at www.gallagherstudent.com/FAU, under 'Find a Doctor'.

Florida Atlantic University - Domestic Students

Policy # 2019-34-1

Student Health Insurance Plan Summary of Benefits

Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
	Preferred Provider	Out-of-Network Provider
Deductible per insured person, per policy year (You must meet the deductible before this plan pays for benefits)	\$1,500	\$3,000
Coinsurance (This is the percentage of eligible expenses this plan will pay)	80% of Preferred Allowance	50% of Usual & Customary (U&C) Charges
Out-of-Pocket Maximum per person, per policy year (This is the most you will pay out of your own pocket for eligible expenses)	\$7,350	Unlimited

Inpatient	Preferred Provider (80% except as noted below)	Out-of-Network Provider (50% except as noted below)
Room and Board Expense	80% of Preferred Allowance	50% of Usual and Customary (U&C) Charges
Intensive Care	80% of Preferred Allowance	50% of U&C Charges
Hospital Miscellaneous Expenses	80% of Preferred Allowance	50% of U&C Charges
Routine Newborn Care	Paid as any other Sickness	Paid as any other Sickness
Surgery If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedure.	80% of Preferred Allowance	50% of U&C Charges
Assistant Surgeon Fees	80% of Preferred Allowance	50% of U&C Charges
Anesthetist Services	80% of Preferred Allowance	50% of U&C Charges
Registered Nurse's Services	80% of Preferred Allowance	50% of U&C Charges
Physician's Visits	80% of Preferred Allowance	50% of U&C Charges

Pre-admission Testing Payable within 7 working days prior to admission.	80% of Preferred Allowance	50% of U&C Charges
Outpatient	Preferred Provider	Out-of-Network Provider
Surgery If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedure.	80% of Preferred Allowance	50% of U&C Charges
Day Surgery Miscellaneous	80% of Preferred Allowance	50% of U&C Charges
Assistant Surgeon Fees	80% of Preferred Allowance	50% of U&C Charges
Anesthetist Services	80% of Preferred Allowance	50% of U&C Charges
Physician's Visits	\$30 copay per visit 80% of Preferred Allowance (Per Policy Year Deductible does not apply)	50% of U&C Charges
Physiotherapy (Review of medical necessity after 12 visits per Injury or Sickness)	80% of Preferred Allowance	50% of U&C Charges
Medical Emergency Expenses The Copay will be waived if admitted to the Hospital.	\$350 copay per visit 100% of Preferred Allowance	\$350 copay per visit 100% of U&C Charges
Diagnostic X-ray Services	80% of Preferred Allowance	50% of U&C Charges
Radiation Therapy	\$10 copay per visit 80% of Preferred Allowance	50% of U&C Charges
Laboratory Procedures	80% of Preferred Allowance	50% of U&C Charges
Tests & Procedures	80% of Preferred Allowance	50% of U&C Charges
Injections	80% of Preferred Allowance	50% of U&C Charges
Chemotherapy	\$10 copay per visit 80% of Preferred Allowance	50% of U&C Charges
Prescription Drugs UnitedHealthcare Pharmacy (UHCP)	70% copayment for Tier 1 prescription 70% copayment for Tier 2 prescription 70% copayment for Tier 3 prescription Up to a 31-day supply per prescription	70% copayment for Tier 1 prescription 70% copayment for Tier 2 prescription 70% copayment for Tier 3 prescription Up to a 31-day supply per prescription

Other	Preferred Provider	Out-of-Network Provider
Ambulance Services	80% of Preferred Allowance	80% of U&C Charges
Durable Medical Equipment	80% of Preferred Allowance	80% of U&C Charges
Consultant Physician Fees	\$30 per office visit 80% of Preferred Allowance (Per policy year deductible does not apply)	50% of U&C Charges
Dental Treatment Benefits paid on Injury to Sound, Natural Teeth	80% of Preferred Allowance	80% of U&C Charges
Dental Treatment Benefits for removal of impacted wisdom teeth	80% of Preferred Allowance	80% of U&C Charges
Mental Illness Treatment	Paid as any other Sickness	Paid as any other Sickness
Substance Use Disorder Treatment	Paid as any other Sickness	Paid as any other Sickness
Maternity	Paid as any other Sickness	Paid as any other Sickness
Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Preventive Care Services No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit https://www.healthcare.gov/preventive-care-benefits/ for a complete list of services provided for specific age and risk groups.	100% of Preferred Allowance (Copayments and Per Policy Year Deductible do not Apply)	50% of U&C Charges
Reconstructive Breast Surgery Following Mastectomy	Paid as any other Sickness	Paid as any other Sickness
Diabetes Services	Paid as any other Sickness	Paid as any other Sickness
Home Health Care	80% of Preferred Allowance	50% of U&C Charges
Hospice Care	80% of Preferred Allowance	50% of U&C Charges
Inpatient Rehabilitation Facility	80% of Preferred Allowance	50% of U&C Charges
Skilled Nursing Facility	80% of Preferred Allowance	50% of U&C Charges
Urgent Care Center	\$50 copay per visit 100% of Preferred Allowance	\$50 copay per visit 50% of U&C Charges
Hospital Outpatient Facility or Clinic	80% of Preferred Allowance	50% of U&C Charges

Approved Clinical Trials	Paid as any other Sickness	Paid as any other Sickness
Hearing Aid Exams	\$30 copay per visit 80% of Preferred Allowance	50% of U&C Charges
Hearing Aids	80% of Preferred Allowance	50% of U&C Charges
Other	Preferred Provider	Out-of-Network Provider
Pediatric Dental and Vision Services	See Subscriber Certificate (when available)	See Subscriber Certificate (when available)
High Cost Procedures	\$200 copay per visit 80% of Preferred Allowance	\$200 copay per visit 50% of U&C Charges