

University of the Sciences

Medical and Prescription Benefits Summary

	In-Network	*Out-of-Network
Annual Maximum Benefits	\$100,000	
Annual Deductible		
Single	\$0	\$200
Coinsurance	80% to \$5,000	80% to \$5,000
Maximum Out-of-pocket		
Single	\$1,100	\$1,100
Office Visit	\$20 copay	*80% after deductible
Wellness	\$250	\$250
Emergency Room		
Hospital Facility	80% after deductible	80% after deductible
Physician	80% after deductible	*80% after deductible
Inpatient Hospital	80% after deductible	80% after deductible
Outpatient Hospital	80% after deductible	80% after deductible
Maternity	80% after deductible	*80% after deductible
Women's Preventative		
Annual Exam	80% after deductible	*80% after deductible
Pap Smear	80% after deductible	*80% after deductible
Mammogram	80% after deductible	*80% after deductible
Lab	80% after deductible	*80% after deductible
X-ray	80% after deductible	*80% after deductible
Outpatient Surgical	80% after deductible	*80% after deductible
Ambulance <i>if medically necessary</i>	80% after deductible	*80% after deductible
Durable Medical Equipment	80% after deductible	*80% after deductible
Mental and Nervous Disorders	80% after deductible	
Inpatient	80% after deductible	*80% after deductible
Outpatient	50% after deductible	*50% after deductible
Alcohol and substance abuse	80% after deductible	*80% after deductible
Chiropractic Care	\$20 copay	*80% after deductible
Dental <i>for injuries to sound teeth</i>	80% up to \$1,000 per contract year	
AD&D	No benefit	No benefit
Intercollegiate Sports	No benefit	No benefit
Medical Evacuation Benefit	100%	
Repatriation Benefit	100%	
All Other Covered Services	80% after deductible	*80% after deductible
Prescription Drug Benefit		
Generic	\$10 copay	
Preferred Brand	\$20 copay	
Non-Preferred Brand	\$40 copay	
Prescription Drug Benefit Maximum	Up to \$1,200 per contract year	

**Out of Network Providers may balance bill patients for charges above Inter-County's allowable fees.*