

Howard University 2010-2011 Student Injury and Sickness Insurance Plan

Coverage Highlights and Comparison

Basic Plan A – Mandatory for all students / Voluntary enrollment for Dependents

Enhanced Plan B – Voluntary for all students / Voluntary enrollment for Dependents

FOR PLAN A: Students must first seek treatment at the Howard University Student Health Services Center (SHSC) and obtain a referral in order for any medical services outside the SHSC to be covered, except in an emergency OR when the SHSC is not open or in operation or when student is greater than 35 miles from the SHSC. No referral requirement for insured family members.

FOR PLAN B: There is never a referral requirement. A referral is not required for any treatment received by an enrolled and insured family member. Students must go online to Summit-America to enroll spouse and/or children.

Coverage is provided under both Plan A and Plan B for treatment received from any licensed provider, but if you utilize a Multiplan PPO provider you will reduce your out-of-pocket expense. Multiplan PPO providers include **but are not limited to** the Howard University Hospital and Faculty Practice Plan Physicians. Multiplan PPO providers nationwide may be found at www.multiplan.com.

BENEFITS	PLAN A	PLAN B
Annual Basic Medical Expense Benefit	Up to \$5,000 per Injury or Sickness	Up to \$7,500 per Injury or Sickness
Policy Year Deductible	None	None
Referrals from Student Health Services required for all non-emergency treatment (or when the SHSC is not operational). Covered dependents are exempt from the referral requirement.	Yes – Only one referral from the Howard University SHSC is required per diagnosis.	No referral required.
Outpatient Doctor Visits	Injury: 100% at any Multiplan PPO provider. Reasonable and Customary Charges for all other providers. Sickness: 100% at any Multiplan PPO provider. \$50 per day, 10 day maximum for all other providers.	Injury: 100% at any Multiplan PPO provider. Reasonable and Customary Charges for all other providers. Sickness: 100% at any Multiplan PPO provider. Reasonable and Customary Charges for all other providers.
Outpatient Surgery	Injury: 100% at any Multiplan provider. Reasonable and Customary Charges for all other providers. Sickness: Reasonable and Customary Charges: \$1,000 maximum.	Injury: 100% at any Multiplan provider. Reasonable and Customary Charges for all other providers. Sickness: Reasonable and Customary Charges.
Diagnostic Outpatient Laboratory and X-Ray Expenses	Injury: 100% at any Multiplan provider. Reasonable and Customary Charges for all other providers. Sickness: Up to \$2,000 per year any Multiplan provider. If more than 35 miles away from Howard University: up to \$30 per day, 3 visits per day, 15 days maximum, up to \$100 for all other providers.	Injury: 100% at any Multiplan provider. Reasonable and Customary Charges for all other providers. Sickness: 100% at any Multiplan provider. Reasonable and Customary Charges for all other providers.
Emergency Room Expenses	Injury: 100% at any Multiplan provider. Reasonable and Customary Charges for all other providers. Sickness: 100% after \$100 co-pay at any Multiplan provider. Reasonable and Customary Charges after \$100 co-pay for all other providers.	Injury: 100% at any Multiplan provider. Reasonable and Customary Charges for all other providers. Sickness: 100% after \$100 co-pay at any Multiplan provider. Reasonable and Customary Charges after \$100 co-pay for all other providers.
Routine Care including physicals, GYN, Pap Smears, well child care, immunizations, mammograms, etc.	Routine GYN ONLY covered and ONLY when examination is at the SHSC or at the Faculty Practice Plan. Maximum benefit payable per year per student is \$200. Routine care and immunizations covered for insured children subject to mandated benefits.	100% at any Multiplan provider only limited to a maximum benefit payable per year of \$300 per person. Routine care and immunizations covered for insured children subject to mandated benefits.
Inpatient Room & Board Expenses	Injury: 100% at any Multiplan provider. Reasonable and Customary Charges for all other providers. Sickness: 100% of semi-private room rate at Howard University Hospital and any MultiPlan Network Hospital. \$200 per day maximum at any non-network hospital.	Injury: 100% at any Multiplan provider. Reasonable and Customary Charges for all other providers. Sickness: 100% of semi-private room rate at Howard University Hospital and any MultiPlan Network Hospital. Reasonable and Customary Charges at any other hospital.
Inpatient Doctor Visits/ Inpatient Hospital Miscellaneous Expenses	100% at any Multiplan PPO provider. Reasonable and Customary Charges for all other providers.	100% at any Multiplan PPO provider. Reasonable and Customary Charges for all other providers.
Psychotherapy	Paid as any other sickness. Maximum of 12 days per policy year for detoxification. Maximum of 28 additional days for inpatient treatment and 30 outpatient visits per year.	Paid as any other sickness. Maximum of 12 days per policy year for detoxification. Maximum of 28 additional days for inpatient treatment and 30 outpatient visits per year.
Maternity	Paid as any other sickness.	Paid as any other sickness.
Dental Treatment (no Student Health Services Center referral required)	Plan pays 100% for all treatment received by the student only (not available to insured dependents) but only when treatment is received at the Howard University School of Dentistry or in the Howard University Hospital Outpatient Dental Clinic. Orthodontics excluded.	Plan pays 100% for all treatment received by the student only (not available to insured dependents) but only when treatment is received at the Howard University School of Dentistry or in the Howard University Hospital Outpatient Dental Clinic. Orthodontics excluded.
Ambulance	Injury: 100% at any Multiplan provider. Reasonable and Customary Charges for all other providers. Sickness: 100% of Reasonable and Customary Charges	Injury: 100% at any Multiplan provider. Reasonable and Customary Charges for all other providers. Sickness: 100% of Reasonable and Customary Charges
Outpatient Prescriptions Note: Once the annual benefit limit has been reached or for any non-covered prescription, have the pharmacist run the prescription through the ScriptCare discount program.	Injury: Reimbursed at 100% of Reasonable and Customary Charges Sickness: At any ScriptCare participating pharmacy only: \$10 co-pay generic / \$25 co-pay brand formulary / \$50 co-pay brand non-formulary. \$500 benefit maximum per plan year. Participating pharmacies available at www.scriptcare.com	Injury: Reimbursed at 100% of Reasonable and Customary Charges Sickness: At any ScriptCare participating pharmacy only: \$10 co-pay generic / \$25 co-pay brand formulary / \$50 co-pay brand non-formulary. \$2,000 benefit maximum per plan year. Participating pharmacies available at www.scriptcare.com
Immune Titers	At the Student Health Center only: 100% after	Coverage included for routine and required

Routine Immunizations	Not covered (other than Immune Titers administered to students at the SHSC). Insured children are covered for required routine care and immunizations.	All are covered (students and dependents).
Annual Major Medical Benefit (per covered injury or sickness)	The Major Medical Benefit begins after the Basic Maximum Benefit of \$5,000 has been met. Plan then pays 80% of Reasonable and Customary up to \$25,000.	The Major Medical Benefit begins after the Basic Maximum Benefit of \$7,500 has been met. Plan then pays 80% of Reasonable and Customary Charges up to \$195,000. Maximum out of pocket (insured person's 20%) is limited to \$2,500 per plan year.
Annual Major Medical Benefit for International Students with J-1 Visa	The Major Medical Benefit begins after the Basic Maximum Benefit of \$5,000 has been met. Plan then pays 80% of Reasonable and Customary up to \$45,000.	The Major Medical Benefit begins after the Basic Maximum Benefit of \$7,500 has been met. Plan then pays 80% of Reasonable and Customary Charges up to \$195,000. Maximum out of pocket (insured person's 20%) is limited to \$2,500 per plan year.
Diabetic Insulin and Supplies	Reimbursed at 100% subject to the \$2,000 maximum under the Miscellaneous Benefit	Reimbursed at 100%.
Vision Discount Program	Included through ScriptCare	Included through ScriptCare
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT	\$10,000 paid to the next of kin in order of progression of spouse, parent(s), children, etc.	
24-Hour Nurse Advice Line	1-800-850-4556 in U.S. or Canada; Worldwide, collect 1-603-898-9159	
TRAVEL ASSISTANCE BENEFIT	Call On-Call International at 1-800-850-4556 in U.S. or Canada; Worldwide, collect 1-603-898-9159	
MEDICAL EVACUATION	100% of expense paid by On-Call International	
REPATRIATION OF REMAINS	call 1-800-850-4556 in U.S. or Canada; Worldwide, collect 1-603-898-9159	
IMPORTANT PLEASE READ: Both Plan A and Plan B pay as the PRIMARY PLAN. If the student has other insurance in place, claims should be filed with that secondary provider who will consider for payment charges not paid under Plan A or Plan B. Identification of other insurance should be given to all health care providers at the time of service.		

This summary is a general outline of the insurance plan. Refer to the plan brochure for complete details, limitations, and exclusions which is available online at www.howard.edu/studenthealth, or at the Howard University Student Health Center, or online at www.summitamerica-ins.com. If there is any discrepancy between this summary and the Policy, the Master Policy will govern and control the payment of benefits in all cases. This plan is underwritten by Maksin Insurance Company and claims are administered by Summit-America Insurance.

For claim or benefit questions, to enroll into Plan B, or to enroll eligible family members in either Plan A or Plan, contact Summit America Insurance Services at 800-890-8755 or www.summitamerica-ins.com or AIRMI at kcarlson@airmi.com. Family members to be insured must be enrolled in the same plan as the student and the annual premium for dependents may be paid by semester.

Open enrollment for Plan B is from August 1, 2010 through October 31, 2010 for the fall 2010 semester (coverage period August 1, 2010-December 31, 2010) and from January 1, 2011 through March 31, 2011 for the spring/summer semester (coverage period January 1, 2011-July 31, 2011). Or premium may be paid for the entire annual coverage period.

Premiums applicable to the 2010-2011 plan year (August 1, 2010 through July 31, 2011):

Plan A Mandatory for all students

DOMESTIC STUDENTS	Annual Term	First Term	Second Term
	8/1/10-7/31/11	8/1/10-12/31/10	1/1/11-7/31/11
Student Only	\$ 476*	\$ 238*	\$ 238*
Additional cost to insure Spouse	\$ 1,947	\$ 974	\$ 974
Additional to insure 1 (or more) Child(ren)	\$ 566	\$ 283	\$ 283
Additional to insure Spouse and Child(ren)	\$ 2,513	\$ 1,257	\$ 1,257

J-1 INTERNATIONAL STUDENTS	Annual Term	First Term	Second Term
	8/1/10-7/31/11	8/1/10-12/31/10	1/1/11-7/31/11
Student Only	\$ 688*	\$ 344*	\$ 344*
Additional cost to insure Spouse	\$ 2,807	\$ 1,404	\$ 1,404
Additional to insure 1 (or more) Child(ren)	\$ 819	\$ 409	\$ 409
Additional to insure Spouse and Child(ren)	\$ 3,626	\$ 1,813	\$ 1,813

*Charged to student's Howard University tuition account.

Plan B Voluntary Enhanced Plan

DOMESTIC STUDENTS	Annual Term	First Term	Second Term
	8/1/10-7/31/11	8/1/10-12/31/10	1/1/11-7/31/11
Student Only	\$ 699	\$ 349	\$ 349
Additional cost to insure Spouse	\$ 3,600	\$ 1,800	\$ 1,800
Additional to insure 1 (or more) Child(ren)	\$ 1,560	\$ 780	\$ 780
Additional to insure Spouse and Child(ren)	\$ 5,160	\$ 2,580	\$ 2,580

J-1 VISA STUDENTS	Annual Term	First Term	Second Term
	8/1/10-7/31/11	8/1/10-12/31/10	1/1/11-7/31/11
Student Only	\$ 699	\$ 349	\$ 349
Additional cost to insure Spouse	\$ 3,600	\$ 1,800	\$ 1,800
Additional to insure 1 (or more) Child(ren)	\$ 1,560	\$ 780	\$ 780
Additional to insure Spouse and Child(ren)	\$ 5,160	\$ 2,580	\$ 2,580

Plan B premiums must be paid online through Summit-America and may not be charged to the student's Howard University tuition account.