

Benefits at a Glance

Here is a brief description of plan benefits.

Referrals are not needed in the following instances in order to receive the enhanced level of benefits:

- Emergency Room Services
- Urgent Care Services
- Treatment received when Schiffert Health Center is closed
- Satellite Campus enrolled students
- When care is provided outside a 20 mile radius from the Blacksburg campus

Policy Year Benefit Maximum Per Condition Per Policy Year - Unlimited			
Annual Deductible \$300 per Person per Policy Year not to exceed \$600 per Policy Year per Family			
Out of Pocket Maximum \$3,000 per Person per Policy Year not to exceed \$6,000 per Policy Year per Family * All co-pays, coinsurance and & annual deductible go toward Out of Pocket Maximum*			
Expenses	Tier I Preferred Care with Referral	Tier II Preferred Care Without Referral	Tier III Non-Preferred Care
Physician's Office Visit	After a \$10 copay, 100% of the Negotiated Charge	After a \$25 copay, 100% of the Negotiated Charge	65% of the Recognized Charge
Routine Physical Exam	100% of the Negotiated Charge with waiver of the annual deductible	100% of the Negotiated Charge with waiver of the annual deductible	100% of the Recognized Charge with waiver of the annual deductible
X-ray & Lab	90% of the Negotiated Charge	80% of the Negotiated Charge	65% of the Recognized Charge
Emergency Room-copay waived if admitted	100% of the Negotiated Charge After a \$200 copay (waived if admitted)	100% of the Negotiated Charge After a \$200 copay (waived if admitted)	100% of the Recognized charge After a \$200 copay (waived if admitted)
Inpatient Hospitalization	After a \$300 copay per admission, 90% of the Negotiated Charge	After a \$300 copay per admission, 80% of the Negotiated Charge	After a \$300 copay per admission, 65% of the Recognized Charge
Therapy Expenses	90% of the Negotiated Charge	80% of the Negotiated Charge	65% of the Recognized Charge
Mental & Emotional Disorders- Outpatient	After a \$10 copay, 100% of the Negotiated Charge	After a \$25 copay, 100% of the Negotiated Charge	65% of the Recognized Charge
Prescription Drug Retail: 30 Day Supply Policy Year Maximum-Unlimited	100% of the Negotiated Charge after: Generic: \$20 copay Preferred Brand Name: \$40 Non-Preferred Brand Name: \$60 Specialty*: \$100/\$150 with Steerage to Aetna Specialty following first fill *Specialty drugs treat complex, chronic diseases **Copay waived for Female Prescription Contraceptives except for Brand Names with Generic equivalents	100% of the Negotiated Charge after: Generic: \$20 copay Preferred Brand Name: \$40 Non-Preferred Brand Name: \$60 Specialty*: \$100/\$150 with Steerage to Aetna Specialty following first fill *Specialty drugs treat complex, chronic diseases **Copay waived for Female Prescription Contraceptives except for Brand Names with Generic equivalents	100% of the Recognized Charge after: Generic: \$20 copay Preferred Brand Name: \$40 Non-Preferred Brand Name: \$60 Specialty*: \$100/\$150 with Steerage to Aetna Specialty following first fill *Specialty drugs treat complex, chronic diseases **Copay waived for Female Prescription Contraceptives except for Brand Names with Generic equivalents