

**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**

| <b>Policy Year Benefit Maximum Per Condition Per Policy Year - Unlimited</b>  |   |  |  |
|---|---|--|--|
| <b>Annual Deductible</b> \$400 per Person per Policy Year not to exceed \$800 per Policy Year per Family  |   |  |  |
| <b>Out of Pocket Maximum</b> \$5,750 per Person per Policy Year not to exceed \$11,500 per Policy Year per Family * All co-pays, coinsurance and & annual deductible go toward Out of Pocket Maximum* |   |  |  |
| <b>Expenses</b>   | <b>Tier I<br/>Preferred Care with Referral</b>  | <b>Tier II<br/>Preferred Care Without Referral</b>   | <b>Tier III<br/>Non-Preferred Care</b>   |
| <b>Physician's Office Visit</b>   | After a \$25 copay, 100% of the Negotiated Charge   | After a \$25 copay, 100% of the Negotiated Charge  | 65% of the Recognized Charge   |
| <b>Routine Physical Exam</b>  | 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   |
| <b>X-ray &amp; Lab</b>  | 90% of the Negotiated Charge  | 80% of the Negotiated Charge   | 65% of the Recognized Charge   |
| <b>Emergency Room-copay waived if admitted</b>  | After a \$300 copay per visit, 100% of the Negotiated Charge  | After a \$300 copay per visit, 100% of the Negotiated Charge   | After a \$300 deductible, 100% of the Actual Level   |
| <b>Inpatient Hospitalization</b>  | 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  |
| <b>Therapy Expenses</b>   | 90% of the Negotiated Charge  | 80% of the Negotiated Charge   | 65% of the Recognized Charge   |
| <b>Mental &amp; Emotional Disorders-Outpatient</b>  | After a \$25 copay, 100% of the Negotiated Charge   | After a \$25 copay, 100% of the Negotiated Charge  | 65% of the Recognized Charge   |
| <b>Prescription Drug<br/>Retail: 30 Day Supply<br/>Policy Year Maximum-Unlimited</b>  | <p>100% of the Negotiated Charge after:<br/> <b>Generic: \$20 copay</b><br/>                     Preferred Brand Name: \$40<br/>                     Non-Preferred Brand Name: \$60</p> <p>Specialty*: \$200 with Steerage to Aetna Specialty following first fill</p> <p>*Specialty drugs treat complex, chronic diseases</p> <p>**Copay waived for Female Prescription Contraceptives except for Brand Names with Generic equivalents</p> | <p>100% of the Negotiated Charge after:<br/> <b>Generic: \$20 copay</b><br/>                     Preferred Brand Name: \$40<br/>                     Non-Preferred Brand Name: \$60</p> <p>Specialty: \$200 with Steerage to Aetna Specialty following first fill</p> <p>*Specialty drugs treat complex, chronic diseases</p> <p>**Copay waived for Female Prescription Contraceptives except for Brand Names with Generic equivalents</p> | <p><b>Deductible per Supply</b><br/> <b>Generic: \$20 copay</b><br/>                     Preferred Brand Name: \$40<br/>                     Non-Preferred Brand Name: \$60</p> <p>Specialty: \$200 with Steerage to Aetna Specialty following first fill</p> <p>*Specialty drugs treat complex, chronic diseases</p> <p>**Copay waived for Female Prescription Contraceptives except for Brand Names with Generic equivalents</p> |

