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

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Tier I Preferred Care with Referral</th>
<th>Tier II Preferred Care Without Referral</th>
<th>Tier III Non–Preferred Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician’s Office Visit</td>
<td>After a $25 copay, 100% of the Negotiated Charge</td>
<td>After a $25 copay, 100% of the Negotiated Charge</td>
<td>65% of the Recognized Charge</td>
</tr>
<tr>
<td>Routine Physical Exam</td>
<td>100% of the Negotiated Charge with waiver of the annual deductible</td>
<td>100% of the Negotiated Charge with waiver of the annual deductible</td>
<td>100% of the Recognized Charge with waiver of the annual deductible</td>
</tr>
<tr>
<td>X-ray &amp; Lab</td>
<td>90% of the Negotiated Charge</td>
<td>80% of the Negotiated Charge</td>
<td>65% of the Recognized Charge</td>
</tr>
<tr>
<td>Emergency Room–copay waived if admitted</td>
<td>After a $300 copay per visit, 100% of the Negotiated Charge</td>
<td>After a $300 copay per visit, 100% of the Negotiated Charge</td>
<td>$300 copay, then the plan pays 100% of the actual charge</td>
</tr>
<tr>
<td>Inpatient Hospitalization</td>
<td>After a $300 copay per admission, 90% of the Negotiated Charge</td>
<td>After a $300 copay per admission, 80% of the Negotiated Charge</td>
<td>$300 deductible per admission, then the plan pays 65% of the Recognized Charge</td>
</tr>
<tr>
<td>Therapy Expenses</td>
<td>90% of the Negotiated Charge</td>
<td>80% of the Negotiated Charge</td>
<td>65% of the Recognized Charge</td>
</tr>
<tr>
<td>Mental &amp; Emotional Disorders–Outpatient</td>
<td>After a $25 copay, 100% of the Negotiated Charge</td>
<td>After a $25 copay, 100% of the Negotiated Charge</td>
<td>65% of the Recognized Charge</td>
</tr>
</tbody>
</table>

**Prescription Drug Retail: 30 Day Supply Policy Year Maximum–Unlimited**

- 100% of the Negotiated charge after:
  - Preferred Generic: $15 copay
  - Preferred Brand Name: $45
  - Non–Preferred Generic/Brand Name: $75
  - Specialty*: 20% coinsurance with a $250 minimum/ $500 maximum
  - *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:
  - Preferred Generic: $15 copay
  - Preferred Brand Name: $45
  - Non–Preferred Generic/Brand Name: $75
  - Specialty: $250 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

- Deductible per Supply
  - Preferred Generic: $15 copay
  - Preferred Brand Name: $45
  - Non–Preferred Generic/Brand Name: $75
  - Specialty: $250 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

Policy Year Benefit Maximum Per Condition Per Policy Year – Unlimited

- Annual Deductible: $450 per Person per Policy Year not to exceed $900 per Policy Year per Family
- Out of Pocket Maximum: $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*