

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 \$450 per Person per Policy Year not to exceed \$900 per Policy Year per Family			
Out of Pocket Maximum \$6,250 per Person per Policy Year not to exceed \$12,500 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 \$25 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	After a \$300 copay per visit, 100% of the Negotiated Charge	After a \$300 copay per visit, 100% of the Negotiated Charge	\$300 copay, then the plan pays 100% of the actual charge
Inpatient Hospitalization	After a \$300 copay per admission, 90% of the Negotiated Charge	After a \$300 copay per admission, 80% of the Negotiated Charge	\$300 deductible per admission, then the plan pays 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 \$25 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	<p>100% of the Negotiated Charge after: Preferred Generic: \$15 copay Preferred Brand Name: \$45 Non-Preferred Generic/Brand Name: \$75</p> <p>Specialty*: 20% coinsurance with a \$250 minimum/\$500 maximum</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: Preferred Generic: \$15 copay Preferred Brand Name: \$45 Non-Preferred Generic/Brand Name: \$75</p> <p>Specialty: \$250 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>Deductible per Supply Preferred Generic: \$15 copay Preferred Brand Name: \$45 Non-Preferred Generic/ Brand Name: \$75</p> <p>Specialty: \$250 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>