



# SAINT JOSEPH COLLEGE

## CONNECTICUT

### 2010-2011 STUDENT ACCIDENT & SICKNESS BENEFIT SUMMARY

The Plan is underwritten by Security Mutual Life Insurance Company of New York, Binghamton NY

The following summary is intended as an overview of the benefits provided under the 2010-2011 Saint Joseph College Student Insurance Plan. To view the full plan brochure, please visit [www.chpstudent.com](http://www.chpstudent.com)

| Accident Benefits   |  |  |
|---|--|--|
| Inpatient & Outpatient  | 100% up to a maximum of \$10,000 benefits for eligible medical expenses to a maximum of \$10,000 for any covered accident, except for accidental injuries to natural teeth, which are reimbursed up to \$500 |  |
| Sickness Benefits   | PART-TIME STUDENTS   | FULL -TIME STUDENTS  |
|   | Maximum Sickness benefit limit is \$10,000 per Sickness  | Maximum Sickness benefit limit is \$25,000 per Sickness  |
| Outpatient Services - Sickness  |  |  |
| Outpatient  | 80% up to a maximum benefit is \$1,000 per sickness.<br><u>Includes:</u> Office Visit, X-Rays, Lab Work, Emergency Room, Outpatient Hospital and Mental Health (including substance abuse)                   | 80% up to a maximum benefit is \$1,500 per sickness.<br><u>Includes:</u> Office Visit, X-Rays, Lab Work, Emergency Room, Outpatient Hospital and Mental Health (including substance abuse) |
| Hospital Services (including Mental Health and Substance Abuse) - Sickness          |  |  |
| Inpatient   | Policy pays up to \$200 per day for room & board; 60 day maximum   | Policy pays up to \$400 per day for room & board; 60 day maximum   |
| Intensive Care Room and Board Expense – Sickness                                    |  |  |
| Inpatient   | Policy pays up to \$200 per day for room & board; 60 day maximum   | Policy pays up to \$800 per day for room & board; 60 day maximum   |
| Other Hospital Charges  |  |  |
| Inpatient   | Policy pays 100% for the first \$300 of eligible expenses, then 80% of any remaining eligible expenses up to \$2,500   | Policy pays 100% for the first \$700 of eligible expenses, then 80% of any remaining eligible expenses up to \$2,500   |
| Surgical Operations Expense Benefit - Sickness                                      |  |  |
| Inpatient & Outpatient  | Policy pays up to 100% of Reasonable & Customary charges to a maximum benefit of \$1,200 per sickness  | Policy pays up to 80% of Reasonable & Customary charges to a maximum benefit of \$3,000 per sickness   |
| Anesthesia Expense Benefit – Sickness   |  |  |
| Inpatient & Outpatient  | Policy pays up to 80% of Reasonable & Customary charges to a maximum of \$1,200  | Policy pays up to 80% of Reasonable & Customary charges to a maximum of \$3,000  |
| In-Patient Physician Visit - Sickness   |  |  |
| Inpatient   | Policy pays up to \$20 per visit, \$400 maximum per sickness   | Policy pays up to \$75 for the first visit and \$60 thereafter; \$1,300 maximum per sickness, allows one (1) visit per day   |
| Other Services - Sickness   |  |  |
| Ambulance Service   | Maximum of allowable rate established by the Department of Public Health   |  |
| Prescription Drugs – must be filled at and “Express Scripts” Participating Pharmacy | \$10 for a 30-day supply of a generic drug or \$15 for a 30-day supply of a brand name drug up to \$250 Per Policy Year  |  |

Coverage is provided for benefits mandated by the state of Connecticut. See brochure for full details.