

Gettysburg College
Student Blanket Accident and Health Plan
2009-2010 Summary of Benefits

Eligibility: All Gettysburg College students enrolled for a minimum of 9 credit hours are required to be enrolled in a health insurance plan with benefits equal to or better than the plan detailed below. Students can be enrolled in the school-sponsored plan. If they do not enroll in the school-sponsored program they must provide evidence of acceptable, personal, medical insurance.

Effective Dates: August 1, 2009 – August 1, 2010

Cost of Insurance: \$942.00 for students, \$2,011 for spouse, \$1,404.00 for each dependent child.
 (Annual Rates) Rates include all administrative fees.

Networks: The **First Health PPO Network** is available to students and dependents. Use of a network provider reduces out-of-pocket expenses as network providers have agreed to accept lower fees as payment for healthcare services. A First Health provider directory can be obtained at www.firsthealth.com, click "consumers" and then click "electronic directory".

	In-Network	Out-of-Network
Per Condition Maximum-combined total for in- and out-of-network.	\$75,000	
Usual, Reasonable and Customary (URC) is the charges and/or fees for medical services, treatments or supplies that are the lesser of the usual charge by the provider for the service or supply given or the average charged for the service or supply in the area where the service/supply is given or received and that are reasonable in relationship to the severity of the condition.		
INPATIENT BENEFITS		
Anesthetist	25% of Surgeon's URC Fees	25% of Surgeon's URC Fees
Assistant Surgeon	50% of Surgeon's URC Fees	50% of Surgeon's URC Fees
Hospital Expense Daily semi-private room rate and Hospital Miscellaneous Expenses which includes anesthesia, operating room, laboratory tests, x-rays, oxygen, medicines, drugs (excluding take home drugs), dressings, and other medically necessary non-room and board expenses. \$3,000 aggregate per day.	\$50 copay/day	80% URC
Inhalation Therapy	100% after \$20 copay	80% URC
Intensive Care \$6,000 aggregate per day	\$100 copay/day	80% URC
Mental and Nervous Disorders Limited to 30 Inpatient days per policy year. Lifetime max 90 days	100% after \$40 copay/day	80% URC
Physician's Visits	100% after \$20 copay	80% URC
Pre-Admission Testing	Paid under Hospital Expense	Paid under Hospital Expense
Radiation Therapy & Chemotherapy	100% after \$20 copay	80% URC
Rehabilitation Services Limited to 30 visits per policy year.	100% after \$10 copay	80% URC
Surgeon's Fees Up to \$5,000 per condition.	\$50 copay	80% URC
OUTPATIENT BENEFITS		
Outpatient Hospital When related to a scheduled surgery includes the cost of the operating room, anesthesia, drugs (excluding take home drugs), medicines and supplies. Up to \$3,000 per condition.	\$50 copay	80% URC
Outpatient Miscellaneous Includes but not limited to benefits designated as Paid under Outpatient Miscellaneous. Up to \$2,000 per condition.	\$20 copay	80% URC

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OUTPATIENT BENEFITS (continued)	In-Network	Out-of-Network
Anesthetist Professional services administered in connection with outpatient surgery.	25% of Surgeon's URC Fees	25% of Surgeon's URC Fees
Assistant Surgeon	50% of Surgeon's URC Fees	50% of Surgeon's URC Fees
Home Health Care Limited to 30 visits per policy year.	100% after \$40 copay	80% URC
Inhalation Therapy	100% after \$20 copay	80% URC
Laboratory Services	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
Medical Emergency Expenses Includes use of Emergency Room and supplies. Up to \$2,500 per condition.	\$50 copay	\$50 copay
Mental and Nervous Disorders Limited to 60 Outpatient days per policy year.	100% after \$20 copay	80% URC
Physician's Visits	100% after \$20 copay	80% URC
Radiation Therapy & Chemotherapy	100% after \$20 Copay	80% URC
Radiology, Diagnostic, and Treatment Services	Paid under Medical Emergency Expense, Outpatient Hospital or Outpatient Miscellaneous	Paid under Medical Emergency Expense, Outpatient Hospital or Outpatient Miscellaneous
Rehabilitation Services Limited to 30 visits per policy year	100% after \$10 copay	80% URC
Surgeon's Fees Up to \$5,000 per condition.	\$50 copay	80% URC
Termination of Pregnancy	100% after \$50 copay	80% URC
OTHER BENEFITS	In-Network	Out-of-Work
Alcoholism/Drug Abuse Inpatient and Non-hospital resident limit of 7 days per admission, 4 admissions per policy year. Up to 8 admissions per lifetime for both in-and out-of-network. Outpatient limited to 60 visits per policy year.	Inpatient: 100% after \$40 copay/day; Outpatient: 100% after \$20 copay/visit	In-/Outpatient:80% URC
Allergy Antigen and Serum	100% after \$20 copay	80% URC
Allergy Testing and Treatment	100% after \$20 copay	80% URC
Ambulance	100% after \$50 copay	100% after \$50 copay
Blood and Blood Products	Paid under Hospital Expense, Outpatient Hospital, or Outpatient Miscellaneous	Paid under Hospital Expense, Outpatient Hospital, or Outpatient Miscellaneous
Cardiac Rehabilitation Therapy	100% after \$20 copay	80% URC
Dental and Oral Surgical Services Coverage is limited to injury to teeth, dental abscesses, or impacted wisdom teeth, including x-rays and root canals. \$750 max per tooth, up to \$3,000 maximum.	\$20 copay	80% URC
Diabetic Care Benefits	100% after \$20 copay	80% URC
Dialysis	100% after \$20 copay	80% URC
Disposable Supplies (non-diabetic supplies)	100% after \$15 copay	80% URC
Durable Medical Equipment & Corrective Appliances Up to a \$1,000 annual maximum benefit for both in-and out-of-network combined.	\$30 copay	80% URC
Family Planning Includes Diaphragm fittings, IUDs, insertion and removal of implanted time-release capsules and injectable contraceptive aids.	100% after \$10 copay	50% URC
Immunizations Children: As required by law Adults: Coverage limited to Hepatitis A and B, Tetanus, (Td), Rabies, Flu Vaccine, Meningitis, and TB Testing.	Children: 100% Adults: 100% after \$10 copay	Children's: 100% URC Adults: 80% URC

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OTHER BENEFITS (continued)	In-Network	Out-of-Network
Maternity and Complications of Pregnancy	Paid as any other sickness	Paid as any other sickness
Nutritional Counseling	100% after \$10 copay if provided by Physician; \$20 copay if provided by a Registered Dietician	80% URC if provided by Physician; 100% after \$40 copay if provided by a Registered Dietician
Prescription Drugs Mandatory Generic, if available; No coverage for Non-formulary Brand Name Drugs; Limited to \$2,500 per policy year.	\$15 copay - Generic \$25 copay - Brand Name 2 Retail Copayments - Mail Order	No Coverage
Preventive Women's Care Annual Gynecological Exam, Pap Smear and Mammogram for qualified women age 40 or over.	100% after a \$10 copay for each individual service	80% URC
Repatriation of Remains and/or Medical Evacuation	100% up to \$50,000 lifetime maximum for both in- and out-of-network combined	
School-Sponsored Sports Injury 104 Week benefit Period; Maximum of \$5,000 per injury for both in- and out-of-network combined.	Paid as any other injury or sickness	Paid as any other injury or sickness
Spinal Manipulations	Not covered	Not covered
Transplant Services \$10,000 Lifetime Maximum	Paid as any other sickness	Paid as any other sickness
BENEFIT MAXIMUMS		
Annual Maximum Comprehensive Benefit	\$150,000	
Annual Maximum Supplemental Benefit	\$50,000	
Lifetime Maximum	Two times the Annual Maximum Comprehensive Benefit.	

Maximum Number of days, Comprehensive Benefit and Supplemental Benefit amounts indicated represent both in- and out-of-network eligible charges combined.

**Claims Administered by
Bollinger Insurance**

**Program Insured by
Monumental Life Insurance Co..**

**Healthcare Advocacy Provided by
Health Advocates**

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