

Institution of Higher Education:
 Academic Year:
 Carrier:

Coppin State University

2016-2017

Student Educational Benefit Trust
 Plan A - Prepaid SHC Plan (Excess Plan)

2016-2017

Student Educational Benefit Trust
 Plan B - International Plan

2016-2017

Student Educational Benefit Trust
 Plan C - Domestic Plan

	2016-2017 Student Educational Benefit Trust Plan A - Prepaid SHC Plan (Excess Plan)			2016-2017 Student Educational Benefit Trust Plan B - International Plan			2016-2017 Student Educational Benefit Trust Plan C - Domestic Plan		
	Group Specific Network	In-Network	Out-of-Network	Group Specific Network	In-Network	Out-of-Network	Group Specific Network	In-Network	Out-of-Network
Basis for Payments	MSU-SHC, MedStar, Labcorp,	CareFirst BCBS	U&C	MSU-SHC, MedStar, Labcorp,	CareFirst BCBS	U&C	MSU-SHC, MedStar, Labcorp,	CareFirst BCBS	U&C
Plan Type	Excess Policy			Excess Policy			Primary (Comprehensive)		
Eligible Student Population (Mandatory)	Students with other Coverage			Students without other Coverage			Students without other Coverage		
Eligible Student Population (Voluntary)	Unlimited			Unlimited			Unlimited		
Lifetime Maximum per Person	-	-	-	-	-	-	-	-	-
Combined Lifetime Maximum for MHSA	-	-	-	-	-	-	-	-	-
Annual Maximum per Year	-	\$5,000	-	-	\$175,000	-	-	Unlimited	-
Annual Deductible per Year	\$0	\$250	\$500	\$0	\$250	\$500	\$0	\$250	\$500
Deductible per Injury / Accident per Year	-	-	-	-	-	-	-	-	-
Pre-Existing Conditions	Student Health Services (Virtual Medical Office) Domestic International			Waived for all Student Waived for all Domestic Students 12/6 - Waived with Creditable Coverage			Waived for all Student Waived for all Domestic Students 12/6 - Waived with Creditable Coverage		
Individual Maximum Out of Pocket	NA	NA	NA	Individual \$6,250.00	Family \$12,500.00	Family \$12,500.00	Individual \$6,250.00	Family \$12,500.00	Family \$12,500.00
Student Health Services (Virtual Medical Office)	Student Health Services			Student Health Services			Student Health Services		
Enrolled Students - Doctor	100%	NA	NA	100%	NA	NA	100%	NA	NA
Enrolled Students - Extended Physician	100%	NA	NA	100%	NA	NA	100%	NA	NA
Enrolled Student - Nurse	100%	NA	NA	100%	NA	NA	100%	NA	NA
24/7 Telephonic MD Service (SEBT Contract)	100%	NA	NA	100%	NA	NA	100%	NA	NA
Wellness and Preventive (HCR)	100%	NA	NA	100%	NA	NA	100%	NA	NA
Lab and X-Rays	100%	Paid where specimen or xray is taken		100%	Paid where specimen or xray is taken		100%	Paid where specimen or xray is taken	
Per-existing Condition Limitations	Waived for all students and all services within SHS or VMO			Waived for all students and all services within SHS or VMO			Waived for all students and all services within SHS or VMO		
Referral Requirement	YES - To Access the Group Specific Network			YES - To Access the Group Specific Network			YES - To Access the Group Specific Network		
Pre-Certification Requirement	Yes	NA	NA	Yes	NA	NA	Yes	NA	NA
Local (Urgent Care)	100%	NA	NA	100%	NA	NA	100%	NA	NA
Inpatient									
Hospital Room and Board (HRB or BASIC)	90%			80%			60%		
Intensive Care	90%			80%			60%		
Hospital Miscellaneous Expenses (HME)	90%			80%			60%		
Hospital Based Physicians	90%			80%			60%		
Medical Emergency Expense	\$300 Copay then 90%			\$300 Copay then 80%			\$300 Copay then 60%		
Physician Hospital Visit	90%			80%			60%		
Surgical Expense	90%			80%			60%		
Anesthesia	Not Covered under this Plan - Look to Primary			90%			80%		
Assistant Surgeon	90%			80%			60%		
Registered Nurse's Services	90%			80%			60%		
Skilled Nursing	90%			80%			60%		
Transplant Services	90%			Limited: 90 Days/Benefit Period			90%		
Physiotherapy	90%			80%			60%		
Psychotherapy	90%			80%			60%		

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Outpatient									
Outpatient Limit per Year		\$1,500							
Deductible	-		-	-		-	-		-
Surgical Expense & Day Surgery Misc.	90%	80%	60%	\$150 Copay then 90%	\$150 Copay then 80%	\$150 Copay then 60%	90%	80%	60%
Outpatient Physician's Visit (OPV)	90%	80%	60%	90%	80%	60%	90%	80%	60%
Injections (OPV)	\$15 Copay with Referral	80%	60%	\$15 Copay with Referral	80%	60%	\$15 Copay with Referral	80%	60%
Urgent Care Expenses	90%	80%	60%	90%	80%	60%	90%	80%	60%
24/7 Telephonic MD - Virtual Medical Office	\$15 Copay with Referral			\$15 Copay with Referral			\$15 Copay with Referral		
Physiotherapy	100%	-	-	100%	-	-	100%	-	-
Chiropractic	90% 1-25 Visits/ 60% thereafter	80% 1-25 Visits/ 60% thereafter	60%	90% 1-25 Visits/ 60% thereafter	80% 1-25 Visits/ 60% thereafter	60%	90% 1-25 Visits/ 60% thereafter	80% 1-25 Visits/ 60% thereafter	60%
Assistant Surgeon	90%	80%	60%	90%	80%	60%	90%	80%	60%
Laboratory Expense	90%	\$10 Copayment then Coinsurance	60%	90%	\$10 Copayment then Coinsurance	60%	90%	\$10 Copayment then Coinsurance	60%
X-Ray Expense	90%	\$10 Copayment then Coinsurance	60%	90%	\$10 Copayment then Coinsurance	60%	90%	\$10 Copayment then Coinsurance	60%
Test & Procedures	90%	80%	60%	90%	80%	60%	90%	80%	60%
Injections	90%	80%	60%	90%	80%	60%	90%	80%	60%
Preventive & Wellness Benefits (HCR)	90%	80%	60%	90%	80%	60%	90%	80%	60%
OBGYN (Annual Exam)	100%	100% with referral from SHS	60%	100%	100% with referral from SHS	60%	100%	100% with referral from SHS	60%
Psychotherapy	90%	80%	60%	90%	80%	60%	90%	80%	60%
Pharmacy Benefits									
Prescription Maximum		\$350 per Year			\$1,000			Unlimited	
Pharmacy Supply Limit		31 Days or 101 Tablets			31 Days or 101 Tablets			31 Days or 101 Tablets	
Deductible									
Tier 1	SHS or WellDyne	In-Network	Out-of-Network	SHS or WellDyne	In-Network	Out-of-Network	SHS or WellDyne	In-Network	Out-of-Network
Tier 2	\$5	\$5 + 20%	\$5 + 40%	\$5	\$5 + 20%	\$5 + 40%	\$5	\$5 + 20%	\$5 + 40%
Tier 3	\$15	\$15+20%	\$15 + 40%	\$15	\$15+20%	\$15 + 40%	\$15	\$15+20%	\$15 + 40%
Contraceptives	\$30	\$30+20%	\$30 + 40%	\$30	\$30+20%	\$30 + 40%	\$30	\$30+20%	\$30 + 40%
90 Day Maintenance Supply	100%	100%	100%	100%	100%	100%	100%	100%	100%
Additional Benefits									
Deductible	-	-	-	-	-	-	-	-	-
Durable Medical Equipment	80%	80%	80%	80%	80%	80%	80%	80%	60%
Consultant Physician Fees	80%	80%	60%	80%	80%	60%	80%	80%	60%
NeedleStick Benefit		Paid As Accident			Paid As Accident			Paid As Accident	
Infertility (Counseling, Testing & Treatment)		Not Covered - Look to Primary			80% upto \$750, 60% thereafter			90% upto \$750, 60% thereafter	
Transsexualism/Gender Identity		-			80% upto \$750, 60% thereafter			90% upto \$750, 60% thereafter	
Club Sports		Paid as Accident - \$500 Max			Paid as Accident - \$500 Max			Paid as Accident - \$500 Max	
Intramural Sports		Paid as Accident - \$500 Max			Paid as Accident - \$500 Max			Paid as Accident - \$500 Max	
ICS Sports		Paid as Accident - \$2500 Max			Paid as Accident - \$2500 Max			Paid as Accident - \$2500 Max	
Treatment for TMJ		Not Covered - Look to Primary		80%	80%	60%	80%	80%	60%
Ambulance		80% upto \$750, 60% thereafter		80%	80%	80%	80%	80%	80%
Dental Treatment, injury to sound teeth only		Paid as Accident - \$250 Max			Paid as Accident			Paid as Accident	
Term Life Insurance		\$10,000			\$10,000			\$10,000	
Accidental Death & Dismemberment		\$10,000			\$10,000			\$10,000	

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International Services (Cigna Global)

Medical Evacuation /Repatriation									
Political and Natural Disaster Evacuation/Repatriation (HX-Global)					Limited to \$100,000			Limited to \$100,000	
Contract Year Medical Benefit Maximum					\$100,000			\$100,000	
Contract Year Deductible					\$250			\$250	
Out of Pocket Coinsurance Maximum					-			-	
Prescriptions Drug					80/20			80/20	
Replacement Services					80/20			80/20	
Emergency Dental (International)					80/20			80/20	
Personal Deviation		Stand Alone is Available			24/7/365			24/7/365	
Inpatient - CignaLinks					80/20			80/20	
Outpatient - CignaLinks					80/20			80/20	
Additional Services - CignaLinks					80/20			80/20	
Recertification (US)					SEBT			SEBT	
Recertification (International)					CIGNA GLOBAL			CIGNA GLOBAL	
Cigna Envoy					Included			Included	
Worldwide, Physician-Screened Practitioner Network					Included			Included	
Direct Pay					Included			Included	