

STUDENTS AT:

# Universities of the Pennsylvania State System of Higher Education

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BLOOMSBURG  
CALIFORNIA  
CLARION  
EAST STROUDSBURG  
EDINBORO  
INDIANA  
KUTZTOWN  
MANSFIELD  
MILLERSVILLE  
SHIPPENSBURG  
SLIPPERY ROCK  
WEST CHESTER

## 2014-2015 STUDENT HEALTH INSURANCE PLAN

Underwritten by:  
Nationwide Life Insurance Company  
Columbus, Ohio  
Policy Number: 302-099-3712  
Group Number: S207701

*This plan is supplemental to the services provided by your  
health service.*

Please keep this brochure as a general summary of the insurance. The Policy on file at the University contains all of the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between the brochure and Policy, the Policy will govern and control the payment of benefits. Any provision of the Policy or the brochure which is in conflict with the statutes of the state in which the Policy is issued, will be administered to conform to the requirements of the state statutes.

### ELIGIBILITY

All undergraduate students earning six (6) or more credit hours are eligible to enroll in this insurance plan. All graduate students are eligible to enroll in this insurance plan.

The Company maintains its right to investigate student status and check records to verify that the Policy eligibility requirements have been met. Home study, correspondence, Internet, and television (TV) courses do not fulfill the Eligibility requirements. If and whenever the Company discovers Policy eligibility requirements have not been met, its only obligation is refund of premium.

Students who do enroll may also insure their dependents. Eligible dependents are the spouse and children under twenty-six (26) years of age. Dependent eligibility expires concurrently with that of the insured.

### EFFECTIVE & TERMINATION DATES

The Policy on file at the school becomes effective at 12:01 A.M., on the following dates:

- August 9, 2014 – August 8, 2015 for Annual Plan;
- August 9, 2014 – December 31, 2014 for Fall Plan;
- January 1, 2015 – August 8, 2015 for Spring/Summer Plan;
- May 3, 2015 – August 8, 2015 for Summer Plan.

Coverage becomes effective that date or the date application and full premium are received by the Company (or its authorized representative), whichever is later. The Policy terminates at 11:59 p.m., August 8, 2015. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is sooner. Refunds of premiums are allowed only upon entry into armed forces. **If paying premiums by semester, coverage expires for Fall Plan on December 31, 2014.**

You must meet the eligibility requirements listed above each time you pay a premium to continue insurance coverage. No

renewal notices will be sent for periods less than annual. Returning Students, to avoid a lapse in coverage, your premium must be received within fourteen (14) days after the premium expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

If You are eligible for coverage and wish to enroll in this Insurance Program outside of these enrollment opportunities, You must present documentation from Your former insurance company that it is no longer providing You with personal Accident and Sickness insurance coverage. Your Effective Date of coverage under this Insurance Program will be the date that Your former insurance expired, but only if You make the request for coverage within thirty-one (31) days from the date that Your previous plan expired. Otherwise, the Effective Date of coverage will be the first (1<sup>st</sup>) of the month following Our receipt of Your written request for coverage. The appropriate premium must accompany Your application for coverage.

### EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the termination date. However, if an Insured is hospital confined on the termination date from a covered Injury or Sickness for which benefits were paid before the termination date, covered medical expenses for such Injury or Sickness will continue to be paid as long as the confinement continues but not to exceed twelve (12) months after the termination date.

The total payments made in respect of the Insured for such condition both before and after the termination date will never exceed the maximum benefit. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstance will further payments be made.

Dependents that are newly acquired during the Insured Student's Extension of Benefits period are not eligible for Benefits under the provision.

### ENROLLMENT DEADLINE

Returning students, to avoid a lapse in coverage, your premium must be received within fourteen (14) days after the premium expiration date.

The final deadline to enroll for the Annual and/or Fall only Plan is **September 21, 2014**. We will accept enrollment forms after this date as long as the envelope is **postmarked** by September 21, 2014. The deadline to enroll for the Spring/Summer Plan is **January 20, 2015** and **June 1, 2015** for the Summer only Plan.

**No renewal notices will be sent for periods less than annual.** It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage. Applications received after these applicable dates will be returned.

**MANDATED BENEFITS**

The following benefits are mandated in the state of Pennsylvania. They will be included in all plans issued under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and co-insurance conditions of the Policy as well as all other terms and conditions applicable to any other covered sickness.

Mandated benefits as required by the state in which the Policy is issued include: Alcohol Abuse and Dependency; Inpatient Detoxification; Childhood Immunizations; Coverage for Cost of Nutritional Supplements/Medical Foods; Women's Preventive Services; Licensed Certified Nurse Midwife; Mammography; Mastectomy and Breast Cancer Reconstruction; Diabetes Equipment, Supplies and Services; Cancer Chemotherapy and Hormone Therapy; and Severe Mental Illness.

**See the Policy on file with the school for further details on these benefits.**

**Note:** Wellness/preventive benefits under the Affordable Care Act (ACA) are required to meet federal regulations. Under ACA, states retain the ability to mandate benefits beyond those established by the federal mandate. Please see the Schedule of Benefits for coverage details.

**ACCIDENTAL DEATH DISMEMBERMENT BENEFITS**

Loss of Life, Limb or Sight

If such Injury shall independently of all other causes solely result within 365 days in any one (1) of the following specific losses, the Company will pay the applicable amount below in addition to payment under the "Medical Expense Benefits".

For Loss Of:

|                         |         |
|-------------------------|---------|
| Life                    | \$5,000 |
| Two (2) or More Members | \$1,000 |
| One (1) Member          | \$ 500  |

Member means hand, arm, foot, leg or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes entire irrecoverable loss of sight. Only one (1) specific loss (the greater) resulting from any one (1) Injury will be paid.

**NEWBORN INFANT COVERAGE**

Newborn infants will be covered under the Policy for the first thirty-one (31) days after birth. Coverage for such a child will be for Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child's parent. The Insured will have the right to continue such coverage for the child beyond the first thirty-one (31) days. To continue the coverage the Insured must, within thirty-one (31) days after the child's birth: 1) apply to us; and 2) pay the additional premium for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first thirty-one (31) days after the child's birth.

**MEDICAL EVACUATION BENEFIT**

If the Insured cannot continue his academic program because he sustains an Accidental Injury or Emergency Sickness while Insured under the Policy or if a Covered Dependent sustains an Accidental Injury or Emergency Sickness and is more than a 100 mile radius from his current place of primary residence or outside of his Home Country, We will pay for the actual charge Incurred for an emergency medical evacuation of the Covered Person to or back to the Insured's home state, country, or country of regular domicile subject to the Coinsurance, Deductible, Copayment, as stated in the Schedule of Benefits, and the Exclusions and Limitations provisions. No payment will be made under this provision unless the evacuation follows a Hospital Confinement of at least five (5) consecutive days. Before We make any payment, We require written certification by the Attending Physician that the evacuation is necessary. Any expense for medical evacuation requires Our prior approval and coordination. For international students, once evacuation is made outside the country, Coverage terminates. This Benefit does not include the transportation expense of anyone accompanying the Covered Person or visitation expenses.

**REPATRIATION OF REMAINS BENEFIT**

If the Covered Person dies while Insured under the Policy and is more than 100 miles from his permanent residence or outside of his Home Country, We will pay for the actual charge incurred for embalming, and/or cremation and returning the body to his place of permanent residence in his home state, country or country of regular domicile, up to the benefit amount shown in the Schedule of Benefits, subject to the Coinsurance, Deductible, Copayment, as stated in the Schedule of Benefits, the maximum Benefit limit shown above, and the Exclusions and

Limitations provisions. Expenses for repatriation of remains require the Policyholder's and Our prior approval. If You are a United States citizen, Your Home Country is the United States. This Benefit does not include the transportation expense of anyone accompanying the body, visitation or lodging expenses or funeral expenses.

**EMERGENCY MEDICAL AND TRAVEL ASSISTANCE**

FrontierMEDEX ACCESS services is a comprehensive program providing You with 24/7 emergency medical and travel assistance services including emergency security or political evacuation, repatriation services and other travel assistance services when you are outside Your home country or 100 or more miles away from your permanent residence. FrontierMEDEX is your key to travel security.

**For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867.**

If you have a medical, security, or travel problem, simply call FrontierMEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 1-800-527-0218 or if you are in a foreign country, call collect at: 1-410-453-6330.

**If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center. FrontierMEDEX will then take the appropriate action to assist You and monitor Your care until the situation is resolved.**

**DEFINITIONS**

**ACCIDENT** means a sudden, unforeseeable, external event, which results in an Injury.

**COPAYMENT** means separate charge for certain Covered Medical Expenses, which is paid by the Insured Person.

**COVERED CHARGE** means the Reasonable and Customary charge incurred for a service or supply, which is performed or given under the direction of a Physician for the medically necessary treatment of a Sickness or Injury. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

**Essential Health Benefits:** Has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services, and includes the following categories of Covered Services: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care (in accordance with the applicable state or federal benchmark plan).

**INJURY** means bodily injury due to an accident, which results directly and independently of disease, bodily infirmity or any other causes. All injuries sustained in any one (1) accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury.

**MEDICAL EMERGENCY** means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in: 1) Death; 2) Placement of the Insured's health in jeopardy; 3) Serious impairment of bodily functions; 4) Serious dysfunction of any body organ or part; or 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

**OUT-OF-POCKET MAXIMUM:** The most You pay during a Policy Year before Your Coverage begins to pay 100%. This limit will never include Premium, balance-billed charges or health care Your Policy does not cover. Your Out-of-Network payments or other expenses do not count toward this limit.

**PHYSICIAN** means a legally qualified person licensed in the healing arts and practicing within the scope of his or her license and is not a family member.

**REASONABLE AND CUSTOMARY CHARGES** means a reasonable charge, which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under the Policy for any expenses incurred which, according to Fair Health, Inc., are in excess of Reasonable and Customary Charges.

**SICKNESS** means an illness, disease, and complications of pregnancy which begin after the effective date of an Insured Person's coverage. All related conditions and recurrent

symptoms of the same or similar condition would be considered the same sickness.

#### EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Treatment, services or supplies which: are not medically necessary (except as provided for wellness and preventive exams); are not prescribed by a Physician as necessary to treat an Sickness or Injury; are determined to be experimental/investigational in nature; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any Family Member.
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
3. Injury or Sickness for which benefits are covered under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation.
4. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying Passenger in an aircraft operated by a commercial scheduled airline.
5. Expenses incurred as a result of committing or attempting to commit a felony or participating in a riot or insurrection.
6. Any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.
7. Gynecomastia; breast implants or breast reduction; sexual reassignment surgery; alopecia; hair growth or removal. Expenses in connection with cosmetic treatment or cosmetic surgery, except as a result of Injury that occurred while covered under the Policy or congenital disease or anomaly of a newborn child.
8. Nonmalignant warts, moles and lesions unless Medically Necessary; surgery and/or treatment for acne; corns, calluses and bunions;
9. Acupuncture; biofeedback-type services; sleep disorders, including supplies, treatment and testing thereof.
10. Skeletal irregularities of one (1) or both jaws, including orthognathia and mandibular retrognathia, temporomandibular joint dysfunction. Expenses incurred as a result of dental treatment, except as specifically stated.
11. Patient controlled analgesia (PCA).

12. Eyeglasses, contact lenses, hearing aids and examination for the prescription or fitting thereof, except as specifically provided.
13. Premarital examinations; circumcision; vasectomy; fertility tests; impotence, organic or otherwise. Reproductive services including but not limited to: infertility (male and female), including any service or supplies rendered for the purpose or with the intent of inducing conception.
14. Expenses due to skydiving, recreational parachuting, hang gliding, glider flying, parasailing, sail planning, or bungee jumping.
15. Injury sustained while: participating in any intercollegiate or club sport, contest or competition; traveling to or from such sport, contest or competition as a participant; or while participating in any practice or conditioning program for such sport, contest or competition, except as specifically stated.
16. Services provided normally without charge by the Student Health services of the Policyholder.
17. Injuries sustained as a result of intentional/unintentional self-inflicted Injury or any attempt at intentional/unintentional self-inflicted Injury.
18. Treatment in a governmental Hospital, unless there is a legal obligation for the Insured to pay for such treatment.
19. Nasal and sinus surgery.
20. Expenses for which mandatory automobile no-fault benefits are recovered or recoverable.
21. Obesity treatment: Services and associated expenses for the treatment of obesity, except nutrition counseling specifically provided in the Policy, and any resulting complications, consequences and after effects of treatment that involves surgery and any other associated expenses, including, but not limited to:
  - Gastric or intestinal bypasses;
  - Gastric balloons;
  - Stomach stapling;
  - Wiring of the jaw;
  - Panniculectomy;
  - Appetite suppressants;
  - Surgery for removal of excess skin or fat.
22. Custodial Care; Care provided in a: rest home, home for the aged, halfway house health resort, college infirmary, or any similar facility for domiciliary or Custodial Care, or that provides twenty-four (24) hour non- medical

23. residential care or day care (except as provided for Hospice care).
24. Treatment received in the Covered Person's Home Country outside of the United States of America, except when Medically Necessary for an Emergency Confinement in a Hospital or as specified herein.
25. Services of a Private Duty Nurse.
26. Nutrition counseling services (except as specifically provided in the Policy), including services by a Physician for general nutrition, weight increase or reduction services, except as specifically provided in the Policy; general fitness, exercise programs, health club memberships and weight management programs; exercise machinery or equipment, including but not limited to treadmill, stair steps, trampolines, weights, sports equipment, support braces used primarily for use during any sport or in the course of employment, any equipment obtainable without a Physician's prescription.

#### **INTERCOLLEGIATE SPORTS**

If Injury, occurring while this Policy is in-force and requiring medical treatment within sixty (60) days of the date of Injury, payment will be made for Reasonable and Customary Charges as scheduled below actually incurred within fifty-two (52) weeks from the date of Injury. The first \$2,500 of expenses will be covered at 100%. Expenses for intercollegiate injuries in excess of \$2,500 may be covered under a separate Policy purchased by the University. Accident expenses for Injury to a tooth (teeth) are limited to a maximum benefit of \$1,000. In addition, expenses for intercollegiate sports Injury in excess of \$100 are covered only to the extent expenses are not covered by other valid and collectible insurance.

#### **CLAIM PROCEDURE**

In the event of Injury or Sickness, the Insured should, if possible:

1. Seek treatment from the Student Health Center. A referral is not necessary.  
**Note:** The services provided by the Student Health Center are not in any way connected with or underwritten by Nationwide Life Insurance Company.
2. Mail to the address below all medical and hospital bills along with the patient's name, insured student's name, address, member ID number and name of the University under which the student is insured.

3. File claim within ninety (90) days of Injury or first treatment for a Sickness. Bills should be received by the Company within ninety (90) days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

**Itemized medical bills should be mailed promptly to Cigna at the address listed.**

**SUBMIT ALL CLAIMS TO:**

**Cigna**  
1000 Great West Drive  
Kennett, MO 63857-3749  
Electronic Payor ID: 62308

Direct all questions regarding benefits available under the Plan, claim procedures, status of a submitted claim or payment of a claim to Consolidated Health Plans.

**CLAIMS ADMINISTRATOR:**

**Consolidated Health Plans**  
2077 Roosevelt Ave  
Springfield, MA 01104  
Local: (413) 733-4540  
or  
Out of area: (800) 633-7867  
[www.chpstudent.com](http://www.chpstudent.com)



Your out-of-pocket costs may be lower when you utilize Cigna PPO Providers. For a listing of Cigna PPO Providers, go to [www.cigna.com](http://www.cigna.com) or contact Consolidated Health Plans at (413) 773-4540, toll-free at (800) 633-7867, or [www.chpstudent.com](http://www.chpstudent.com) for assistance.

**THIS PLAN IS UNDERWRITTEN BY:**

Nationwide Life Insurance Company  
Columbus, Ohio  
**Policy Number: 302-099-3712**  
**Group Number: S207701**

**Customer Service, verification of benefits, claim correspondence, and ID card requests should be directed to:**

**Claims Administrator:**  
**CONSOLIDATED HEALTH PLANS**  
2077 Roosevelt Avenue  
Springfield, MA 01104  
(413) 733-4540 or  
Toll Free (800) 633-7867  
[www.chpstudent.com](http://www.chpstudent.com)

For a copy of the Company's privacy notice, go to:  
[www.consolidatedhealthplan.com/about/hipaa](http://www.consolidatedhealthplan.com/about/hipaa)

**To Locate Preferred Providers please visit:**  
[www.Cigna.com](http://www.Cigna.com)

**NURSE HOTLINE FOR STUDENTS**  
For quick, sound medical advice from specially trained Nurses  
24 hours a day, 365 days per year  
**Call toll free at 800-557-0309**

**VISION DISCOUNT PROGRAM**  
For Vision Discount Benefits please go to:  
[www.chpstudent.com](http://www.chpstudent.com)

**Universities of the Pennsylvania State System - 2014-2015 SCHEDULE OF BENEFITS**

|   | In-Network   | Out-of-Network  |
|---|--|---|
| <b>Policy Year Maximum Benefit</b> (includes Medical Evacuation & Repatriation)   | <b>Unlimited</b>   |   |
| <b>Deductible per Covered Person</b>  | \$1,400  | \$2,800   |
| <b>Out-of-Pocket Maximum</b> (includes Coinsurance and Copayments; does not include non-covered medical expenses or elective treatment)   | \$6,350 Individual<br>\$12,700 Family  | No Maximum  |
| <b>Coinsurance</b> (after deductible)   | 80% of Preferred Allowance (PA)  | 60% of Reasonable & Customary (R&C)                               |
| Preventive/Wellness & Immunization Services   | 100% of PA<br>(deductible does not apply)  | 60% of R&C  |
| <b>Outpatient Services</b> (other than Surgery, Maternity, Mental Health/Drug or Alcohol)   |  |   |
| Office Visits (includes Specialists), benefits are limited to one (1) visit per day and do not apply when related to surgery or physiotherapy.  | 100% of PA after a \$35 copay  | 60% of R&C  |
| Diagnostic Imaging, X-ray and Laboratory Services   | 80% of PA  | 60% of R&C  |
| Consultants   | 80% of PA  | 60% of R&C  |
| <b>Inpatient Services</b> – (other than Surgery, Maternity, Mental Health/Drug or Alcohol, except as specified)   |  |   |
| Miscellaneous Hospital Services   | 80% of PA  | 60% of R&C  |
| Room and Board expense, at the semi-private room, general nursing care, and ICU   | 80% of PA  | 60% of R&C  |
| Physician visits (includes Specialists/Consultants), benefits are limited to one (1) visit per day and do not apply when related to surgery.  | 80% of PA  | 60% of R&C  |
| Skilled Nursing and Sub-Acute Care Facilities   | 80% of PA  | 60% of R&C  |
| <b>Surgical Services (Inpatient &amp; Outpatient)</b> –When multiple surgeries are performed through the same incision at the same operative session, We will pay an amount not to exceed the Benefit for the most expensive procedure being performed.   |  |   |
| Surgeon's Fee   | 80% of PA  | 60% of R&C  |
| Assistant Surgeon   | 80% of PA  | 60% of R&C  |
| Anesthetist Services  | 80% of PA  | 60% of R&C  |
| Hospital Miscellaneous includes supplies, drugs, facility fee, and miscellaneous items used in association with the surgical event.   | 80% of PA  | 60% of R&C  |
| Organ transplants   | 80% of PA  | 60% of R&C  |
| General Anesthesia for Dental Services  | 80% of PA  | 60% of R&C  |
| Reconstructive Surgery  | 80% of PA  | 60% of R&C  |
| <b>Maternity Care</b> – Includes forty-eight (48) hours of Inpatient care following a normal delivery and ninety-six (96) hours of Inpatient care following a cesarean delivery, unless after conferring with the mother or a person responsible for the mother or newborn, the Attending Physician or a certified nurse-midwife who consults with a Physician, decides to discharge the mother or newborn child sooner. In the event of early discharge, Home Health Care visits will be provided. |  |   |
| Maternity care and pre and post-natal services  | Paid the same as any other Sickness  |   |
| <b>Mental Conditions &amp; Substance Abuse</b>  |  |   |
| Inpatient Services  | Paid the same as any other Sickness  |   |
| Outpatient Office Visits  | Paid the same as any other Sickness  |   |
| <b>Urgent Care and Emergency Services</b>   |  |   |
| Urgent Care   | 80% of PA after a \$75 copay per visit   | 60% of R&C  |
| Emergency services. Use of the emergency room and supplies.<br>In-Network Deductible and Out-of-Pocket Maximum apply to Out-of-Network benefits   | 100% of PA after a \$150 copay per visit<br>(waived if admitted)   | 100% of R&C after a \$150 copay per visit<br>(waived if admitted) |
| Emergency Medical Transportation services   | 80% of PA  | 60% of R&C  |
| <b>Other Services</b>   |  |   |
| Allergy Services (testing/injections/treatment)   | 80% of PA  | 60% of R&C  |
| Rehabilitative therapy – including Physical, Speech, and Occupational   | 80% of PA  | 60% of R&C  |
| Chiropractic  | 80% of PA  | 60% of R&C  |
| Home Health Care  | 80% of PA  | 60% of R&C  |
| Hospice   | 80% of PA  | 60% of R&C  |
| Diabetic treatment and Education  | Paid the same as any other Sickness  |   |
| Durable Medical Equipment (DME) – includes Prosthetic and Orthotic Devices  | 80% of PA  | 60% of R&C  |
| Routine Vision Exam for Covered Persons under nineteen (19) – limited to one (1) exam/fitting per Policy Year. Includes prescription eye glasses (lenses & frames), limited to once per Policy Year.  | 100% of R&C up to \$150, 50% thereafter.   |   |
| Elective Abortion   | 80% of PA up to \$100  | 60% of R&C up to \$100  |
| Prescription Drug Expense <ul style="list-style-type: none"> <li>• Only a thirty (30) day supply can be dispensed at any time</li> <li>• One (1) copayment per thirty (30) day supply</li> <li>• Copayments apply to the out-of-pocket maximum</li> <li>• Prescriptions must be filled at an "Express Scripts" participating pharmacy.</li> <li>• Per Policy year deductible does not apply.</li> </ul>   | <ul style="list-style-type: none"> <li>• \$0 Co-pay for generic contraceptives and wellness prescriptions; or</li> <li>• \$10 Co-pay for other generic prescriptions; or</li> <li>• \$45 Co-pay for any brand name prescription; or</li> <li>• \$60 Co-pay for any non-preferred brand name drugs</li> </ul> |   |
| ICS Sports  | 100% up to \$2,500   |   |
| Club sports   | 100% up to \$1,000   |   |