

STUDENTS AT:

# Universities of the Pennsylvania State System of Higher Education

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

## STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN 2009-2010

Nationwide Life Insurance Company  
Columbus, Ohio  
Policy Number: 302-099-3707

*This plan is supplemental to the services provided by your health service. Referrals from your health service are required for all non-emergency care.*

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.

### 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.

Students must actively attend classes for at least the first thirty-one (31) days after the date for which coverage is purchased. The Company maintains its right to investigate student status and check records to verify that the Policy eligibility requirements have been met. 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 unmarried children under nineteen (19) years of age who are not self-supporting. 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, 2009 – August 8, 2010 for Annual Plan;
- August 9, 2009 - December 31, 2009 for Fall Plan;
- January 1, 2010 – August 8, 2010 for Spring/Summer Plan;
- May 3, 2010 – August 8, 2010 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 12:01 a.m., August 8, 2010. 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, 2009.**

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. 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.

### EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the termination date. However, if an Insured is hospitalized or 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 condition 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.

### 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 for Annual and Fall enrollment in this insurance plan is **September 21, 2009**, we will accept enrollment after that date as long as the envelope is **postmarked** by September 21, 2009. The other deadlines are as follows: **January 20, 2010** for the Spring/Summer Plan and **June 1, 2010** for the Summer 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.

### WOMEN'S PREVENTIVE HEALTH SERVICES BENEFITS

Benefits will be provided on the same basis as any other Sickness for: 1) an annual gynecological examination, including a pelvic examination and clinical breast examination; and 2) routine pap smears in accordance with the recommendations of the American College of Obstetricians and Gynecologists. Such benefits are exclusive of any Deductible or dollar limitation requirements of this Policy.

### MATERNITY TESTING

The following maternity routine tests and screening exams will be considered, if all other Policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Blood Typing ABO, H Blood Antibody Screen, Urinalysis, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One (1) ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes medical necessity. Additionally, the following tests will be considered for women over thirty-five (35) years of age: AFP Blood Screening; Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable only for a diagnosis which adversely affects the health of the mother. Prenatal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at (800) 633-7867.

## MATERNITY BENEFIT

Benefits will be paid for normal pregnancy and normal childbirth as for any other Sickness. The maternity benefit includes inpatient care for the mother and child for up to forty-eight (48) hours following normal vaginal delivery and ninety-six (96) hours following delivery by cesarean section. If the attending doctor determines that mother and newborn meet medical criteria for an earlier discharge, one (1) post-partum home health care visit shall be provided within forty-eight (48) hours after an early discharge. The post-partum home health care visit shall not be subject to a copayment, coinsurance or deductible, if any. Benefits will be paid for services performed by and facilities used by licensed certified nurse midwives. If the Insured Person's insurance should expire, the Policy will pay under this benefit providing conception occurred while the Policy was in force.

## 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.

## MAMMOGRAPHIC EXAMINATION BENEFIT

Benefits will be paid as for any other Sickness for mammographic examinations as follows: 1) every year for women forty (40) years of age or older; and 2) any mammogram based on a physician's recommendation for women under forty (40) years of age.

## CHILDHOOD IMMUNIZATIONS

Benefits will be provided for the Reasonable and Customary Charges incurred for those childhood immunizations, including the immunizing agents, which, as determined by the Department of Health, conform with the standards of the (Advisory Committee on Immunization Practices of the Center for Disease Control) U.S. Department of Health and Human Services. Such benefits are exclusive of any deductible or dollar limitation requirements of the Policy.

## MEDICAL FOODS

Cost of nutritional supplements for the therapeutic treatment of phenylketonuria, branched chain ketonuria, galactosemia and homocystinuria. This benefit is exempt from the deductible, if any; and the management and treatment of diabetes to include equipment, supplies and outpatient self-management training and education, including medical nutrition therapy.

## 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.

## MEDICAL EVACUATION BENEFIT \$10,000 MAXIMUM BENEFIT

When hospital confined for at least five (5) consecutive days, and recommended and approved by the attending physician, benefits will be paid up to \$10,000 for the evacuation of the Insured to the natural country. This benefit is limited to the Maximum Benefits specified above.

## REPATRIATION BENEFIT \$7,500 Maximum Benefit

If You die while insured under the Policy, benefits will be paid up to \$7,500 for preparing and transporting Your remains to Your home country. This benefit is limited to the Maximum Benefit specified above. No additional benefits will be paid under Basic or Major Medical coverage for Repatriation.

## EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

MEDEX Assistance Corporation provides you with a comprehensive program with 24/7 emergency medical assistance including emergency evacuation and repatriation and other travel assistance services when you are 100 or more miles away from home. Your MEDEX identification card is your key to travel security.

For general inquiries regarding your international assistance coverage, please call Consolidated Health Plans at 800-633-7867.

If you have a medical or travel problem, simply call MEDEX 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: 800-527-0218 or if you are in a foreign country, call collect at: 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.

## MENTAL OR NERVOUS DISORDER BENEFIT

While hospital confined, benefits will be paid as for any other Sickness not to exceed \$2,500 including benefits paid for treatment on an outpatient basis.

All covered medical expenses incurred as a result of Mental or Nervous Disorder are subject to the above stated maximums: if otherwise provided under the Policy, this includes items such as diagnostic testing. No other benefits are provided for psychotherapy. Treatment of Mental or Nervous Disorder must be administered by an M.D. or licensed Psychologist. Ph.D.

## ENHANCED SUPPLEMENTAL EXPENSE BENEFIT

An Enhanced Supplemental Expense Benefit is available under the plan for an additional premium, subject to the enrollment conditions shown below.

When this optional benefit is purchased, payment will be made for 90% of Covered Medical Expenses incurred for an Injury or Sickness while insured and *in excess* of \$50,000 for any one (1) Injury or Sickness, up to an additional Maximum Benefit of \$150,000 payable under this benefit. Covered Medical Expenses are those expenses for physicians and surgeons, hospital confinement, X-Rays, laboratory tests, nurses, casts, surgical dressings, use of an ambulance and other Reasonable and Customary Charges incurred for the care and treatment of Injury or Sickness, subject to the section Exclusions. This optional benefit begins on the date the Basic Benefits begin, or the date premium is received, if later, and ends on the date the Basic Benefits end. The general terms and conditions of the Policy will apply to this optional benefit.

Only students insured for the Basic Benefits may purchase this optional benefit. **Purchase must be at the same time as initial enrollment for the Standard Benefits.**

## 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.

**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.

**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 INGENIX, are in excess of Reasonable and Customary Charges.

**SICKNESS** means an illness, disease, and complications of pregnancy which begin after the effective date of a covered 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; 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. Any supply not specifically listed as a Covered Charge.
6. Expenses incurred as a result of committing or attempting to commit a felony or participating in a riot or insurrection.
7. 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.
8. Gynecomastia; breast implants or breast reduction; sexual reassignment surgery; alopecia; hair growth or removal; obesity and any condition resulting there from (including hernia of any kind); weight reduction. 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.
9. Nonmalignant warts, moles and lesions unless Medically Necessary; surgery and/or treatment for acne; allergy, including allergy testing; corns, calluses and bunions; acupuncture; biofeedback-type services; learning disabilities; 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. Expenses for preventative medicines, serums or vaccines, except where required for the treatment of Injury.
13. Eyeglasses, contact lenses, hearing aids and examination for the prescription or fitting thereof.
14. Premarital examinations; circumcision; family planning; tubal ligation; vasectomy; fertility tests; impotence, organic or otherwise. Reproductive services including but not limited to: birth control; and infertility (male and female), including any

service or supplies rendered for the purpose or with the intent of inducing conception.

15. Experimental organ transplants.
16. Expenses due to skydiving, recreational parachuting, hang gliding, glider flying, parasailing, sail planning, or bungee jumping.
17. 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.
18. Services provided normally without charge by the Student Health services of the Policyholder.
19. Suicide or attempted suicide while sane or insane; intentionally self-inflicted Injury, except as specifically stated.
20. Treatment in a governmental Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
21. Routine physical examinations and routine testing; preventative testing or treatment; and screening exams or testing in the absence of Injury or Sickness, except as specifically provided.
22. Prescription Drugs.
23. Nasal and sinus surgery.
24. Expenses for which mandatory automobile no-fault benefits are recovered or recoverable.
25. Services and supplies related to nicotine addiction.

## 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% co-insurance. 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**

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In the event of Injury or Sickness, the student should:

1. Report at once to the Student Health Center or Infirmary for treatment or referral. A referral is not necessary for emergency care. If the health center is closed during holiday/break periods or if you are fifty (50) miles away from campus, a referral is not needed. A referral is not needed for maternity care or care for children. A referral is not needed for Injury incurred during intercollegiate athletic sport events/training (athletes only).
2. **A COMPANY CLAIM FORM IS REQUIRED FOR FILING A CLAIM.** Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, member ID number and name of the University under which the student is insured and a completed claim form. Claim forms are available at Student Health Center or on the web at [www.chpstudent.com](http://www.chpstudent.com).
3. Notification of Injury or Sickness must be provided to the Company within ninety (90) days after the date of accident or commencement of Sickness. Written proof of loss must be furnished to the Company at its said office within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to furnish proof. In no event except in the absence of legal capacity shall written proofs of loss be furnished later than one (1) year from the time proof is otherwise required.

### **THIS PLAN IS UNDERWRITTEN BY:**

Nationwide Life Insurance Company;  
Columbus, Ohio  
**Policy Number: 302-099-3707**

### **SUBMIT ALL CLAIMS OR INQUIRIES TO:**

Consolidated Health Plans  
2077 Roosevelt Avenue  
Springfield, MA 01104  
(800) 633-7867

For a copy of the Company's privacy notice, go to:

[www.chpstudent.com](http://www.chpstudent.com)

**To Locate Preferred Providers: [www.igs-PPO.com](http://www.igs-PPO.com)  
or call 800-537-9389**

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.

**2009-2010 SUMMARY OF BASIC INSURANCE BENEFITS**

FOR EACH INJURY OR SICKNESS COVERAGE IS PROVIDED UP TO \$2,500 BASIC BENEFIT AS SPECIFIED BELOW.

MAJOR MEDICAL BENEFITS ARE PROVIDED UP TO \$50,000 FOR COVERED INJURY & SICKNESS AS SPECIFIED BELOW.

This Policy provides benefits for the Reasonable and Customary Charges incurred by a Covered Person for loss due to a covered Injury or Sickness up to the Maximum benefit of \$50,000. Benefits will be paid up to the Maximum Benefit for each service as specified in the following schedule.

**Injury** Expenses are paid to Plan Maximum; 80% Preferred Provider, \$500 OOP Max, 60% Non-Preferred Providers, \$500 OOP Max

Collegiate Sports Injuries covered to a \$2,500 Maximum, Club Sports Injuries covered to a \$1,000 Maximum.

Health Services Referrals are required before seeking non emergency care.

**Sickness Expenses**

	<b>In Network (Intergroup, PPO)</b>	<b>Out-of-Network</b>
<b>Inpatient Services</b>		
<b>Hospital Room and Board:</b> Daily semi-private room rate; and general nursing care provided by the Hospital	80% up to \$2,500	60% of Reasonable & Customary Charges up to \$2,500
<b>Hospital Miscellaneous Expense</b> (except lab and x-rays):	80% up to \$2,500	60% of Reasonable & Customary Charges up to \$2,500
<b>Surgeon's Fees:</b> No more than one (1) surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession	80% up to \$5,000	60% of Reasonable & Customary up to \$5,000
<b>Anesthetist:</b>	25% of Surgery Allowance	15% of Surgery Allowance
<b>Inpatient Physician Visits:</b> Benefits are limited to one (1) visit per day and do not apply when related to surgery.	80%	60% of Reasonable & Customary Charges
<b>Outpatient Services</b>		
<b>Surgeon's Fees:</b> No more than one (1) surgical procedure will be covered when multiple procedures are performed through the same incision or an immediate succession	80% up to \$2,500	60% of Reasonable & Customary Charges up to \$2,500
<b>Anesthetist:</b>	25% of Surgery Allowance	15% of Surgery Allowance
<b>Outpatient Miscellaneous Benefit:</b> Including Chemotherapy, and Radiation Therapy, and other benefits designated as Paid under Outpatient Miscellaneous.	80% to a \$2,000 maximum	60% of Reasonable & Customary Charges to a \$2,000 maximum
<b>Day Surgery Miscellaneous:</b> Related to scheduled surgery performed in a Hospital, including the cost of the operating room; including professional fees; anesthesia; drugs or medicines; and supplies. Reasonable and Customary Charges for Day Surgery are based on the Outpatient Surgical Facility Charge Index.	Paid Under Outpatient Miscellaneous	Paid Under Outpatient Miscellaneous
<b>Physician Visits:</b> Benefits are limited to one (1) visit per day. Benefits for Physician's visits do not apply when related to surgery or Physiotherapy.	\$20 Office Visit Copay	60% of Reasonable & Customary Charges
<b>Physiotherapy:</b> Benefits are limited to one (1) visit per day.	Paid Under Outpatient Miscellaneous	Paid Under Outpatient Miscellaneous
<b>Mental/Nervous Disorders:</b> Benefits are limited to one (1) visit per day. Referral services from Student Health Service or Student Counseling Center, Limited to \$150 per policy year	80% Paid as any other sickness, limited to \$2,500 (Inpatient and Outpatient Combined)	60% Paid as any other sickness, limited to \$2,500
<b>Medical Emergency Expenses:</b> Use of the emergency room and supplies. Payable only for visits that do not result in Hospital Confinement.	\$100 Emergency Room Visit Copay , up to \$1,500	60% of Reasonable & Customary Charges, up to \$1,500
<b>Tests and Procedures:</b> diagnostic services and medical procedures (other than Physician's Visits, Physiotherapy, X-Rays, and lab procedures performed by a physician.	Paid Under Outpatient Miscellaneous	Paid Under Outpatient Miscellaneous
<b>CAT Scan/MRI:</b>	Paid Under Outpatient Miscellaneous	Paid Under Outpatient Miscellaneous
<b>Injections:</b> When administered in the Physician's office and charged on the Physician's statement.	Paid Under Outpatient Miscellaneous	Paid Under Outpatient Miscellaneous
<b>Other Benefits</b>		
<b>Lab and X-ray-Inpatient &amp; Outpatient Combined</b>	80% of Reasonable & Customary up to \$1,500	60% of Reasonable & Customary up to \$1,500
<b>Ambulance Service:</b>	80% up to \$250 maximum	60% of Reasonable & Customary Charges/ \$250 maximum
<b>Consultant Physician:</b> When requested and approved by the attending Physician/Provider.	80%	60% of Reasonable & Customary Charges
<b>Braces and Appliances:</b> A written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered.	Paid Under Outpatient Miscellaneous	Paid Under Outpatient Miscellaneous
<b>Normal Pregnancy, Complications of Pregnancy &amp; childbirth:</b>	Paid the same as any other sickness. Subject to the inpatient and outpatient limitations listed above	Paid the same as any other sickness. Subject to the inpatient and outpatient limits listed above
<b>Drug &amp; Alcohol Abuse:</b> Inpatient detox, up to 7 days per admission, limited to 4 admissions per lifetime; non-hospital residential, up to 30 days per Policy year, limited to 90 days per lifetime; outpatient, up to 30 days per Policy year. Payable same as Sickness in the first course or instance of treatment. Additional courses of treatment payable at 50%.	<b>Inpatient:</b> 1st course of treatment Hospital Room and Board - 80% up to \$2,500 Hospital Miscellaneous - 80% up to \$2,500 <b>Outpatient:</b> 80% up to \$2,000 (paid under the outpatient miscellaneous)	<b>Inpatient:</b> 1st course of treatment Hospital Room and Board - 60% up to \$2,500 Hospital Miscellaneous - 60% up to \$2,500 <b>Outpatient:</b> 60% up to \$2,000 (paid under the outpatient miscellaneous)
<b>Mandated Child Immunizations:</b>	80%	60% of Reasonable & Customary Charges
<b>Elective Abortion:</b>	Paid Under Outpatient Miscellaneous	Paid Under Outpatient Miscellaneous
<b>Medical Evacuation</b>		\$10,000
<b>Repatriation</b>		\$7,500