

2018 VOLUNTARY STUDENT ACCIDENT MEDICAL PLANS SCHEDULE OF BENEFITS

Voluntary Plans	Standard	Economy	Budget
Medical Maximum	\$25,000	\$25,000	\$25,000
Deductible	\$0	\$0	\$0
Coverage	Full Excess	Full Excess	Full Excess
Benefit Period	1 Year	1 Year	1 Year
Loss Period	60 days	60 days	60 days
Inpatient			
Room & Board	100% U&C	100% U&C	\$200 per day
Intensive Care	100% U&C	100% U&C	\$400 per day
Hospital Miscellaneous	\$1,200 per day	\$900 per day	\$500 per day
Surgery	80% U&C / \$3,000 Maximum	80% U&C / \$2,500 Maximum	80% U&C / \$1,000 Maximum
Assistant Surgeon	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance
Anesthetist	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance
Registered Nurse	100% U&C	100% U&C	80% U&C
Physician Visits	\$50 per day	\$40 per day	\$25 per day
Outpatient			
Surgery	80% U&C / \$3,000 Maximum	80% U&C / \$2,000 Maximum	80% U&C / \$1,000 Maximum
Day Surgery Miscellaneous	\$3,000 Maximum	\$2,000 Maximum	\$750 Maximum
Assistant Surgeon	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance
Anesthetist	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance
Outpatient Miscellaneous Benefit	\$1,200 Maximum	\$1,100 Maximum	\$400 Maximum
Physician Visits	\$50 per day	\$40 per day	\$25 per day
Physiotherapy	\$50 per day / \$800 Maximum	\$40 per day / \$600 Maximum	\$25 per visit / 10 visit Maximum
Medical Emergency	\$300 Maximum	\$200 Maximum	\$100 Maximum
X-Rays	\$800 Maximum	\$600 Maximum	\$300 Maximum
Laboratory	\$500 Maximum	\$300 Maximum	\$100 Maximum
Prescription Drugs	\$300 Maximum	\$200 Maximum	\$75 Maximum
Other			
Ambulance	\$1,000 Maximum	\$800 Maximum	\$300 Maximum
Durable Medical Equipment	\$500 Maximum	\$400 Maximum	\$100 Maximum
Dental	\$1,500 Maximum	\$1,000 Maximum	\$500 Maximum
AD&D	\$20,000	\$20,000	\$10,000
Eyeglasses, Contacts, Hearing Aids	\$400 Maximum	\$300 Maximum	\$200 Maximum