

## THE SAGE COLLEGES – SCHEDULE OF BENEFITS 2010 - 2011

BENEFITS	Basic Accident	Basic Sickness
	100% of Covered Charges incurred within 52 weeks of the date of the Accident, up to \$1,000, then 80% of Covered Charges to \$15,000, unless otherwise stated.	80% of Covered Charges incurred within 52 weeks of the first medical treatment of the Sickness, up to \$15,000, unless otherwise stated.
<b>Maximums</b>	\$15,000 per condition	\$15,000 per condition
<b>Per Condition Deductible</b>	\$50.00 waived if referred by the Student Health Center	\$50.00 waived if referred by the Student Health Center
<b>HOSPITAL EXPENSE BENEFITS</b>		
<b>Hospital Room and Board Expense</b> , Services include semi-private room, nursing services, special care unit. There is a maximum of 21 days per Injury or Sickness.	See Covered Percentages Above	See Covered Percentages Above
<b>Miscellaneous Hospital Expense</b> , Services include anesthesia, operating, delivery and treatment rooms and equipment, oxygen tent, blood and blood services, diagnostic x-ray, laboratory tests, prescribed drugs & medicines, medical and surgical dressings, supplies, casts and splints, radiation therapy, intravenous chemotherapy, kidney dialysis, inhalation therapy, chemotherapy treatment with radioactive substances, intravenous injections and solutions, and their administration, physical & occupational therapy, other necessary prescribed hospital expenses; we will cover these expenses during a hospital confinement or for a surgical procedure performed on an outpatient basis.	See Covered Percentages Above	See Covered Percentages Above
<b>In Hospital Doctor's Fees and Medical Expense</b> , Services include visits by a doctor who may or may not have performed surgery.	See Covered Percentages Above	See Covered Percentages Above
<b>(SURGICAL EXPENSE BENEFITS (INPATIENT OR OUTPATIENT))</b>		
<b>Surgical Expense Benefit</b>	See Covered Percentages Above	See Covered Percentages Above
<b>Multiple Surgical Procedures Expense Benefit</b> , When multiple procedures are performed through the same incision, we will pay the covered charges of the most expensive procedure being performed. When multiple incisions are made, we will pay 50% of the covered charges of the most expensive procedure performed through each additional incision.		
<b>Anesthetist Expense</b>	25% of the Paid Surgical Expense	25% of the Paid Surgical Expense
<b>Assistant Surgeon Expense</b>	25% of the Paid Surgical Expense	25% of the Paid Surgical Expense
<b>Second Surgical Opinion Consultation Expense</b> , Covered Charges include any required x-rays and diagnostic tests	5% of the Paid Surgical Expense	5% of the Paid Surgical Expense
<b>OUTPATIENT BENEFITS</b>		
<b>Outpatient Miscellaneous/Day Surgery Expense</b>	See Covered Percentages Above	See Covered Percentages Above
<b>Doctor's Office Visit Expense</b> - includes coverage for sexually transmitted diseases	See Covered Percentages Above	See Covered Percentages Above
<b>Physical Therapy and Occupational Therapy</b> - 1 visit per day	See Covered Percentages Above	See Covered Percentages Above
<b>Hospital Outpatient Department or Emergency Room Expense</b>	See Covered Percentages Above	See Covered Percentages Above
<b>Diagnostic X-ray and Laboratory Test Expense</b> • includes coverage for sexually transmitted diseases	See Covered Percentages Above	See Covered Percentages Above
<b>Blood and blood</b> services, must be provided and billed by a Hospital or other facility	See Covered Percentages Above	See Covered Percentages Above
<b>High Cost Procedure Expense</b> , Services include, but are not limited to CAT scan, MRI, Ultrasound and Laser Treatment	See Covered Percentages Above	See Covered Percentages Above
<b>Outpatient Mental &amp; Nervous Expense</b>	NA	See Covered Percentages Above
<b>Ambulance Expense</b>	See Covered Percentages above (Paid under state mandated Pre-Hospital Medical Emergency Services)	See Covered Percentages above (Paid under state mandated Pre-Hospital Medical Emergency Services)

Voluntary Abortion Expense	NA	See Covered Percentages Above
Pre-Admission Testing	See Covered Percentages Above	See Covered Percentages Above
<b>STATE MANDATED BENEFITS</b>		
Autism Spectrum Disorder	NA	See Covered Percentages Above
Biologically Based Mental Illness - Includes Inpatient, Outpatient and Prescription Drug. The Prescription Drug portion is paid under the Prescription Drug Benefit.	NA	See Covered Percentages Above
Mental & Nervous Conditions		Inpatient: See Covered Percentages Above, up to 30 days per year Outpatient: See Covered Percentages Above, up to 20 visits per year
Inpatient Chemical Abuse and Chemical Dependence Expense	NA	Paid as any other Sickness, if confined in a Hospital or Detoxification facility, We will cover seven (7) days of active treatment per calendar year. If confined to a Chemical Abuse Treatment Facility, We will pay for thirty (30) days of treatment per calendar year.
Outpatient Chemical Abuse and Chemical Dependence Expense	NA	Paid as any other Sickness, We will cover sixty (60) visits per calendar year, 20 of these visits may be used for family members.
Maternity Expense	NA	See Covered Percentages Above
Mammography Examination Expense	NA	See Covered Percentages Above
Reconstructive Breast Surgery Expense	NA	See Covered Percentages Above
Cancer - Second Opinion Expense	NA	See Covered Percentages Above
Diagnostic Screening for Prostate Cancer Expense	NA	See Covered Percentages Above
Diabetes Treatment Expense	NA	See Covered Percentages Above
Enteral Formulas Expense	NA	80% of Covered Charges to \$2,500 per calendar year
Chiropractic Care Expense	See Covered Percentages Above	See Covered Percentages Above
Cytological Screening (PAP Smear) Expense, including screening and examination	NA	See Covered Percentages Above
End of Life Care Expense	NA	See Covered Percentages Above
Pre-Hospital Medical Emergency Services Expense, provided by a licensed ambulance service	See Covered Percentages Above	See Covered Percentages Above
Bone Mineral Density Measurements and Tests Expense	NA	See Covered Percentages Above
Contraceptive Services Expense	NA	See Covered Percentages Above
<b>ADDITIONAL BENEFITS</b>		
Accident Dental Expense, Injury to sound natural teeth	See Covered Percentages Above	NA
Consultant Expense	See Covered Percentages Above	See Covered Percentages Above
Durable Medical Equipment Expense	See Covered Percentages Above	See Covered Percentages Above
Home Health Care Expense	See Covered Percentages Above	See Covered Percentages Above
Licensed Nurse Expense	See Covered Percentages Above	See Covered Percentages Above
Prescription Drug Expense, including prescription contraceptive drugs and devices	Prescription Drug coverage is for Sickness Only, Injury is not covered under the Drug Card. For Prescriptions due to an accident, see Covered Percentages Above.	Prescription Drug coverage is for Sickness Only, Injury is not covered under the Drug Card. For Prescriptions due to an accident, see Covered Percentages Above.
Covered Percentage: 100% of URC (31 day Supply)		
Generic Drugs: \$15 co-payment per prescription		
Brand Name: \$30 co-payment per prescription		
Benefit Maximum: \$1,000 per Policy Year		
Prosthetic Appliance or Orthotic Device	See Covered Percentages Above	See Covered Percentages Above
Accidental Death & Dismemberment	Principal Sum: \$2,000	NA