



Franciscan University of Steubenville

BENEFIT	LEWERMARK COPAY (\$50,000)
Maximum Per Accident or Sickness	\$50,000
Annual Maximum	\$50,000
Deductible per Accident or Sickness	None
Copay per Office Visit	<ul style="list-style-type: none"> • PPO: 100% after \$25 copay • Non-PPO: 80% after \$25 copay
Copay Per Hospital Visit	<ul style="list-style-type: none"> • PPO: 100% after \$100 admittance copay • Non-PPO: 80% after \$100 admittance copay
Coinsurance	<ul style="list-style-type: none"> • PPO: 100% after Copay • Non-PPO: 80% after Copay
Ground /Air Ambulance	The plan pays covered charges at: 100% for emergencies \$50 copay will apply if not immediately admitted to the hospital
Annual Out-Of-Pocket Maximum	\$3,000
Emergency Room Visit	<ul style="list-style-type: none"> • PPO: 100% after \$50 copay if not confined to the hospital after ER visit • Non-PPO: 80% after \$50 copay if not confined to the hospital after ER visit
Outpatient Prescriptions (reimbursement claim required)	100% at Student Health Center or as inpatient. 50% at retail pharmacy
Additional Pharmacy/Vision	Express Scripts Discount Card
Mental Nervous / Substance Abuse	10 inpatient days per 12 consecutive months; 3 outpatient visits per 12 consecutive months
Medical Evacuation	\$50,000 (Assist America provides additional Medical Evacuation benefits)
Repatriation	\$25,000 (Assist America provides additional Repatriation benefits)

SUMMARY ONLY – CONTRACT WILL DETERMINE BENEFITS

Exclusions and Limitations

Exclusions & Limitations: The following expenses are not covered:

- Medical care, treatment, supplies or services not listed on the policy
- Medical care, treatment, supplies or services for the insured at his home country
- Elective, cosmetic, or reconstructive surgery
- Treatment in student's home country
- Routine physical exams
- For any care in connection with teeth, gum, jaw unless for an injury to natural teeth
- In excess of Reasonable and Customary charge
- For medical treatment or prescription drugs which are not medically necessary
- Hearing aids, eyeglasses and contact lenses
- For injury or bodily infirmity if covered under Workers Compensation
- Birth control or infertility
- Professional sports injuries
- Intentional self-inflicted injury
- For diagnosis treatment and all other care related to infertility
- Injury while parachuting, hang gliding or while driving illegally
- For injury resulting from a motor vehicle accident if an insured was operating vehicle without a valid driver's license in the state where the individual resides while attending school;
- Expenses due to pre-existing injury or sickness
- Other expenses specified in the policy

Note: Plan benefits are subject to the terms and conditions of the insurance policy. For a complete list of Exclusions and Limitations please review the policy.

Frequently Asked Questions and Important Information

Why do I need health insurance? Medical costs in the US are very expensive. A major accident or illness could cost \$10,000 - \$100,000.

How do I find a doctor? There are many doctors and hospitals available. Go to www.lewermark.com and click "Find a Doctor" In most cases the PPO network is Great-West HealthCare.

What is a copay? This is a small out of pocket expense that you must pay the doctor or hospital for each visit.

How am I reimbursed for a claim or prescription drugs? The pharmacy will require payment up-front, fill out a claim form and send it to The Lewer Agency. www.lewermark.com

What happens if my claim is rejected? Call The Lewer Agency at **1-800-821-7710**. Occasionally, a claim can be rejected if the doctor provides the wrong number or can't read it, etc. We will research the claim and let you know the status.

Carry your insurance ID card with you at all times. Group no. is 80001

Carry your Assist America ID card with you at all times. 1-800-872-1414. This is a free service for all participants for any health questions, illness, or emergency.

Scholarship Program: visit our website at www.lewermark.com for additional information. \$1000 for the winner. Deadline is 1/15/07.

Please read your brochure for a complete description of the plan.

Call the Kansas City office for any questions regarding your plan. **1-800-821-7710**.