SAINT MARY’S COLLEGE

ANTHEM BLUE CROSS INSURANCE PLAN

The negotiated Saint Mary’s College Student Health Insurance Plan (SMC-SHIP) with Anthem Blue Cross offers comprehensive coverage for health care services that students may need most. Coverage with SMC-SHIP makes accessing health care convenient and easy at the Health and Wellness Center and in the community.

- Anthem 24/7 Nurseline is for those concerns that don’t follow a campus schedule or for answers to your health questions right away. Nurseline is answered by registered nurses that are comfortable discussing all health concerns.
- Deductible waived for laboratory work in the Health and Wellness Center, paid at 100% of negotiated rate
- The cost for preventive immunizations and Tuberculosis testing is covered at 100%. The Health and Wellness Center will bill Anthem directly for covered immunizations.
- User friendly APP for iPhone and Android smartphones providing secure login, ID cards, provider search and claim summaries at your fingertips.
- Access to travel assistance services and worldwide medical coverage while traveling or studying abroad.
- Affordable at $167 per month, large provider network.

HOW DO I DECIDE?

When it comes to your health we recognize that our students have diverse needs. Our priority is to help you become informed healthcare consumers and we are pleased to provide a team of Student Insurance Advocates as a one-stop resource for all of your questions regarding the SMC-SHIP or other viable insurance options. Remember, the Health and Wellness Center is available to all full-time undergraduate students, regardless of your insurance carrier.

TO CONTACT THE STUDENT INSURANCE ADVOCATES TEAM:
Email: sia.stmarys@barneyandbarney.com
Toll Free: (844) 779-1862

WHO IS ELIGIBLE TO ENROLL?

All full-time registered undergraduate and international students are required to have a comprehensive health insurance plan and will automatically be enrolled in the negotiated SMC-SHIP unless you complete an online waiver to opt out of the plan.

HOW MUCH DOES IT COST?

The SMC-SHIP has an annual premium of $2,004
You will be billed $1,002 in 2 installments, July 2015 for coverage 08/01/2015 thru 01/31/2016 and December 2015 for 02/01/2016 through 07/31/2016.
The negotiated SMC-SHIP may not cover all of your health care expenses. While this document tells you about some of the important features of the insurance plan, other features may be important to you and some further limit what the insurance plan will pay.

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>PPO Providers</th>
<th>Non-PPO Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$200 per insured, per policy year</td>
<td></td>
</tr>
<tr>
<td>Annual out-of-pocket maximum</td>
<td>$5,200 per insured, per policy year</td>
<td></td>
</tr>
<tr>
<td>Lifetime maximum</td>
<td>Unlimited</td>
<td></td>
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</tbody>
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After your deductible has been met, eligible expenses are payable as follows:

### Inpatient Benefits

**Hospital room and board expenses***
- **PPO Providers**: 90% of the negotiated rate
- **Non-PPO Providers**: $500 deductible, 70% of the maximum allowable amount

**Intensive care/hospital expenses**
- **PPO Providers**: 90% of the negotiated rate
- **Non-PPO Providers**: 70% of the maximum allowable amount

**Miscellaneous hospital expenses** *(Covered medical expenses include, but are not limited to: laboratory tests, X-rays, anesthesia, use of special equipment, medicines, and use of operating room.)*
- **PPO Providers**: 90% of the negotiated rate
- **Non-PPO Providers**: 70% of the maximum allowable amount

**Physician's hospital visit expenses**
- **PPO Providers**: 90% of the negotiated rate
- **Non-PPO Providers**: 70% of the maximum allowable amount

### Surgical (inpatient and outpatient)

**Surgical expenses**
- **PPO Providers**: 90% of the negotiated rate
- **Non-PPO Providers**: 70% of the maximum allowable amount

**Anesthetist expense and assistant surgeon expense**
- **PPO Providers**: 90% of the negotiated rate
- **Non-PPO Providers**: 70% of the maximum allowable amount

### Outpatient Benefits

**Physician's office visit expenses**
- **PPO Providers**: 90% of the negotiated rate
- **Non-PPO Providers**: 70% of the maximum allowable amount

**Emergency care expenses**
- **PPO Providers**: 90% of the negotiated rate after $100 copay (waived if admitted)
- **Non-PPO Providers**: 90% of the maximum allowable amount after $100 copay (waived if admitted)

**X-ray and lab**
- **PPO Providers**: 100% of the negotiated rate; deductible is waived
- **Non-PPO Providers**: 70% of the maximum allowable amount

**Durable medical equipment**
- **PPO Providers**: 90% of the negotiated rate
- **Non-PPO Providers**: 70% of the maximum allowable amount

### Behavioral Health Services

**Outpatient mental health**
- **PPO Providers**: 90% of the negotiated rate
- **Non-PPO Providers**: 70% of the maximum allowable amount

**Inpatient mental health***
- **PPO Providers**: 90% of the negotiated rate
- **Non-PPO Providers**: $500 deductible, 70% of the maximum allowable amount

### Additional Benefits

**Inpatient or outpatient substance abuse**
- **PPO Providers**: 90% of the negotiated rate
- **Non-PPO Providers**: 70% of the maximum allowable amount

**Ambulance expenses**
- **PPO Providers**: 90% of the negotiated rate
- **Non-PPO Providers**: 90% of the maximum allowable amount

**Prescription drug expenses**
- **PPO Providers**: Generic drug copay: $10
  Brand-name drug copay: $20
- **Non-PPO Providers**: Applicable copay + 50% of the remaining prescription drug maximum allowed amount

*Deductible is waived for emergency admission. Additional out of network deductible applies if utilization review is not obtained.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of plan benefits, limitations and exclusions.