

**BRYANT UNIVERSITY 2014 – 2015 SCHEDULE OF MEDICAL EXPENSE BENEFITS**

Maximum Benefit	Unlimited	
	In-Network	Out-of-Network
Policy Year Deductible	N/A	\$100
Out of Pocket Maximum	\$6,350 per Individual/\$12,700 per Family	N/A
<b>INPATIENT BENEFITS</b>		
<b>Hospital Room and Board</b> , Services include semi-private room, nursing services, and intensive care unit.	90% of Preferred Allowance	80% of Usual & Customary (U&C)
<b>Hospital Miscellaneous Expense</b> , covered medical expenses include, but are not limited to, anesthesia, operating room, laboratory tests, x-rays, oxygen tent, drugs, medicines, dressings, and other medically necessary non-room and board expenses.	90% of Preferred Allowance	80% of U&C
<b>In Hospital Doctor's Visits Expense</b>	90% of Preferred Allowance	80% of U&C
<b>Pre-Admission Testing</b>	Paid under Miscellaneous Hospital Expense	
<b>Routine Newborn Care</b> , when hospital confined and routine newborn care provided immediately after birth	Paid the same as any other Sickness	
<b>Inpatient Physical Rehabilitation</b>	90% of Preferred Allowance	80% of U&C
<b>Registered Nurse Service</b>	90% of Preferred Allowance	80% of U&C
<b>Skilled Nursing Facility</b>	90% of Preferred Allowance	80% of U&C
<b>SURGICAL BENEFITS (Inpatient and Outpatient)</b>		
<b>Surgical Expense Benefit</b> , covered medical expenses for charges for surgical services performed by a licensed Physician. We will pay as shown for the most expensive procedure and 50% of covered expenses for the additional surgeries.	90% of Preferred Allowance	80% of U&C
<b>Anesthetist Expense</b> , covered medical expenses for charges of an anesthetist during a surgical procedure	90% of Preferred Allowance	80% of U&C
<b>Assistant Surgeon Expense</b> , covered medical expenses for charges of an assistant surgeon during a surgical procedure	90% of Preferred Allowance	80% of U&C
<b>OUTPATIENT EXPENSE BENEFITS</b>		
<b>Outpatient Miscellaneous Expense</b> , covered medical expenses include diagnostic x-ray & laboratory test and procedures, radiation therapy, chemotherapy, hospital outpatient department, chiropractic services, and injections when administered in a doctor's office and charged on the doctor's bill	90% of Preferred Allowance	80% of U&C
<b>Doctor's Visits (including one annual routine physical)</b> , includes Primary Care, Specialists, Chiropractic Care, and other Licensed Practitioners. Includes one Routine adult eye exam per policy year. Limited to one (1) visit per day. Benefits do not apply when related to surgery or Outpatient Rehabilitation Services.	\$15 co-payment per visit, then 100% of Preferred Allowance	\$15 co-payment per visit, then 80% of U&C
<b>Emergency Room Expense</b> , covered medical expenses include use of the Emergency Room and supplies. Treatment must be for a Medical Emergency as defined and rendered within 72 hours from the time of Injury or onset of Sickness. Co-pay waived if admitted.	\$100 co-pay per visit, then 90% of Preferred Allowance	\$100 co-pay per visit, then 90% of U&C; Deductible does not apply
<b>Day Surgery Miscellaneous</b> , covered medical expenses in connection with Outpatient Surgery including operating room, laboratory tests, x-ray examinations, professional fees, anesthesia, drugs or medicines, therapeutic services and supplies. Includes Outpatient Facility and Ambulatory Surgical Center Fees.	90% of Preferred Allowance	80% of U&C
<b>Outpatient Rehabilitation and Habilitation Services</b> , including Physical, Occupational and Speech and Cardiac Rehabilitation therapy.	\$15 co-payment per visit, then 100% of Preferred Allowance	\$15 co-payment per visit, then 80% of U&C
<b>High Cost Procedure Expense</b> , Services include, but are not limited to CAT scan, MRI, Ultrasound and Laser Treatment	90% of Preferred Allowance	80% of U&C
<b>Hospice</b>	90% of Preferred Allowance	80% of U&C
<b>Home Health Care</b>	90% of Preferred Allowance	80% of U&C
<b>ADDITIONAL BENEFITS</b>		
<b>Ambulance Expense</b>	100% of U&C after a \$50 co-pay	
<b>Prescription Drug Expense</b> , Prescriptions must be filled at an Express Scripts Participating Pharmacy	\$10 co-pay for a 30-day supply of a generic drug, (\$0 co-pay for a 30-day supply of a generic Contraceptive) and a \$20 co-pay for a 30-day supply of a brand name drug	
<b>Wellness Immunization Benefits</b> , includes immunizations such as Hepatitis A&B, Diphtheria, Tetanus, Pertussis, MMR, Annual Flu Vaccine, HPV Vaccine, and Screenings, such as Cholesterol Screening and Blood Titers	Covered under Preventive and Wellness Services	
<b>Preventive Care, Screenings and Immunizations</b>	100% of Preferred Allowance	80% of U&C
<b>Accident Dental Expense</b> , Injury to sound natural teeth	U&C up to \$350 per tooth, up to a maximum of \$1,000	
<b>Sickness Dental Expense</b> , for the removal of impacted wisdom teeth and dental abscesses	U&C up to a maximum of \$100 per tooth	
<b>Durable Medical Equipment including Braces and Appliances</b>	100% of U&C	
<b>Consultant Expense Benefit</b>	90% of Preferred Allowance	80% of U&C
<b>Elective Abortion</b>	100% of Preferred Allowance	80% of U&C, up to \$350
<b>Medical Evacuation and Repatriation of Remains</b>	100% of U&C	
<b>Intercollegiate Sports</b>	Paid the same as any other Injury, limited to \$100,000 maximum benefit	