

## AUGSBURG STUDENT HEALTH CARE PROGRAM

	<b>Option 1 (Blue Cross Blue Shield - AWARE)</b>	<b>Option 2 Health Partners</b>	<b>Option 3 Health Partners</b>	<b>Option 4 STUDENT ASSURANCE</b>
<b>Inpatient Hospital Services</b>	<i>Semi-private room to 365 days; Special care units, medical supplies, Diagnostic and lab services, Doctors services, physical therapy, surgical services and mental health.</i> 80% of the allowed amount for the first \$5,000 of eligible expenses after \$500 deductible, then at 100% of the allowed amount.	<i>Semi-private room, surgery, anesthesia, medication physician care.</i> 80% after \$500 ded. to \$1,000 out of pocket maximum then 100%	<i>Semi-private room, surgery, anesthesia, medication, physician care.</i> 80% after \$250 ded. to \$1,000 out of pocket maximum then 100%.	100% to \$4,000 max. bene fit for each accident/sickness after payment of \$50 ded. <b>Inpatient:</b> Hosp rm & board + misc exp - \$1,000 per day max. Surgeon - Usual & cust, Anesthetist & Asst Surgeon - 25% Surgical Allow., Phys. non-surg visits (1 a day) - \$50 per visit. <b>Major Med Supplement</b> - After \$4,000 pd, then 75% of all serv & supplies to max of \$50,000 which incl Basic & Major Med. Not incl. - motor vehicle injuries, prescription drugs, dental care or sports injuries.
<b>Outpatient Hospital Services</b>	<i>Scheduled surgery, radiation chemotherapy and hemodialysis. Outpatient emergency services. All other eligible outpatient services.</i> 80% of the allowed amount for the first \$5,000 of eligible expenses after \$500 deductible, then at 100%.	80% after \$500 ded. to \$1,000 out of pocket maximum, then 100%.	80% after \$250 ded. to \$1,000 out of pocket maximum, then 100%	100% to \$4,000 max. benefit for each accident/sickness after payment of \$50 ded. <b>Outpatient:</b> Day Surg, Misc or Urgent Care - \$1,000 max., Surgeon - Usual & Customary, Anesthetist - 25% of Surg Allow., Phy non-surg visit - 1 a day (Drs. Office) - \$50 per visit/10 visit max., Emergency Rm & Urgent Care, Diagnostic X-rays, Lab Studies & tests - \$500 Max., Prescription Drugs prescribed - \$100 max. <b>Major Med Supplement</b> - After \$4,000 pd, then 75% of all serv & supplies to max of \$50,000 which incl Basic & Major Med. Not incl. - motor vehicle injuries, prescription drugs, dental care or sports injuries.
<b>Pregnancy Care</b>	<i>Prenatal - 100%; Maternity - first 18 mos - \$500 initial benefit, subject to deductible. In 19th mo. of coverage - 80% of the first \$5,000 of eligible expenses after \$500 deductible, then at 100%.</i>	80% after \$500 ded. to \$1,000 out of pocket maximum, then 100%	80% after \$250 ded. to \$1,000 out of pocket maximum, then 100%.	Same as any sickness.
<b>Prescription Drugs</b>	80% of the allowed amount for the first \$5,000 of eligible expenses after \$500 deductible, then at 100%.	\$12 Copay per prescription for up to 30 day supply or one vial or box of insulin cartridges. Order max. 3 month supply of prescription drugs for 2 copayments per prescription.	\$12 Copay per prescription for up to 30 day supply or one vial or box of insulin cartridges. Order max. 3 month supply of prescription drugs for 2 copayments per prescription.	\$100 max benefit when prescribed in connection with a covered accident or sickness. No coverage for birth control.
<b>Physician Services</b>	<i>Office visits for illness or injury, surgery lab tests, anesthesia, physician visits, chiro -ractic &amp; preventive care.</i> 80% of the allowed amount for first \$5,000 of eligible expenses after \$500 ded., then 100%. (Pre-entive care - up to \$250 per person per yr.)	<i>Routine physical exams, prenatal care, immunizations, well child care, routine hearing and eye exams - 100%. Office visits for injury or illness.</i> 80% after \$500 ded.	<i>Routine physical exams, prenatal care, immunizations, well child care, routine hearing and eye exams - 100%. Office visits for injury or illness.</i> 80% after \$250 ded.	See Physician services under Inpatient and Outpatient services.
<b>Dental Coverage</b>	No routine preventive. Limited to oral surgery benefit for impacted teeth and root canal therapy. Coverage for accidental damage to sound natural teeth.	80% coverage after \$500 ded. to restore damage done to sound natural teeth as a result of an accident or injury.	80% coverage after \$250 ded. to restore damage done to sound natural teeth as a result of an accident or injury.	X-Ray & treatment of dental injury to sound, natural teeth. \$100 max.
<b>Eye Care</b>	Routine eye care. Not available - medical procedures (cataract surgery may be available).	Routine exams at 100%. Prescriptions discounted at selected optical centers.	Routine exams at 100%. Prescriptions discounted at selected optical centers.	Routine eye care - preventive rate not available . Normal coverage for injury or illness.
<b>Chemical Dependency</b>	Available for additional charge. Optional.	80% after \$500 ded. to \$1,000 out of pocket max, then 100%.	80% after \$250 ded. to \$1,000 out of pocket max then 100%.	Same as any sickness.
<b>Mental Health</b>	Inpatient Mental Health Services only. Limited to participating providers only. (Same as "Inpatient Hospital Services").	80% after \$500 ded. to \$1,000 out of pocket maximum then 100%.	80% after \$250 ded. to \$1,000 out of pocket maximum then 100%.	Inpatient: Same as Sickness Outpatient: 80% for first 10 visits. 75% for next 30.
<b>Maximum</b>	Lifetime Maximum per person is \$3 million.	Lifetime Max per person unlmtd.	Lifetime Max per person unlmtd.	Lifetime maximum is \$50,000 per each covered illness/injury.

Cost (Monthly Rates)	Age		Rate		Age		Rate		Age		Rate		
	3mo-18yr	45-49	\$116.50	\$214.00	0-14	35-39	\$115.22	\$136.11	0-14	35-39	\$148.90	\$175.88	
(Rates reflect tobacco-free and waived chemical dependency)	19-29	50-54	\$133.00	\$283.50	15-19	40-44	\$115.22	\$152.95	15-19	40-44	\$148.90	\$197.66	Student only - \$475 per school yr.
(\$1,000 deductible available upon request.)	30-34	55-59	\$147.00	\$359.00	20-24	45-49	\$115.22	\$186.65	20-24	45-49	\$148.90	\$241.21	Student & Spouse - \$1,663
	35-39	60-64	\$153.00	\$396.50	25-29	50-54	\$115.22	\$242.57	25-29	50-54	\$148.90	\$313.46	Student, Spouse & Children \$2,614
	40-44	65+	\$171.50	\$396.50	30-34	55-59	\$125.57	\$315.32	30-34	55-59	\$162.30	\$407.49	Student & Children - \$1,426
	Open Enrollment year round.	Open Enrollment year round.			60-64		\$345.54		60-64		\$446.53		Premium can be paid by semester/quarter.

NOTE: This is a partial description of coverages. Please consult materials for specific data and other coverages offered. Actual monthly premium will be based on each applicants health status. DAVID AGENCY 5/02  
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