

University of St. Francis Athlete Insurance Plan Design for 2007/2008

Athlete Accident and Sickness Plan	
Plan Maximum (Per Policy Year)	\$25,000 per Injury or Sickness
Supplemental Benefit	If the Covered Medical Expense for your Accident exceeds the Aggregate Maximum of \$1,000 or your Sickness exceeds the maximum for any line item of coverage for basic Sickness benefits, we will pay 100% of the remaining Expense up to the maximum benefit of \$25,000 per Accident or Sickness for Athletes.
Coinsurance * (Note Definition Below)	<p>Preferred Care Covered Medical Expenses will be reimbursed at 100% of the Negotiated Charge up to a Maximum of \$25,000 per Accident or Sickness, per Policy Year. Benefit level maximums, with the exception of prescription drug coverage, do not apply.</p> <p>Non-Preferred Care Covered Medical Expenses will be reimbursed at 100% of the Reasonable Charge up to a Maximum of \$25,000 per Accident or Sickness, per Policy Year. Benefit level maximums, with the exception of prescription drug coverage, do not apply.</p>
Covered Services Inpatient	
Hospital Room and Board	Coinsurance Benefits are payable up to a maximum of \$250 per day, and 4 days per Policy Year.
Hospital Miscellaneous (Services and supplies including but not limited to: the cost of the operating room; lab tests; x-rays; anesthesia; drugs – excluding take-home drugs or medications; supplies)	Coinsurance Covered Medical Expenses are payable as described above.
Surgical Treatment	Coinsurance - Covered Medical Expenses are payable as described above.
Physician's Non-Surgical Visits (limited to 1 visit per day and not paid on day of surgery)	Coinsurance Benefits are payable up to a maximum of \$50 per day and 5 days per Policy Year.
Maternity Benefits	Same as any sickness
Covered Services Outpatient	
Physician's Office Visits (limited to 1 visit per day and not paid on day of surgery)	Coinsurance Benefits are payable up to a maximum of \$100 per visit and 5 visits per Policy Year.
Outpatient Miscellaneous (Hospital emergency room; diagnostic, x-ray and lab services; chemotherapy and/or radiation therapy; miscellaneous tests and procedures)	Coinsurance Benefits are payable up to a maximum of \$100 per Injury or Sickness per Policy Year.
Ambulance or Air Ambulance Expense	Coinsurance Benefits are payable up to a maximum of \$100 per trip.
Diagnostic X-Ray & Laboratory Expense	Coinsurance
Physical Therapy Expense	Coinsurance
Emergency Care	Coinsurance Benefits are payable up to a maximum of \$100 per Injury or Sickness per Policy Year.
Consultant or Specialist Expense	Coinsurance Benefits are payable up to a maximum of \$50 per Injury or Sickness per Policy Year.
Prescription Drugs	<p>Preferred Care Generic Prescription Drug: 100% of the Negotiated Charge. Brand Name Prescription Drug: 100% of the Negotiated Charge.</p> <p>Non-Preferred Care Generic Prescription Drug: 100% of the Reasonable Charge. Brand Name Prescription Drug: 100% of the Reasonable Charge.</p> <p>Benefits are payable up to a maximum of \$150 per Policy Year.</p>
*Coinsurance – The percentage of Covered Medical Expenses payable by Aetna under the Athlete Accident and Sickness Insurance Plan.	
Special Note: This Benefit Comparison is only intended to highlight some of the major benefit provisions and should not be relied upon as a complete detailed representation of the contract. Please refer to www.chickering.com for full details. September 26, 2007	