Student Sickness Plan	
This is a brief summary of the plan benefits. Additional Schedule of Medical Expense Benefits/limitations are	
specified in the Plan Certificate and Master Policy.	
Deductible (Per Insured Person Per	
Policy Year)	\$0.00 In and Out of Network
	Benefit:
Coinsurance	80% In Network
	60% Out of Network
	After the Insured Person has paid
	\$6,350 Single/\$12,700 Family in out-of-pocket
Out-of-Pocket Maximum	Benefit expenses, payment will be made for
	100% of additional Covered Expenses incurred
	up to the unlimited Maximum
Inpatient Hospital Stay	In or Out of Network Coinsurance
Ambulance Services	80% Coinsurance In and Out of Network
Medical Emergency (Emergency Room)	\$50.00 Copayment
	In and Out of Network
Outpatient Surgery	80% In Network and 60% Out of Network
Outpatient Physician Visits	\$20.00 Copayment In Network
	60% Coinsurance Out of Network
Urgent Care Services	
Nonparticipating urgent care facility	
services within the	\$30.00 Copayment In Network
CDPHP UBI Service area are not	
covered	
	\$10 copay Tier 1/\$25 copay Tier 2/50% Coinsurance (minimum of \$40/
Prescription Drugs***	maximum of \$100) Tier 3
	Subject to a 30-day supply per prescription or refill and must be filled
	at a participating pharmacy
Preventive Care Services	Covered in Full - In Network 60% Coinsurance Out of Network
Preventive Care Services include, but are not limited to, annual physicals and OB-GYN exams. Routine screenings	
and immunizations are covered at 100% with no copay only when services are received from an In Network	
Provider.	
Delta Dental Student Plan	
Preventive Services	100% Paid by Plan
Basic Services	50% Paid by Plan
Major Services	50% Paid by Plan
	\$700.00 - PPO Network Provider, N/A Premier Network Provider, N/A
Annual Out-of-Pocket Max per child	Out of Network
Annual Out-of-Pocket Max	\$1,400.00 - PPO Network Provider, N/A Premier Network Provider, N/A
per 2+ children	Out of Network
Patient deductible per year	\$40.00
Deductible is applied to all services.	
*Orthodontic services are covered for medical necessity only.	