

SHIP *Summary of Benefits*

The Plan Pays Eligible Expenses at Applicable Coverage Percentage After the Deductible

SHIP coverage at Health, Wellness and Counseling Services (HWC) includes 100% of Eligible Expenses not subject to a Deductible. Three levels of benefit coverage are provided ... the choice is yours! Dependents are not eligible to receive services at HWC. For In-network benefits, the Idaho Physicians Network (IPN) provides access to preferred providers in Idaho, while the First Health Network provides nationwide access to preferred providers outside of Idaho.

Benefit Category	HWC	In-Network	Non-Network
Aggregate Maximum Per Policy Year (all conditions)		\$100,000 Maximum Benefit* *ICS Injuries are limited to \$75,000	
Deductible Per Policy Year (In-network and Non-network apply separately)	N/A	\$250 Per Covered Person	\$500 Per Covered Person
Out-of-Pocket Limit Per Policy Year After Deductible (In-network and Non-network apply separately)	N/A	\$4,000 Per Covered Person	\$6,000 Per Covered Person
Primary Care	100%	80% of Allowable Charges (After Deductible)	50% of R & C Charges** (After Deductible)
Laboratory Tests	100% ***	80% of Allowable Charges (After Deductible)	50% of R & C Charges (After Deductible)
Radiology	N/A	80% of Allowable Charges (After Deductible)	50% of R & C Charges (After Deductible)
Emergency Room (Emergency Room & Supplies)	N/A	80% of Allowable Charges (After Deductible)	50% of R & C Charges (After Deductible. An Emergency Medical Condition will be paid at the in-network level of benefits)
Routine Wellness Exams**** (HWC Only)	100%	Not Covered	Not Covered
Hospital Services/ Outpatient Facility (including professional services)	N/A	80% of Allowable Charges (After Deductible)	50% of R & C Charges (After Deductible)
Outpatient Mental Health & Substance Abuse Services (Limited to total of 20 visits per Policy Year)	100%	80% of Allowable Charges (After Deductible)	50% of R & C Charges (After Deductible)
Inpatient/Intermediate Mental Health & Substance Abuse Services (Limited to total of 30 days per Policy Year)	N/A	80% of Allowable Charges (After Deductible)	50% of R & C Charges (After Deductible)
Outpatient Prescription Drugs (Limited to \$400 Maximum Benefit per Policy Year) However obtained, all Prescriptions are subject to this Maximum Benefit	N/A	\$10 generic / \$20 brand Express Scripts Pharmacy Network	Not Covered

**Reasonable & Customary Charges

***Laboratory tests performed at HWC

****Includes HWC-referred routine diagnostic x-ray & laboratory tests

2008 - 2009 Premium Rates

Policy Effective Dates for Students & Dependents: 08/15/08 - 08/14/09

Policy Effective Dates for Intercollegiate Athletic Students & Dependents: 08/01/08 - 07/31/09

Coverage Type	Fall Semester	Spring/Summer Semester	Total Premium
Student Only	\$697	\$697	\$1,394
Spouse	\$985	\$1,380	\$2,365
Child	\$841	\$1,178	\$2,019
Children	\$1,097	\$1,536	\$2,633
Athletic Supplemental Plan	\$227	\$227	\$454

Optional Catastrophic Coverage • Available in the Fall Semester Only

Coverage Type	Under 25 Years of Age	25 Years of Age and Over
Student	\$240	\$480
Spouse	\$672	\$972
Child	\$390	N/A