

SUMMARY OF BENEFITS

2005-2006	University of California, Riverside Summary of Undergrad Benefits	University of California, Riverside Summary of Graduate Benefits
Type of Care	Undergraduate Student Health Insurance Plan	Graduate Student Health Insurance Plan
Office Visits at CHC	There is no charge for regular visits to doctors or nurse practitioners at the CHC for registered students.	There is no charge for regular visits to doctors or nurse practitioners at the CHC for registered students.
Office Visits Outside Of CHC	Covers 90% of UCR rates for Network providers or 60% of usual, customary and reasonable, (UCR) fees for non-network providers.	Covers 100% of UCR rates for Network providers or 70% of usual, customary and reasonable, (UCR) fees for non-network providers.
Hospital Care	Covers 90% of UCR for Network hospitals, or 60% of usual, customary and reasonable, (UCR) fees for non-network provider hospitals. After \$3000 out of pocket eligible expenses per plan year the company will increase to 100%.	Covers 100% of UCR for Network hospitals after co-pay but not to exceed \$500/plan year/insured. This is in addition to any out of pocket payment required of the insured. Covers 70% of usual, customary and reasonable, (UCR) fees for non-network hospitals.
Emergency Room Visits	Covers 90% of UCR fees for Network hospitals or 60% of usual, customary and reasonable, (UCR) for non-network provider hospitals.	Covers 100% of UCR fees for Network hospitals or 70% of usual, customary and reasonable, (UCR) for non-network provider hospitals.
Mental Health Service	Outpatient: Up to one visit per day to a maximum of 40-visits/plan year. Covers 90% of UCR for network providers, 60% for non/network providers. Additional visits may be authorized for severe conditions as defined by the Mental Parity act.	Outpatient: Up to one visit per day to a maximum of 20-visits/plan year. Covers 100% of UCR for network providers, 70% for non-network providers. Additional visits may be authorized for severe conditions as defined by the Mental Parity act.
Lab Tests and X-Rays	Covers 100% of fees at CHC. Covers 90% of UCR fees for network providers or 60% for non-network providers.	Covers 100% of fees at CHC. Covers 100% of UCR fees for network providers or 70% for non-network providers. There is a \$75 deductible per condition for laboratory services received outside of the CHC.
Prescriptions	Covers 100% after \$15 co-pay up to a maximum of \$2000 per plan year. The \$15 co-pay applies to each 30-day supply. For prescriptions filled off campus at an Express Scripts provider, the co-pay is \$25.	Covers 100% after \$10 co-pay if filled at CHC or \$15 co-pay if filled by an Express Scripts provider off campus. Plan pays up to a maximum of \$15,000 per plan year. The co-pay applies to each 30-day supply.
Vision	Examination and Prescription for glasses, \$8 Glasses - \$20 co-pay.	Examination and Prescription for glasses, \$8 Glasses - \$20 co-pay.
Basic Dental	Services provided at the Campus Health Center only See Brochure for complete list of services.	Services provided at the Campus Health Center only. See Brochure for complete list of services.
Physical Therapy	60% or 90% if PPO is utilized up to \$500 per condition, (post surgical only). Non-post surgical therapy provided by OPTI. For additional benefits please see brochure.	70% or 100% if PPO is utilized up to \$500 per condition, (post surgical only). Non- post surgical therapy provided by OPTI. For additional benefits please see brochure.
Chiropractic	60% or 90% if PPO is utilized to a maximum of \$25 per visit, up to 1 visit per day to a maximum of \$100 per plan year. For additional benefits, please see brochure.	70% or 100% if PPO is utilized to a maximum of \$25 per visit, up to 1 visit per day to a maximum of \$100 per plan year. For additional benefits, please see brochure.

