

University of St. Thomas Student Medical Plan Options

No Deductible; \$5,000 Out-of-Pocket Maximum; \$1M Maximum

Provisions	<u>Tier 1</u> UST Student Health Service Benefits	<u>Tier 2</u> Preferred Provider Network Benefits	<u>Tier 3</u> Out-of-Network Benefits
Routine Preventive Health Care (includes TB Testing & one annual wellness exam per year)	1 free wellness exam	90/10 until you reach your out-of-pocket maximum*	60/40 until you reach your out-of-pocket maximum
Office Visits	100% up to a maximum of 5 visits per year, then 90% until you reach your out-of-pocket maximum*		
Outpatient Diagnostic Lab	100%		
Emergency Room	\$100 Co pay; 90/10 until you reach your out-of-pocket maximum		
Inpatient Hospital Care	90/10 until you reach your out-of-pocket maximum*		60/40 until you reach your out-of-pocket maximum*
Outpatient Hospital Care			
Behavior Health/Substance Abuse			
Behavior Health/Mental Health Care			
Outpatient Diagnostic X-Ray			
Prescription Drugs (31 day supply)	Generic: \$5.00 co pay Formulary: \$25 co pay Non-Formulary: \$50 co pay (Maximum Benefit per year is \$2,000)		
Maximum benefit per condition	\$1,000,000		
*Out-of-Pocket Maximum	\$5,000		

No Deductible

