Most services rendered at the Thielen Student Health Center are covered at 100%.

- Routine medical services
- Lab and diagnostic x-ray services
- Allergy desensitization and immunizations

Referrals
To maximize savings and reduce out-of-pocket expenses, students must initiate treatment at the Thielen Student Health Center, located on the corner of Sheldon Avenue and Union Drive.

- Necessary for medical services off campus, other than Medical Emergency
- Necessary for follow visits after Emergency Room visit
- Waived when student is out of the Ames/Des Moines area

Deductible
Separate and different deductibles for out of network providers from in network providers.

<table>
<thead>
<tr>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$300 for single coverage</td>
<td>$600 for single coverage / $1,200 for family coverage</td>
</tr>
</tbody>
</table>

Coinsurance

<table>
<thead>
<tr>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>20% of Negotiated Charge</td>
<td>40% of Reasonable Charge</td>
</tr>
</tbody>
</table>

Co-Pay for Physical Therapy and Chiropractic

- $10 copay, after the deductible is met, for physical therapy and chiropractic services
- Deductible will be waived for physical therapy at Cyclone Sports Medicine

Out-of-Pocket Maximum

- $2,000 for single coverage
- $4,000 for family coverage
- Deductible and co-pay do not apply towards the out-of-pocket (they are in addition to).

Emergency Room Copayment

- $100 for each emergency room visit.
- NOT part of the plan year deductible or out-of-pocket.
- Still applies after out-of-pocket maximum is met.
- Is waived if student is admitted and the insurance company is notified within 24 hours.
  (For weekend admit - must call on first working day following admit.)

Plan Year Maximum Benefit

- $500,000 per covered person

Prescription Drug Expenses

<table>
<thead>
<tr>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10 copay Generic Prescription Drugs</td>
<td>$20 copay Brand Name Prescription Drugs</td>
</tr>
<tr>
<td>$10 copay plus 20% of Recognized charge for Generic Prescription Drugs</td>
<td>$20 copay plus 20% of Recognized charge for Brand Name Prescription Drugs</td>
</tr>
</tbody>
</table>

Pre-existing Clause
Waived if furnish proof of prior insurance for past 12 months without lapse in coverage of 63 days or more.