



**Student Medical Plan**



**TRIADA**

# Why choose a Student Medical Plan?

Life doesn't stop; neither should your coverage

Student Medical Plans give you the flexibility to get the coverage you need, with the options you want, for the time that best suits you.

With access to benefits and options that provide financial protection for the everyday and the unexpected, such as:

- Doctor visits and preventive care
- Emergency room and hospital stays
- Pharmacy benefits

Together with network providers plans can save you more on your health care; and help you keep your wallet, coverage, and wellness going strong.



# Plan Highlights

Here's a quick breakdown on some key features and benefits of our Short Term Medical plan:

## Office visits for everyone

Office visit are standard

## Deductible waived on Urgent Care visits

You pay a \$50 access fee and the rest applies to coinsurance.

## Prescription drug options

Keep your costs low with a pharmacy card with a \$10 copay on generics through **Broad Reach Medical Resources.**

**BMR**

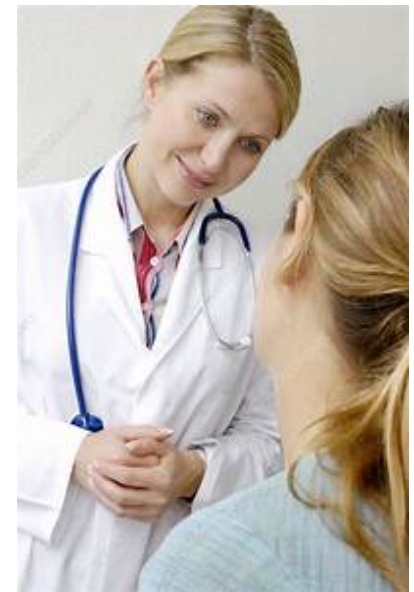
## Flexible coverage periods and solutions

Choose the coverage duration that best suits your needs

## Access to MultiPlan.

Choose your doctor from more than 690,000 primary care doctors and specialists across 5,700 hospitals in the United States.

Find a provider at  
[https://  
www.multiplan.com/  
webcenter/portal/  
ProviderSearch](https://www.multiplan.com/webcenter/portal/ProviderSearch)



# Plan Option

Plan
Individual Plan Deductible
Coinsurance - (% Paid by you)
Coins. Out-of-Pocket
Coverage Period Maximum

Student Health
\$2,500
0%
\$0
\$1,000,000

Benefits				
<b>Office Visits (including preventive)</b> <i>Applies to deductible and coinsurance</i>	<b>Emergency Room Visit</b> \$250 access fee; waived if admitted <i>Applies to deductible and coinsurance</i>	<b>Outpatient Services</b> Includes services such as Surgeon, Anesthesia, Office Visits, Preventive Services, Urgent Care, Diagnostics and Lab. <i>Applies to deductible and coinsurance</i>	<b>Inpatient Services</b> Includes Hospital Stays <i>Applies to deductible and coinsurance</i>	<b>Child Immunizations</b> First Dollar Benefit <hr/> <b>Outpatient Services</b> No limit
<b>Urgent Care</b> \$50 access fee. Deductible waived. Remaining cost subject to coinsurance.	<b>Diagnostic &amp; Lab</b> <i>Applies to deductible and coinsurance</i>	<b>Adult Screenings</b> <i>Applies to deductible and coinsurance</i>		



# Limitations and Exclusions

## Pre-Existing Condition Exclusion

- » This Plan does not cover any charges related to Certificate benefits resulting directly or indirectly from a Pre-Existing Condition or a complication resulting therefrom.

## Pre-Existing Condition means:

- A Sickness, Injury, or condition, including any related or resulting complications for which medical advice, consultation, diagnosis, care, or treatment (includes receipt of services, supplies, or diagnostic tests) was received or recommended from a provider or prescription drugs were prescribed during the 12 month period immediately prior to the Covered Person's Effective Date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed.
- A pregnancy that exists on the day before the Covered Person's Effective Date will be considered a Pre-Existing Condition.

## Additional Charges Not Covered By This Certificate

Unless set forth as a benefit in the Benefits section, this Certificate does not cover charges for:

Treatment, services or supplies that are: 1) received before the Effective Date or after the termination date; 2) provided at no cost to the Covered Person; 3) not specifically listed in the Benefits section; 4) are in excess of the Maximum Allowable Amount or Maximum benefit stated.

- » Complications resulting or related to treatment, services or supplies that are not covered.
- » Treatment, services or supplies that are: 1) Experimental or Investigational Services; 2) preventive; 3) prophylactic; 4) not Medically Necessary; 5) received in a clinical trial; 6) for the personal comfort or convenience of the Covered Person, the Covered Person's family, a Health Care Practitioner or a provider; 7) incurred outside of the United States or its possessions or Canada.
- » Suicide or attempted suicide, Health Care Practitioner assisted suicide, and intentionally self-inflicted injury; war or any act of war or participation in the military service of any country.
- » Treatment, services or supplies paid by Part B of Medicare
- » Treatment, services or supplies incurred while a Covered Person is committing or participating in a felony.
- » An Injury resulting from or related to a Covered Person being under the influence of illegal narcotics, non-prescribed controlled substances, or alcohol (such that the Covered Person is intoxicated per state law).
- » Eyeglasses, contact lenses, eye exams, eye refraction, eye surgery, vision therapy.
- » Artificial hearing devices, batteries, cochlear implants, auditory prostheses or other mechanical or surgical means of enhancing, creating or restoring auditory comprehension.
- » Smoking cessation; snoring; sleep disorders; treatment of hair loss; change in skin pigmentation; cognitive enhancement.
- » Gastric bypass surgery.
- » Weight reduction or weight control programs or treatment, surgery for weight control, obesity or morbid obesity, suction lipectomy, physical fitness programs, exercise equipment, exercise therapy, health club or gym membership fees, nutritional and dietary counseling.
- » Family and/or marriage counseling; hypnotherapy; Custodial Care, respite care; rest care; supportive care; homemaker services; private duty nursing services rendered during Hospital confinement; standby Health Care Practitioners; hospice care.
- » Adjustments; manipulations; acupuncture; rolfing; cupping therapy; massage; neurotherapy; electrical stimulation; aversion therapy; non-medical items; self-care or self-help programs; stress management; aroma therapy; meditation or relaxation therapy; naturopathic medicine; homeopathic medicine; acne.
- » Cosmetic Services, capsular contraction, augmentation or reduction mammoplasty, except Reconstructive Surgery.
- » Sales tax or gross receipt tax; provider administrative expenses; missed appointments; non-medical items.
- » Learning disorders or disabilities; educational services; wilderness therapy programs; or education-based residential treatment programs.
- » Mental Illness (except Serious Mental Illness); applied behavior therapy or applied behavior analysis, except as covered in the Autism Spectrum Disorder benefit.

# Limitations and Exclusions

- » Any hazardous activity, whether or not compensation is received including, but not limited to: parachute jumping, hang-gliding, bungee jumping, rodeo activities, racing any motorized or non-motorized vehicle or conveyance, rock or mountain climbing, skydiving or parkour.
  - » Any hazardous occupation or other activity for which compensation is received including, but not limited to: skiing, horse riding, or racing any non-motorized vehicle or conveyance.
  - » An Injury sustained while participating in any inter-collegiate sport or professional or semi-professional contact sports.
  - » Chronic pain disorders.
  - » Surgery for: ear tubes, tonsils, adenoids, hernia, sinuses, or deviated septum.
  - » Joint replacement, unless related to an Injury.
  - » End stage kidney or end stage renal disease.
  - » Foot conditions.
  - » Cranial orthotic devices.
  - » Genetic testing, genetic counseling or reproductive treatment; growth hormone therapy; allergies and allergy testing.
  - » Pregnancy, except for Complications of Pregnancy; including but not limited to: childbirth; fetal reduction surgery; routine well baby care, including Hospital nursery charges at birth; abortion; infertility diagnosis and treatment; cryopreservation of sperm or eggs; surrogate pregnancy; umbilical cord stem cell or other blood component harvest; sterilization, drugs or devices used directly or indirectly to promote or prevent conception; and sexual treatment regardless of underlying causes.
  - » Treatment, services or supplies resulting from or related to any congenital condition, except when provided to a newborn or adopted child added who is a Covered Dependent.
  - » Dental treatment, orthodontic treatment, or care for supporting structures of the teeth; maxillary or mandibular hypoplasia; malocclusion; mandibular protrusion or recession; maxillary or mandibular hyperplasia.
  - » Sclerotherapy, varicose veins or spider veins.
  - » Herbal or homeopathic medicines or products; minerals; vitamins; appetite suppressants; dietary or nutritional substances or dietary supplements; Nutraceuticals; tube feeding formulas and infant formulas, except those necessary to treat Phenylketonuria or a Heritable Disease; medical foods.
- Over-the-counter products or drugs, except those available without a prescription for controlling blood sugar levels; Inpatient Drugs prescribed for treatment of a Sickness or an Injury that is not covered; outpatient prescription drugs, except as otherwise covered.
- » Treatment, services or supplies 1) provided by or through any employer of a Covered Person or the employer of a Covered Person's Immediate Family member; or 2) provided by the Covered Person's Immediate Family member or any entity in which a Covered Person or their Immediate Family member receives, or is entitled to receive, any direct or indirect financial benefit, including but not limited to an ownership interest in any such entity.



# TRIADA

## Who we are

Triada is an insurance company that offers benefits solutions that provide excellent coverage at an affordable price, with policies that are easy to understand and even easier to use. Using state-of-the-art technology, Triada educates and engages customers, so they feel comfortable utilizing their insurance.



Visit us on the web at: [www.Triada.com](http://www.Triada.com)

