

**SCHEDULE OF BENEFITS
FOR
NORTHERN KENTUCKY UNIVERSITY**

P101

Your Certificate of Coverage outlines all benefit plan options. This Schedule of Benefits tells you exactly which of those benefits are covered under **your** plan. The payment of benefits is subject to the exclusions, limitations, and other terms of your Certificate.

Dependent Age Limit:	Dependents to age 19 Full-time students to age 25 if the child continues to be a full-time student and qualifies as a federal tax exemption.
Benefit Period:	Calendar Year.
Orthodontic Eligibility:	None.

DEDUCTIBLE

<u>Network</u>	<u>Out of Network</u>
\$25 individual/ \$75 family each Benefit Period. The Deductible applies to Class I, II, III and IV Services.	\$25 individual/ \$75 family each Benefit Period. The Deductible applies to all Covered Services.

BENEFIT MAXIMUMS

<u>Network</u>	<u>Out of Network</u>
\$1,500 per Covered Person each Benefit Period.	\$1,000 per Covered Person each Benefit Period.

AMOUNT
Out of Network

Network

Diagnostic and Preventive Services are payable at 100% of the Allowable Amount.

Class I Services are payable at 80% of the Allowable Amount.

Class II Services are payable at 80% of the Allowable Amount.

Class III Services are payable at 80% of the Allowable Amount.

Class IV Services are payable at 50% of the Allowable Amount.

Orthodontic Services are not covered.

Diagnostic and Preventive Services are payable at 75% of Allowable Amount.

Class I Services are payable at 60% of the Allowable Amount.

Class II Services are payable at 60% of the Allowable Amount.

Class III Services are payable at 60% of the Allowable Amount.

Class IV Services are payable at 40% of the Allowable Amount.

Orthodontic Services are not covered.

AMOUNT	
<u>Network</u>	<u>Out of Network</u>
Diagnostic and Preventive Services are payable at 100% of the Allowable Amount.	Diagnostic and Preventive Services are payable at 75% of Allowable Amount.
Class I Services are payable at 80% of the Allowable Amount.	Class I Services are payable at 60% of the Allowable Amount.
Class II Services are payable at 80% of the Allowable Amount.	Class II Services are payable at 60% of the Allowable Amount.
Class III Services are payable at 80% of the Allowable Amount.	Class III Services are payable at 60% of the Allowable Amount.
Class IV Services are payable at 50% of the Allowable Amount.	Class IV Services are payable at 40% of the Allowable Amount.
Orthodontic Services are not covered.	Orthodontic Services are not covered.

AMOUNT	
<u>Network</u>	<u>Out of Network</u>
Diagnostic and Preventive Services are payable at 100% of the Allowable Amount.	Diagnostic and Preventive Services are payable at 75% of Allowable Amount.
Class I Services are payable at 80% of the Allowable Amount.	Class I Services are payable at 60% of the Allowable Amount.
Class II Services are payable at 80% of the Allowable Amount.	Class II Services are payable at 60% of the Allowable Amount.
Class III Services are payable at 80% of the Allowable Amount.	Class III Services are payable at 60% of the Allowable Amount.
Class IV Services are payable at 50% of the Allowable Amount.	Class IV Services are payable at 40% of the Allowable Amount.
Orthodontic Services are not covered.	Orthodontic Services are not covered.