

# How CompSelect<sup>SM</sup> Works

**Deductible**  
**\$500**



**Coinsurance**  
**75%**  
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**25%**



**Out-of-Pocket Maximum**



**Balance**  
**100%**

You pay the first \$500 of eligible expenses.

After you meet your deductible your plan pays 75% of UCR\* up to your out-of-pocket maximum.

You pay 25% of UCR\* as coinsurance up to your out-of-pocket maximum.

You have reached your out-of-pocket maximum when you have paid \$3,000 in coinsurance per calendar year.

Your plan pays 100% of UCR\* for most eligible expenses after your out-of-pocket maximum has been met.

## Benefit Summary

Overall Lifetime Maximum (includes psychiatric care).	\$1,000,000
Deductible per Calendar Year	\$500 individual/\$1,000 family
Coinsurance	Plan pays 75%/subscriber pays 25% (50%/50% for outpatient diagnostic or mental/nervous services)
Subscriber Out-of-Pocket Maximum per Calendar Year	\$3,000 individual/\$6,000 family
Office Visits	Limit 4, with a \$10 copay per individual per calendar year
Annual Gynecological Exam	Covered at 100%
Hospital Stay	Covered 70 days per calendar year
Skilled Nursing Facility	Covered 30 days per calendar year
Outpatient Therapies Maximum (physical, cardiac, respiratory)	\$1,000 per calendar year per subscriber
Outpatient Psychiatric Care	30 visits at 50% coinsurance up to \$35.00 maximum payment

## Student CompSelect from Independence Blue Cross and Highmark Blue Shield also offers:

- Inpatient Hospitalization (room and board)
- Surgery and Anesthesia
- Diagnostic X-Ray and Laboratory Tests (covered at 50%)
- Radiation and Chemotherapy
- Home Health, Hospice and Respite Care
- Outpatient Private Duty Nursing
- Durable Medical Equipment
- Emergency Medical and Accident Care
- Maternity and Newborn Care
- Outpatient Hospital Services
- Allergy Testing
- Substance Abuse Care
- Ambulance Services

### Exclusions

Exclusions include, but are not limited to, prescription drugs, sterilizations and reversals, hearing aids, assisted fertilization, outpatient occupational therapy and speech therapy, and anything considered not medically necessary or considered to be experimental or investigative.

*For a complete list of benefits and exclusions, please see a Student CompSelect benefits booklet.*

\*UCR: is the Usual, Customary and Reasonable amount which will be accepted as payment in full by a participating Blue Shield provider.  
NOTE: Non-participating providers may charge amounts that are in excess of UCR\* payment. You are responsible for these additional amounts.