

**LOMA LINDA UNIVERSITY STUDENT HEALTH PLAN**  
**07-01-19**

The LLU Student Health Plan provides comprehensive medical coverage and limited dental coverage for eligible students. Contrary to most other plans, our plan has no deductibles and provides 100% coverage for office visits at the Student Health Service as well as 100% coverage for inpatient hospital and physician services and outpatient diagnostic services. The plan also funds 100% coverage for counseling services provided through the Student Assistance Program. Most other outpatient specialty services are subject to a \$40 co-payment per visit. On-campus prescription drug coverage is subject to co-payments of \$15 and \$30 for generic and brand drugs respectively. Expenses incurred before your plan coverage becomes effective or after your plan coverage has terminated will not be covered. This plan will only provide medical coverage on an excess basis. This means that all medical expenses must first be submitted to any other available source of health care coverage. There is no optical coverage available.

**PREFERRED PROVIDER PLAN:** The health plan has been developed as a PPO (Preferred Provider) plan. You may utilize services outside of the preferred provider structure; however it will be at reduced benefits. The Medical PPO Directory can be viewed by visiting <https://myllu.llu.edu/livingwhole/preferredproviders>.

*The Dental PPO Directory on this site does not apply to the LLU Student Health Plan. LLU School of Dentistry Clinic is the only PPO provider for LLU Student Health Plan with limited dental coverage as outlined in the attached schedule of benefits.*

**PLAN YEAR** The Plan benefit year is a fiscal year and runs from **July 1** through **June 30**.

**ELIGIBILITY** You are eligible for benefits if you:

- Are attending Loma Linda University as a graduate or undergraduate; and
- Are a degree track student. Students who are accepted into a degree program and registered for more than 0 units will be charged the enrollment fee regardless of the number of units they're registered for.

**Additional information regarding eligibility:**

- Students who drop before the deadline will not be charged nor covered. Any student who is charged the fee and drops all units before the last day for a full refund (generally 1 week after the first day of classes), will receive a full refund of the enrollment fee and they will have no access to any University benefits. Please refer to the Student Finance 100% refund policy.
- LLUH employees who are “full time benefit eligible” will not be charged the fee. The fee will not

**PRESCRIPTION DRUG COVERAGE** The standard co-payment amounts are \$15.00 for generic drugs and \$30.00 for brand name drugs that are dispensed by the LLUMC Outpatient Pharmacy, the Faculty Pharmacy (located in the FMO building), the LLU Community Pharmacy (located in the Professional Plaza), the Meridian Pharmacy, the Highland Springs Pharmacy (located at Highland Springs Medical Plaza), the LLU Home Delivery Pharmacy and the LLUMC-Murrieta pharmacy.

For standard prescriptions filled at any other participating CVS Caremark pharmacy, there will normally be a \$25.00 co-payment for generic products or a \$40.00 co-payment for brand name drugs.

If a student voluntarily chooses to obtain a brand name drug when a generic equivalent drug is available, the student will be required to pay the difference in cost between the brand drug and the generic alternative in addition to the generic drug co-payment amount.

### 3. **Mail Order Prescriptions**

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**UTILIZATION REVIEW** All services that require pre-admission review or prior authorization must be processed through t

**LOMA LINDA UNIVERSITY  
STUDENT HEALTH PLAN  
SCHEDULE OF BENEFITS  
7/1/2019**

This schedule of benefits only provides a summary of the medical and dental coverage, limits, co-payments and co-insurance that apply to the Plan. For a complete description of the services covered under the Plan, as well as applicable benefit limitations, exclusions and conditions that apply to your coverage, please refer to the applicable section within the Plan document.

**A. MEDICAL COVERAGE**

**Annual Out-of-Pocket Limits**

Out-of-pocket co-payment and co-insurance maximum



	<b><u>Annual Maximum Benefit</u></b>	<b><u>Coverage % for Preferred Providers</u></b>	<b><u>Out-of-Network Provider Coverage %</u></b>
<b><u>Vision Care</u></b>			
Initial and Routine Examinations		No PPO	\$40.00 co-pay/visit
Prescription Glasses & Contact Lenses		No Coverage	No Coverage
<b><u>Hearing Care</u></b>			
Audiometricians (by physician referral)		No PPO	\$40.00 co-pay/visit
Hearing Specialists			



**B. DENTAL COVERAGE**

	<b><u>Annual Maximum Benefit</u></b>	<b><u>% Coverage at the School of Dentistry</u></b>	<b><u>% Coverage for Other Dental Providers</u></b>
Per Individual	up to \$1,000/year		
<b><u>Dental Care</u></b>			
Preventive Services (routine exam & cleaning)		100%	No Coverage
Basic Services		80%	No Coverage
Major Services		No Coverage	No Coverage

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\* **Prior Authorization Required. Failure to obtain prior auth** TETQ.00000912 / Tf1 0 0 1 173974q0.05(bta)-2eainsETQ.0000091rM