

# Student Health Insurance Plan



## Eligibility

- All degree-seeking students, regardless of credit hours
- All International Students (F and J visas), regardless of degree-seeking status, must purchase the Student Health Insurance Plan, unless they meet specific requirements to waive.

Please view the complete brochure on-line at [csm.myahpcare.com](http://csm.myahpcare.com) for full details of participation in the plan.

## How to Waive

If you have other adequate health insurance and would like to waive the Student Health Insurance Plan, you must go online to [csm.myahpcare.com](http://csm.myahpcare.com) and complete the online waiver by the deadline dates each semester. The Annual/Fall waiver period begins **July 15, 2019** and the waiver deadline is **September 4, 2019**. The Spring/Summer (new students) waiver period opens **December 15, 2019** and the deadline to waive is **January 22, 2020**.

### PLAN HIGHLIGHTS

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of Cigna PPO Network.

### BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited per Insured Person, Per Policy Year
Deductible ( <i>Not applicable to Preventive Services</i> )	In-Network Provider: \$0 per Insured Person, per Policy Year Out-of-Network Provider: \$1,000 per Insured Person, per Policy Year
Individual Out-of-Pocket Expense Limit	In-Network Provider: \$2,000 per Insured Person, per Policy Year Out-of-Network Provider: \$4,000 per Insured Person, per Policy Year

Preventive Services: The Deductible is not applicable to Preventive Services. Benefits for services provided by a Network Provider are paid at 100% of the PPO Allowance for Covered Medical Expenses. Benefits for services provided by a Non-Network Provider are provided at the Coinsurance Amount shown below. Please visit [healthcare.gov/preventive-care-benefits/](http://healthcare.gov/preventive-care-benefits/) for more information.

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the PPO Allowance for Covered Medical Expenses</i>	<i>Payments are based on Usual and Reasonable Charges for Covered Medical Expenses</i>
Hospital Room and Board Expense <i>Precertification Required</i>	80% after a \$250 Copayment	60% after a \$750 Copayment
Inpatient/Outpatient Surgery <i>Inpatient: Precertification Required</i>	80%	60%
In-Office Physician's Fees <i>\$25 Copayment per visit</i>	100%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense <i>\$100 Copayment per visit</i>	80%	80%
Prescription Drugs	<i>At pharmacies contracting with Cigna Rx®</i> 100% after a \$15 Copayment per Generic Drug \$30 Copayment per Preferred Brand Drug \$60 Copayment per Brand Drug	No Benefits

### 2019-2020 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual* 08/01/2019 to 08/01/2020	Spring/Summer (New Students)* 01/01/2020 to 08/01/2020	Summer I* 05/11/2020 to 08/01/2020
Student	\$ 2,600.00	\$ 1,519.00	\$ 583.00

\*The coverage periods are effective and will be effective and terminate at 12:01am on the dates advertised. These rates include an administrative fee.

To view all enrollment and coverage periods available, please visit [csm.myahpcare.com](http://csm.myahpcare.com) or call Academic HealthPlans at 1-855-517-8460.



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