

# John Brown University 2015-2016 Student Health Insurance Plan

## Eligibility

All **Domestic and International Traditional Undergraduate** students enrolled for nine (9) or more credit hours are required to purchase this Student Health Insurance Plan and the premium for coverage is added to the tuition billing unless proof of comparable coverage is furnished by **August 15, 2015**.

All **Graduate** students enrolled in three (3) or more credit hours and **Degree Completion** students enrolled in three (3) or more credit hours are eligible to enroll in this insurance plan.

## How do I Waive?

All **Domestic and International Traditional Undergraduate** students must provide proof of comparable coverage by **August 15, 2015**, or the insurance will be automatically tuition billed to their student accounts.

If you would like to waive out of the Student Health Insurance Plan, you must go online to the school's website at <https://eagle.jbu.edu/Services/StudentInsurance> and complete the online waiver by the deadline date.

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



## Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services

## Additional Information

- [jbu.myahpcare.com](http://jbu.myahpcare.com)
- (855) 850-4302



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# Student Health Insurance Plan

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. The PPO network is Cigna.

## BENEFIT MAXIMUMS & DEDUCTIBLES

**Benefit Maximum** Unlimited, per Insured Person, per Policy Year

**Deductible** \$ 250 per Insured Person, per Policy Year

**Out-of-Pocket Maximum** \$ 6,600 per Insured Person, per Policy Year

**Family Out-of-Pocket Maximum** \$13,200 per Insured Person, per Policy Year

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Reasonable Charges</i>
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
In-Office Physician Fees	80%	60%
Diagnostic X-ray Services & Outpatient Laboratory Procedures	80%	60%
Emergency Services Expense	80% after a \$50 Copayment per emergency visit \$250 Copayment per non-emergency visit	80% after a \$50 Copayment per emergency visit 60% after a \$250 Copayment per non-emergency visit
Prescription Drugs 30 day retail supply	At pharmacies contracting with HealthSmart RX® 100% after a \$10 Copayment per Generic Drug \$25 Copayment per Preferred Brand Drug	60%
Preventive Care Services	100%	60%

## 2015-2016 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual	Spring/Summer	Summer
	08/15/2015 through 08/14/2016	01/13/2016 through 08/14/2016	05/09/2016 through 08/14/2016
Open Enrollment	07/15/2015 through 09/15/2015	12/12/2015 through 02/12/2016	04/12/2016 through 06/12/2016
Student	\$ 1,988	\$ 1,168	\$ 532
Spouse	\$ 3,943	\$ 2,316	\$ 1,056
Child	\$ 2,959	\$ 1,738	\$ 793

To view all enrollment and coverage periods available, please visit [jbu.myahpcare.com](http://jbu.myahpcare.com) or call Academic HealthPlans at (855) 850-4302.