

# Purchase College-State University of New York 2015-2016 Student Health Insurance Plan

## Eligibility

All Students enrolled in a full-time course of study (at least 12 or more credit hours) leading to a degree at Purchase College are automatically enrolled. The premium is charged each semester for the coverage, unless a waiver form showing comparable coverage is received by the Office of Student Financial Services.

Matriculated students enrolled in at least 6, but not more than 11 credit hours, will be automatically enrolled in and charged premium each semester for the Purchase College Student Health Insurance Plan unless the student notifies the Office of Student Financial Services that she/he does not want to be covered. Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis.

The premium for coverage added to the student's tuition bill will remain unless a successful waiver is completed by the applicable waiver deadline. To waive coverage under the plan, students must submit proof of comparable coverage through myHeliotrope at [www.purchase.edu/portal](http://www.purchase.edu/portal) by the waiver deadline.

Please view the complete brochure on-line at [purchase.myahpcare.com](http://purchase.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

- [purchase.myahpcare.com](http://purchase.myahpcare.com)
- (855) 824-9684

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## BENEFIT MAXIMUMS & DEDUCTIBLES\*

### Benefit Maximum

Unlimited, per Insured Person, per Policy Year

### Deductible

Network Provider: \$ 100 per Insured Person, per Policy Year  
 Non-Network Provider: \$ 300 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 & Laboratory Procedures	80%	60%
Emergency Services Expense <i>\$100 Copayment per visit (waived if admitted)</i>	80%	80%
Prescription Drugs	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a \$10 Copayment per prescription for Tier 1 \$45 Copayment per prescription for Tier 2 \$75 Copayment per prescription for Tier 3	No Benefit
Preventive Care Services	100%	70%

\*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 UnitedHealthcare Options PPO.

## 2015-2016 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall	Spring/Summer
	08/14/2015 through 01/19/2016	01/20/2016 through 08/13/2016
Open Enrollment	07/15/2015 through 09/15/2015	12/15/2015 through 02/15/2016
Student	\$ 616	\$ 616
Spouse	\$ 616	\$ 616
Child	\$ 616	\$ 616
Children	\$ 1,232	\$ 1,232

To view all enrollment and coverage periods available, please visit [purchase.myahpcare.com](http://purchase.myahpcare.com) or call Academic HealthPlans at (855) 824-9684.