

# 2016-2017 Albert Einstein College of Medicine of Yeshiva University Student Health Insurance Plan



## Eligibility

All medical students attending the Albert Einstein College of Medicine of Yeshiva University are required to enroll in the Student Health Insurance Plan at registration, unless proof of comparable coverage is furnished.



Eligible dependents of those enrolled in the plan may participate in the plan on a Voluntary basis.

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

### Additional Benefit

- Access to a 24-hour nurse line

### Additional Information

-  [einstein.myahpcare.com](http://einstein.myahpcare.com)
-  (855) 856-4198



This plan is underwritten by Tufts Insurance Company (TIC), and administered by Christie Student Health Plans LLC (CSHP). Christie Student Health is the brand name for the student health products and services provided by TIC and CSHP. The Albert Einstein College of Medicine of Yeshiva University Policy Number is SP100106

# 2016-2017 Albert Einstein College of Medicine of Yeshiva University 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. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of the Cigna network (outside of MA and RI) and Tufts Health Plan (within MA and RI).

## BENEFIT MAXIMUMS & DEDUCTIBLES

<b>Benefit Maximum</b>	Unlimited, per Member, per Policy Year
<b>Deductible</b>	In-Network Provider: \$400 per Member, per Policy Year Out-of-Network Provider: \$400 per Member, per Policy Year
<b>Individual Out-of-Pocket Maximum</b>	In-Network Provider: \$3,300 per Insured Person, per Policy Year Out-of-Network Provider: N/A
<b>Family Out-of-Pocket Maximum</b>	In-Network Provider: \$6,600 per Insured Person, per Policy Year Out-of-Network Provider: N/A

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	Participating Provider Member Responsibility	Non- Participating Provider Member Responsibility
<b>Hospital Room and Board Expense</b>	20% of allowed amount	40% of allowed amount
<b>Inpatient/Outpatient Surgery</b>	20% of allowed amount	40% of allowed amount
<b>In-Office Physician Fees</b>	Covered in full after a \$20 Copayment	30% of reasonable charges after a \$30 Copayment
<b>Specialists In-Office Physician Fees</b>	Covered in full after a \$20 Copayment	30% of reasonable charges after a \$40 Copayment
<b>Physical, Occupational &amp; Speech Therapy</b>	20% of allowed amount	40% of allowed amount
<b>Diagnostic X-ray Services &amp; Laboratory Procedures</b>	20% of allowed amount	40% of allowed amount
<b>Emergency Services Expense</b> <i>Copayment waived if admitted</i>	20% of reasonable charges after a \$150 Copayment per visit	20% of reasonable charges after a \$150 Copayment per visit
<b>Prescription Drugs</b>	<b>Covered in full following:</b> \$15 Copayment for Generic Drugs \$30 Copayment for Preferred Brand Name Drugs \$30 Copayment for Non-Preferred Brand Name Drugs	<b>Covered in full following:</b> \$15 Copayment for Generic Drugs \$30 Copayment for Preferred Brand Name Drugs \$30 Copayment for Non-Preferred Brand Name Drugs
<b>Preventive Care Services*</b>	Covered in full	30% of allowed amount

\*See brochure online at [einstein.myahpcare.com](http://einstein.myahpcare.com) for full details of this benefit.

Exclusions: : The following is a partial list of services and supplies that are not covered. Aviation; Convalescent and Custodial Care; Cosmetic Services; Coverage Outside of the United States, Canada or Mexico; Dental Services; Experimental or Investigational Treatment; Foot Care; Government Facility; Medically Necessary; Medicare or Other Governmental Program; Military Service; No-Fault Automobile Insurance; Services Provided by a Family Member; Services With No Charge; Services not Listed; Vision Services; Workers' Compensation.

If there is a conflict between this overview and the PPO Certificate, the PPO Certificate is the governing document. If you have questions, please contact Christie Student Health Customer Care: (844) 603-6195.

## 2016-2017 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	2nd through 4th Year Annual	1st Year Annual
	07/01/2016 through 06/30/2017	08/15/2016 through 06/30/2017
<b>Open Enrollment</b>	05/15/2016 through 06/15/2016	08/15/2016 through 09/15/2016
<b>Student</b>	\$ 4,820.00	\$ 4,213.00
<b>Spouse</b>	\$ 4,820.00	\$ 4,213.00
<b>Child</b>	\$ 4,820.00	\$ 4,213.00

To view all enrollment and coverage periods available, please visit [einstein.myahpcare.com](http://einstein.myahpcare.com) or call Academic HealthPlans at (855) 856-4198.