

St. Mary's University 2016 - 2017

# Student Health Insurance Plan



## Eligibility

All registered students residing on campus and all intercollegiate athletes will be automatically enrolled in the Student Health Insurance Plan at registration and premium will be added to your tuition bill unless proof of comparable coverage is provided. Students that have comparable coverage must complete the online waiver by the 12th class day at [stmarytx.myahpcare.com/waiver](http://stmarytx.myahpcare.com/waiver).

All other registered undergraduate, graduate and doctoral students taking six (6) or more credit hours are eligible to participate in the Plan and may enroll online at [stmarytx.myahpcare.com](http://stmarytx.myahpcare.com) or request to add premium to their tuition bill by the 12th class day.

Graduate students completing thesis or dissertation and enrolled in their last semester are eligible to participate in the Plan.

All registered F, J, H International students, including J and F-visa Intensive English Program (IEP) students, will be automatically enrolled in the Student Health Insurance Plan.

International students may submit an online waiver to remove the health insurance premium from their business accounts by the deadline. There are strict requirements that must be met before a waiver is granted, including demonstration of medical evacuation and repatriation benefits.

AHP reserves the right to deny waiver requests. Deadline for online waiver requests at [stmarytx.myahpcare.com/waiver](http://stmarytx.myahpcare.com/waiver) is the 12th class day the semester the student is entering. Please visit Gateway for more specific deadline dates.

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

## How do I Waive?



Deadline to waive is the 12th class day of the semester you are entering. Students living on campus, intercollegiate athletes and international students (F, J, and H visas) can waive coverage by completing an online waiver at: [stmarytx.myahpcare.com/waiver](http://stmarytx.myahpcare.com/waiver).

Fall 2016 Deadline: Friday, September 02, 2016  
Spring 2017 Deadline: Friday, February 03, 2017  
Summer 2017 Deadline: Friday, June 10, 2017

## Additional Benefits

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

## Additional Information

 [stmarytx.myahpcare.com](http://stmarytx.myahpcare.com)  
 (855) 357-0238



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 St. Mary's University Policy Number is SP100101.

# St. Mary's University 2016 - 2017

## 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 Insured Person, per Policy Year
<b>Deductible</b> <i>(The Deductible is waived for preventive care and for services rendered at the Student Health Center.)</i>	\$500 per Insured Person, per Policy Year
<b>Individual Out-of-Pocket Maximum</b>	\$6,350 per Insured Person, per Policy Year
<b>Family Out-of-Pocket Maximum</b>	\$12,700 per Family, per Policy Year

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the Allowed Amount</i>	<i>Payments are based on the Reasonable Charges</i>
<b>Hospital Room and Board Expense</b>	80%	60%
<b>Inpatient/Outpatient Surgery</b>	80%	60%
<b>In-Office Physician Fees</b> <i>100% after a \$10 Copayment at SHC only.</i>	100% after a \$50 Copayment (Deductible Waived)	60%
<b>Physical, Occupational &amp; Speech Therapy</b>	80%	60%
<b>Diagnostic X-ray Services &amp; Laboratory Procedures</b>	80%	60%
<b>Emergency Services Expense</b> <i>Copayment waived if admitted</i>	80% \$200 Copayment per visit	80% \$200 Copayment per visit
<b>Prescription Drugs</b>	<b>At pharmacies contracting with CVS Health</b> 100% after a \$15 Copayment per Generic Drug \$30 Copayment per Preferred Brand Drug \$45 Copayment per Non-Preferred Brand Drug	60%
<b>Preventive Care Services</b>	100%	60%

**Exclusions:** The following is a partial list of services and supplies that are not covered. Custodial Care; Expenses incurred for experimental or investigational treatment, except as specifically provided in the Plan; Care for conditions for which benefits are available under workers' compensation or other government programs other than Medicaid; Preventive dental care, except as provided under "Pediatric dental care for Members under age 19" benefit; Reversal of voluntary sterilization; A service, supply or medication which is not medically necessary.

For a full description of covered benefits and exclusions, please view the St. Mary's University PPO Certificate by visiting [stmarytx.myahpcare.com](http://stmarytx.myahpcare.com). If there is a conflict between this overview and the PPO Certificate, the PPO Certificate is the governing document. If you have any benefit related questions, please contact Christie Student Health Customer Care: (844) 603-6192.

### 2016-2017 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 08/02/2016 through 12/31/2016	Spring 01/01/2017 through 08/01/2017	Summer 05/30/2017 through 08/10/2017	Summer 2 07/06/2017 through 08/10/2017
<b>Open Enrollment</b>	06/01/2016 through 09/23/2016	12/01/2016 through 02/17/2017	04/15/2017 through 06/03/2017	06/18/2017 through 07/11/2017
<b>Student</b>	\$ 974	\$ 974	\$ 390	\$ 192
<b>Spouse</b>	\$ 974	\$ 974	\$ 390	\$ 192
<b>Child</b>	\$ 974	\$ 974	\$ 390	\$ 192

To view all enrollment and coverage periods available, please visit [stmarytx.myahpcare.com](http://stmarytx.myahpcare.com) or call Academic HealthPlans at (855) 357-0238.