

Cardozo School of Law

of Yeshiva University

Student Health Insurance Plan



Underwritten by Tufts Insurance Company.
Policy number: SP100111

BRINGING LAW TO LIFE

CARDOZO LAW

BENJAMIN N. CARDOZO SCHOOL OF LAW • YESHIVA UNIVERSITY



Academic
HealthPlans

Form number: 100110-100111-1-1617-1

2016 - 2017

Top 5 Things You Need To Know

#1 The Student Health Insurance Plan provides coverage for basic care and prescription drugs which includes, but is not limited to the following:

- Primary Care
- Care from many specialists
- Urgent Care



- Mental and behavioral health care/counseling
- Lab testing and screenings

#2 The Student Health Insurance Plan provides nationwide coverage through Cigna with access to over 840,000 providers and 6,000 hospitals.

#3 Your Student Health Insurance Plan also includes Prescription Drug Coverage through CVS Health.

#4 Eligible students are automatically enrolled and billed for the Student Health Insurance Plan. To determine your eligibility, view page 3 of this brochure.



#5 Once registered, you can access all of the tools the Student Portal has to offer, including accessing a copy of your ID card. This way, if necessary, you can go see a doctor or fill a prescription.

Online Tools

Our Student Portal provides students with one central location for all of your student health insurance needs, including getting a copy of your ID card, viewing claims, searching for a provider or hospital and viewing eligibility details and benefit documents.

Useful contact info:

Academic HealthPlans:

For questions about enrollment and waivers call (855) 850-4192

Christie Student Health Customer Care:

For questions about claims and benefits call (844) 744-9234

CVS Health:

For prescription drug information call (866) 760-4274

24 Hour Nurse Line: (877) 924-7758

Mail claims to:

Cigna
PO Box 188061
Chattanooga, TN 37422-8061

Search for a provider: www.christiestudenthealth.com/cardozo/tools-resources/

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.

View plan details at cardozo.myahpcare.com

Are you eligible?

All Cardozo School of Law students (domestic or international) enrolled in six (6) or more credit hours are required to enroll in the Student Health Insurance Plan and the premium cost will be automatically billed to the student's Cardozo account. Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis.

If you withdraw from school within the first 31 days of a coverage period, you will not be covered under the Policy and the full premium will be refunded, less any claims paid. After 31 days, you will be covered for the full period that you have paid the premium for, and no refund will be allowed. (This refund policy will not apply if you withdraw due to a covered Accident or Sickness.)

Dependent Coverage

Covered students may also enroll their lawful spouse and dependent children.

Covered dependent children are covered until the end of the Policy Year in which the child reaches the age of 26 unless the Child is eligible for an extension beyond this limiting age.

Extension of Coverage to Age 28:

If the Child is an unmarried child who attains the limiting age for a Dependent child, coverage for the child can be extended until he or she attains twenty-eight (28) years of age, if all of the following are true:

- The Child is the natural child, stepchild, or adopted child of the Covered Student.
- The Child is a resident of the State of New York or a full-time student at an accredited public or private institution of higher education.
- The Child is not employed by an employer that offers any health benefit plan under which the student is eligible for coverage.
- The Child is not eligible for coverage under the Medicaid program or the Medicare program.

Did you know?

You can save money by visiting an In-Network provider through the Cigna PPO network.

Qualifying Life Event:

Eligible students who have a change in status and lose coverage under another Health Care Plan are eligible to enroll for coverage under the Policy provided, within 31 days of the qualifying life event, students should send a copy of the Certificate of Creditable Coverage, the completed Qualifying Life Events Form and the letter of ineligibility to Academic HealthPlans. A change in status due to a qualifying life event includes, but is not limited to, loss of a spouse, whether by death, divorce, annulment or legal separation. You may download a form from cardozo.myahpcare.com.

Enrollment and Waiver Details

In order to waive coverage, students will be required to complete an online waiver request form and provide proof of comparable coverage prior to the waiver deadline. Please view the complete brochure on-line at cardozo.myahpcare.com for full details of participation in the plan. Waive through the Cardozo School of Law Portal at cardozo.myahpcare.com.

Waiver Deadline

The deadline for students to complete the waiver form is **September 9, 2016** for annual coverage, and **January 27, 2017** for the spring/summer semesters. Students who do not submit an online waiver form by the deadline will be enrolled in and billed for the Student Health PPO Plan.

View plan details at cardozo.myahpcare.com

Cardozo School of Law Student Health Insurance

The Cardozo School of Law Student Health Insurance Plan is a fully insured student health insurance plan underwritten by Tufts Insurance Company (“TIC”), and administered by Christie Student Health Plans LLC (CSHP).

Your Plan is a Preferred Provider Organization or “PPO” Plan. It provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of the Plan’s network referred to as “In-Network”.

The In-Network providers participate in the Cigna network outside of MA and RI and in the Tufts Health Plan Network in Massachusetts and Rhode Island.

The Plan also provides coverage when you obtain Covered Medical Expenses from Physicians who are not part of the Plan’s network, referred to as “Out-of-Network”.

The Premium Rates and the list of Covered Services are illustrated in the tables below. Please contact a Christie Student Health Customer Care Representative with any questions regarding plan benefits or claims by calling (844) 744-9234

Did you know?

The Student Health PPO Plan includes discount vision services.

Rates

	Annual	Fall	Spring/Summer	Summer
Student	\$2,945	\$1,472.50	\$1,472.50	\$743
Spouse	\$2,945	\$1,472.50	\$1,472.50	\$743
Child	\$2,945	\$1,472.50	\$1,472.50	\$743

Effective Dates

All Students	Effective Date	Termination Date
Annual	8/13/16	8/12/17
Fall	8/13/16	12/31/16
Spring/Summer	1/01/17	8/12/17
Summer	5/13/17	8/12/17

Covered Services

The covered services below are for students and their dependents. For a full description of covered benefits, please view the Cardozo School of Law PPO Certificate by visiting cardozo.myahpcare.com.

Metallic Tier: Gold/Tested at 82.53%

Annual Deductible	Participating Provider: \$500 per member Non-Participating Provider: \$500 per member	
Out of Pocket Maximum	Participating Provider: \$5,625 per member; \$11,250 Family Non-Participating Provider: None	
Plan Maximum	Unlimited	
Benefit type	Participating Provider Member Responsibility	Non-Participating Provider Member Responsibility
Inpatient Hospital Expense (Including Intensive Care Unit)	20% of allowed amount after deductible	40% of reasonable charges after deductible
Surgical Expense (Inpatient and Outpatient)	20% of allowed amount after deductible	40% of reasonable charges after deductible
Inpatient Physician or RN Visit Expense	20% of allowed amount after deductible	40% of reasonable charges after deductible
Anesthesia Expense (Inpatient and Outpatient)	20% of allowed amount after deductible	40% of reasonable charges after deductible
Surgeon and Assistant Surgeon Expense (Inpatient and Outpatient)	20% of allowed amount after deductible	40% of reasonable charges after deductible
Inpatient Miscellaneous Expense	20% of allowed amount after deductible	40% of reasonable charges after deductible
Inpatient Maternity Expense (including Newborn Care)	20% of allowed amount after deductible	40% of reasonable charges after deductible
Inpatient Mental Health	20% of allowed amount after deductible	40% of reasonable charges after deductible
Inpatient Substance Abuse	20% of allowed amount after deductible	40% of reasonable charges after deductible
Skilled Nursing Expense	20% of allowed amount after deductible	40% of reasonable charges after deductible
Rehabilitation Facility Expense	20% of allowed amount after deductible	40% of reasonable charges after deductible
Pre-admission Testing Expense*	20% of allowed amount	40% of reasonable charges
Physician Office Visit Expense (Including Specialists)*	\$30 copay then covered in full	\$30 copay then 30% of reasonable charges
Emergency Room Expense*	\$175 copay then 20% of allowed amount	\$175 copay then 20% of reasonable charges
Emergency Ambulance Transportation Expense	20% of allowed amount after deductible	20% of reasonable charges after deductible
Urgent Care Center Expense*	\$35 copay then covered in full	\$35 copay then 30% of reasonable charges
Diagnostic Labs & X-rays Expense*	20% of allowed amount	40% of reasonable charges
Advanced Imaging Services (including MRI, CT Scan)*	20% of allowed amount	40% of reasonable charges
Routine Physical Exams	Covered in full*	30% of reasonable charges after deductible
Routine Immunizations	Covered in full*	30% of reasonable charges after deductible
Routine Mammograms	Covered in full*	30% of reasonable charges after deductible
Routine Pap Smears	Covered in full*	30% of reasonable charges after deductible

Continued on next page

View plan details at cardozo.myahpcare.com

Covered Services, cont.

Benefit Type	Participating Provider Member Responsibility	Non-Participating Provider Member Responsibility
Family Planning and Reproductive Health Services	Covered in full*	30% of reasonable charges after deductible
Outpatient Maternity Prenatal & Postnatal Care*	Covered in full	30% of reasonable charges
Breast Pump Expense	Covered in full*	30% of reasonable charges after deductible
Physical, Occupational and Speech Expense	20% of allowed amount after deductible	40% of reasonable charges after deductible
Chiropractic Expense	20% of allowed amount after deductible	40% of reasonable charges after deductible
Durable Medical Equipment Expense	20% of allowed amount after deductible	40% of reasonable charges after deductible
Hospice Expense	20% of allowed amount after deductible	40% of reasonable charges after deductible
Home Health Care Expense	20% of allowed amount after deductible	40% of reasonable charges after deductible
Ambulance Service Expense	20% of allowed amount after deductible	20% of reasonable charges after deductible
Outpatient Mental Health Expense*	\$30 copay then covered in full	\$30 copay then 30% of reasonable charges
Outpatient Substance Abuse Expense*	\$30 copay then covered in full	\$30 copay then 30% of reasonable charges
Pediatric Vision – Routine Exam (One Exam per policy year)	Covered in full*	30% of reasonable charges after deductible
Pediatric Vision – Prescribed lenses, frames and contacts	Covered in full*	30% of reasonable charges after deductible
Pediatric Dental Care Expense – Routine/Preventative Care*	Covered in full	Covered in full
Pediatric Dental Care Expense – Major*	30% of allowed amount	30% of reasonable charges
Pediatric Medical – Orthodontia*	50% of allowed amount	50% of reasonable charges
Prescription Drug Expense*	Covered in full following: \$10 copay for Generic \$30 copay for Preferred Brand name drugs \$50 copay for Non-Preferred Brand name drugs	Covered in full following: \$10 copay for Generic \$30 copay for Preferred Brand name drugs \$50 copay for Non-Preferred Brand name drugs

*The annual deductible is waived for these services.

Commonly Used terms

Claim: A request for payment that is submitted to your health insurance company for services received.

Co-insurance: Your share of the costs of covered health care services calculated as a percent (for example, 20%) of the allowed amount for the service.

Copayment (copay): The fixed amount you pay for a certain covered health care services, paid at the time of service.

Deductible: The amount you pay for Covered Services before any payments will be made by your insurance company.

Eligibility: Terms of an insurance policy that define the requirements to become a member on the insurance plan.

Exclusions: Expenses for which the plan does not cover nor provide benefits for.

In-Network: Refers to a provider or facility that has a contract with your health insurance company or plan to provide services to you at a discount.

Inpatient Care: Medical services provided after a patient is admitted to a facility such as a hospital.

Out-of-Network: Refers to a provider or facility that does not have a contract with your health insurance company and therefore you may incur higher costs.

Out-of-Pocket Maximum: The maximum amount that you pay during your plan's policy period before your health insurance company will pay 100% of the allowed amount.

Negotiated Rate: An agreed upon amount between the insurance company and in-network providers and facilities for covered services. The Negotiated Rate is used to determine the allowed amount.

Premium: The amount you pay to purchase your health insurance plan.

Primary Care Physician (PCP): A general or family practitioner who provides and manages your care and refers you to specialists.

Reasonable Charge: The lesser of the amount charged by the Non-Network Provider; or the amount paid for a medical service in a geographic area based on nationally accepted means and amounts of claims payment. The Reasonable Charge amount is used to determine the allowed amount.

Waiver: Showing proof of adequate health care coverage in order to opt-out of the student health plan.

Exclusions

Certain services are not covered under this plan including:

Aviation. We do not cover services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.

Convalescent and Custodial Care. We do not cover services related to rest cures, custodial care and transportation. Custodial care means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered services determined to be Medically Necessary.

Cosmetic Services. We do not Cover cosmetic services, Prescription Drugs, or surgery except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect. We also cover services in connection with reconstructive surgery following a mastectomy, as provided elsewhere in your Certificate. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (for example, certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process of your Certificate.

Dental Services. We do not cover dental services except for: care or treatment due to accidental injury to sound natural teeth within 12 months of the accident; dental care or treatment necessary due to congenital disease or anomaly; or except as specifically stated in the oral surgery or pediatric dental care section of your Certificate.

Experimental or Investigational Treatment. We do not cover any health care service, procedure, treatment, device, or Prescription Drug that is experimental or investigational. However, we will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials we will not cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under your Certificate for non-investigational treatments. See your Certificate for a further explanation of Your Appeal rights.

Foot Care. We do not cover foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet, except as specifically listed in your Certificate. For foot care related to diabetes, see your Certificate.

Government Facility. We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.

Medically Necessary. In general, we will not Cover any health care service, procedure, treatment, device or Prescription Drug that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns our denial, however, We will Cover the procedure, treatment, service, or Prescription Drug for which Coverage has been denied, to the extent that such procedure, treatment, service, or Prescription Drug is otherwise Covered under the terms of your Certificate.

Medicare or Other Governmental Program. We do not cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).

Military Service. We do not cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.

No-Fault Automobile Insurance. We do not cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if you do not make a proper or timely claim for the benefits available to you under a mandatory no-fault policy.

Services Provided by a Family Member. We do not cover services performed by a member of the Covered person's immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister, or brother of you or your spouse.

Services With No Charge. We do not cover services for which no charge is normally made.

Services not Listed. We do not cover services that are not listed in your Certificate as being covered.

Vision Services. We do not cover the examination or fitting of eyeglasses or contact lenses, except as specifically stated in your Certificate.

Workers' Compensation. We do not cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

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) 744-9234.

Your plan also includes

24 Hour Nurse Line

Experienced RNs are just a phone call away to help you figure out the best course of action for a non-emergency health concern. The 24/7 Nurse Advice Line provides a convenient, easy, and confidential way to get medical care advice.

Worldwide Assistance

To ensure immediate access to assistance if you experience a crisis while traveling over 100 miles from home, or outside your home country, Academic HealthPlans has included Academic Emergency Services benefits in your Student Health Plan coverage. AES offers a wide range of services and benefits to provide everything you need to prepare for your international experience, as well as get the help or information you need in a crisis, no matter how large or small. For more details, go to cardozo.myahpcare.com.

Academic Emergency Services (AES) is a global emergency services product. These services are provided by a separate and independent company from AES or Academic HealthPlans. AES provides medical, security and natural disaster evacuation services, repatriation of remains, emergency medical and travel assistance, travel information and other services for Academic HealthPlans.

Member Perks

Dietary & Nutritional Supplement Discounts

You can save 15% or more off of the manufacturers' suggested retail price on a wide variety of vitamins, supplements and popular energy and protein bars through ChooseHealthy.com.



Discount on Glasses & Eye Care

You are eligible for discounts on vision correction services and eyewear from participating EyeMed providers.



Exercise Facility Reimbursement

To encourage you to get fit and stay healthy, Christie Student Health will reimburse you up to \$200 for Exercise Fees at qualified fitness centers. To learn more, view the Fitness Reimbursement Form at www.christiestudenthealth.com



Discounts at Jenny Craig

When you're ready to lose weight, Jenny Craig makes it simple. 50% off Jenny Craig All Access Enrollment plus 5% off All Jenny Craig Food.*
*50% discount on \$99 enrollment fee. Plus the cost of food. Plus the cost of shipping if applicable. Member is responsible for all payments for the Jenny Craig Program.

