



Underwritten by Tufts Insurance Company.
Policy Number: SP100115



2016 - 2017

Lynn University Health Services

Lynn University's on-campus Health Center is staffed by a full-time administrator who can point you in the right direction for any of our available services, which include:

- A nurse practitioner available by appointment
- First aid
- Over the counter medications
- Specialists and other health care referrals
- Lab drawing station and vaccinations, including the HPV vaccine
- Health insurance enrollment forms
- Health resources (educational pamphlets)

Should you need further medical assistance, local medical facilities are located close to campus:

- Boca Raton Community Hospital
- Delray Medical Center

For more information, call the Health Services at (561) 237-7231.

Location: E.M. Lynn Residence Center
3601 N. Military Trail
Boca Raton, FL 33431

Telephone: (561) 237-7231

Web page: http://my.lynn.edu/ics/lifeatlynn/health_center.jnz

Did you know?

The cost of the Lynn University Student Health Insurance Plan may be less expensive than coverage as a dependent under your parent's Plan.

Useful contact info:

Academic HealthPlans:

For questions about enrollment and waivers call (855) 854-3254

Christie Student Health Customer Care:

For questions about benefits and claims call (866) 639-3727

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/lynn/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.

Lynn University Student Health Insurance

The Lynn University Student Health Insurance Plan is a fully insured student health insurance plan underwritten by Tufts Insurance Company (“TIC”), and administered by Christie Student Health.

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 MA and RI.

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 Academic HealthPlans at (insert AHP phone number) with any questions you may have about the Plan.

Did you know?

The Student Health Insurance Plan includes discount vision services.

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.

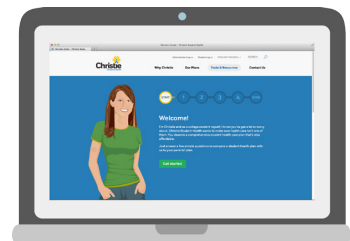
#4 Eligible students are automatically enrolled and billed for the Student Health Insurance Plan. To determine your eligibility, view page 3 of this brochure.

#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.



View plan details at lynn.myahpcare.com

Are you eligible?

All full-time daytime students, international students and graduate students living on campus, enrolled at Lynn University will be automatically enrolled in and charged premium for the Lynn University Student Health Insurance Plan (“the Plan”) unless proof of existing comparable health insurance coverage is provided and the health insurance verification process is completed by the waiver deadline of **September 2, 2016**. A student who does not complete the health insurance verification process by the waiver deadline will be automatically enrolled in the Plan and the cost for the coverage will be included on his or her tuition bill. See below for a complete description of the waiver process.

Did you know?

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

Enrollment and Waiver Details

Eligible students are automatically enrolled in and billed for the Student Health Insurance Plan. Students who have comparable health insurance can elect to waive the Student Health Insurance Plan. To provide proof of comparable coverage, an online waiver form must be completed and submitted by the deadlines below. Waive through your MyLynn account at my.lynn.edu under the Student Finances tab.

Waiver Deadline

The deadline for students to complete the waiver form is **September 2, 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 Insurance Plan.

	Coverage Start Date	Coverage End Date	Open Enrollment Period
Annual	8/15/2016	8/14/2017	7/01/2016 - 9/02/2016
Spring/Summer	1/01/2017	8/14/2017	11/01/2016 - 1/27/2017

Member Premium Rates

Classification	Annual	Spring/Summer
	8/15/2016 – 8/14/2017	1/1/2017 – 8/14/2017
Student	\$1,210	\$750

The rates above include both premium and administrative fees.

Covered Services

The covered services below are for students and their dependents. For a full description of covered benefits, please view the Lynn University PPO Certificate by visiting lynn.myahpcare.com or www.christiestudenthealth.com/lynn.

Metallic Tier: Gold/Tested at: 84.33%

Annual Deductible	\$100 for In-Network; \$200 for Out-of-Network	
Annual Out of Pocket Maximum	In-Network \$6,350 per member; Out-of-Network \$10,000 per member	
Plan Maximum	Unlimited	
Benefit type	In-Network	Out-of-Network
Inpatient Hospital Expense Including Intensive Care Unit	80% of allowed amount	60% of reasonable charges
Inpatient Surgical Expense	80% of allowed amount	60% of reasonable charges
Anesthesia Expense Inpatient and Outpatient	80% of allowed amount	60% of reasonable charges
Inpatient Assistant Surgeon Expense	80% of allowed amount	60% of reasonable charges
Inpatient Miscellaneous Expense	80% of allowed amount	60% of reasonable charges
Inpatient Physician or RN Visit Expense	80% of allowed amount	60% of reasonable charges
Maternity Expense Including complications of pregnancy	Payable as any other sickness	
Inpatient Mental Health Care	80% of allowed amount	60% of reasonable charges
Inpatient Substance Abuse	80% of allowed amount	60% of reasonable charges
Pre-admission Testing Expense	80% of allowed amount	60% of reasonable charges
Surgical Expense Inpatient and Outpatient	80% of allowed amount	60% of reasonable charges
Outpatient Anesthesia Expense	80% of allowed amount	60% of reasonable charges
Inpatient Assistant Surgeon Expense	80% of allowed amount	60% of reasonable charges
Physician Office Visit Expense	80% of allowed amount following a \$15 copay	60% of reasonable charges following a \$25 copay
Consultant Visit Expense	80% of allowed amount following a \$15 copay	60% of reasonable charges following a \$15 copay
Urgent Care Expense	80% of allowed amount, following a \$50 copay	80% of reasonable charges, following a \$50 copay
Emergency Room Expense	80% of allowed amount, following a \$50 copay (copay waived if admitted)	80% of reasonable charges, following a \$50 copay (copay waived if admitted)
Diagnostic Labs & X-rays Expense	80% of allowed amount	60% of reasonable charges
High-Tech Imaging Including MRI, CT Scan	80% of allowed amount	60% of reasonable charges
Routine Physical Exams	*100% of allowed amount	60% of reasonable charges
Immunizations Expense Includes travel immunizations	*100% of allowed amount	60% of reasonable charges
Routine Mammograms	*100% of allowed amount	60% of reasonable charges
Routine Pap smears	*100% of allowed amount	60% of reasonable charges
Routine Colorectal Cancer Screening Expense	*100% of allowed amount	60% of reasonable charges
Routine Prostate Cancer Screening Expense	*100% of allowed amount	60% of reasonable charges
Pediatric Vision Care Expense-Exam	*Covered in full	60% of reasonable charges following a \$25 copay

Covered Services, cont.

Benefit type	In-Network	Out-of-Network
Physical, Occupational and Speech Therapy Expense	80% of allowed amount following a \$15 copay	60% of reasonable charges following a \$25 copay
Chiropractic Therapy Expense	80% of allowed amount following a \$15 copay	60% of reasonable charges following a \$25 copay
Allergy Testing and Treatment Expense	80% of allowed amount	60% of reasonable charges
Ambulance Service Expense	80% of allowed amount	80% of reasonable charges
Outpatient Mental Health Care	80% of allowed amount following a \$15 copay	60% of reasonable charges following a \$15 copay
Outpatient Substance Abuse Expense	80% of allowed amount following a \$15 copay	60% of reasonable charges following a \$15 copay
Durable Medical Equipment Expense	80% of allowed amount	60% of reasonable charges
Hospice Expense	80% of allowed amount	60% of reasonable charges
Home Health Care Expense	80% of allowed amount	60% of reasonable charges
Skilled Nursing Facility Expense 60 visits per plan year	80% of allowed amount	60% of reasonable charges
Private Duty Nursing Expense Limited to 110 visits per Policy Year	80% of allowed amount	60% of reasonable charges
Diabetic Testing Supplies Expense	Payable as any other sickness	
Outpatient Diabetic Self-management Education Expense	Payable as any other sickness	
Dental Injury Expense	80% of allowed amount	80% of reasonable charges
Rehabilitation Facility Expense	80% of allowed amount	60% of reasonable charges
*Prescription Drug Expense	100% following: \$15 copay for Generic drugs \$25 copay for Brand name drugs \$50 copay for Non-Preferred Brand Name drugs	100% following: \$15 copay for Generic drugs \$25 copay for Brand Name drugs \$50 copay for Non-Preferred Brand Name drugs

*The annual deductible is waived for these services.

Some benefits above may require prior authorization. Please refer to your Certificate of Insurance for additional details.

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

The following is a partial list of services and supplies that are not covered. Your plan may contain exceptions to this list based on the plan design purchased.

For a full description of covered benefits and exclusions, please visit lynn.myahpcare.com.

Certain services are not covered under this plan including but not limited to cosmetic surgery, procedures, supplies and appliances; Expenses incurred for elective treatment or elective surgery 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; Hearing Exams; 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.

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.

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.



Fitness Rebate

If you provide proof of four consecutive months of membership in the Christie Student Health Plan and at a qualified fitness center you may be eligible for up to a \$150 reimbursement of your fitness club dues.



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.

