

# Adelphi University 2016-2017 Student Health Insurance Plan

## Eligibility

All domestic students living in Adelphi University residence halls and all international students will be automatically enrolled in and charged premium for the insurance, unless proof of comparable health insurance is provided by the appropriate deadline.

All registered non-resident hall domestic students are eligible to enroll for coverage in the Plan on a voluntary basis by completing the online enrollment process by the appropriate deadline.

A student enrolled in the Plan may also enroll his or her eligible dependents. Eligible dependents are the Student's spouse and children. Eligible dependents must be enrolled for the same coverage term for which the student enrolls. If a student chooses to enroll his or her eligible dependents in the Plan, he or she may do so by completing the online enrollment process by the appropriate deadline.

Domestic Student living in residence halls and international student: 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 [adelphi.myahpcare.com](http://adelphi.myahpcare.com) by the waiver deadline.

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



## Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling

## Additional Information

- 🌐 [adelphi.myahpcare.com](http://adelphi.myahpcare.com)
- ☎ (855) 863-9864

# Adelphi University 2016-2017

## Student Health Insurance Plan

### BENEFIT MAXIMUMS & DEDUCTIBLES\*

#### Benefit Maximum

Unlimited, per Insured Person, per Policy Year

#### Individual Deductible

Network Provider: \$ 150 per Insured Person, per Policy Year  
Non-Network Provider: \$ 300 per Insured Person, per Policy Year

#### Family Deductible

Network Provider: \$ 450 per Insured Person, per Policy Year  
Non-Network Provider: \$ 900 per Insured Person, per Policy Year

#### Prescription Deductible

\$ 50 per Insured Person, per Policy Year

#### Individual Out-of-Pocket Limit

\$ 6,350 per Insured Person, per Policy Year

#### Individual Out-of-Pocket Limit

\$ 12,700 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 Surgery	80%	60%
Outpatient Surgery <i>includes in-office surgery</i>	80% after a \$15 Copayment (plan deductible applies)	60% after a \$30 Copayment (plan deductible applies)
In-Office Physician Fees <i>includes specialist</i>	80% after a \$15 Copayment (plan deductible applies)	60% after a \$30 Copayment (plan deductible applies)
Diagnostic X-ray Services & Laboratory Procedures	80% after a \$15 Copayment	60% after a \$30 Copayment
Emergency Services Expense <i>\$250 Copayment per visit (waived if admitted)</i>	80% after deductible	60% after deductible
Prescription Drugs	<b>At pharmacies contracting with UnitedHealthcare Pharmacy</b>	
	\$15 Copayment per prescription for Tier 1 (80% Coinsurance after Deductible) \$40 Copayment per prescription for Tier 2 (60% Coinsurance after Deductible)	\$15 Copayment per prescription for Generic Drugs (80% Coinsurance after Deductible) \$40 Copayment per prescription for Brand-Name Drugs (60% Coinsurance after Deductible)
Preventive Care Services	100%	70% after deductible

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.

### 2016-2017 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual	Spring/Summer
	08/10/2016 through 08/09/2017	01/01/2017 through 08/09/2017
Open Enrollment	07/01/2016 through 10/01/2016	01/01/2017 through 03/01/2017
Student	\$ 1,863	\$ 1,132
Spouse	\$ 1,863	\$ 1,132
Child	\$ 1,863	\$ 1,132

To view all enrollment and coverage periods available, please visit [adelphi.myahpcare.com](http://adelphi.myahpcare.com) or call Academic HealthPlans at (855) 863-9864.