

# Student Health Insurance Plan

## Requirements and Eligibility

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.

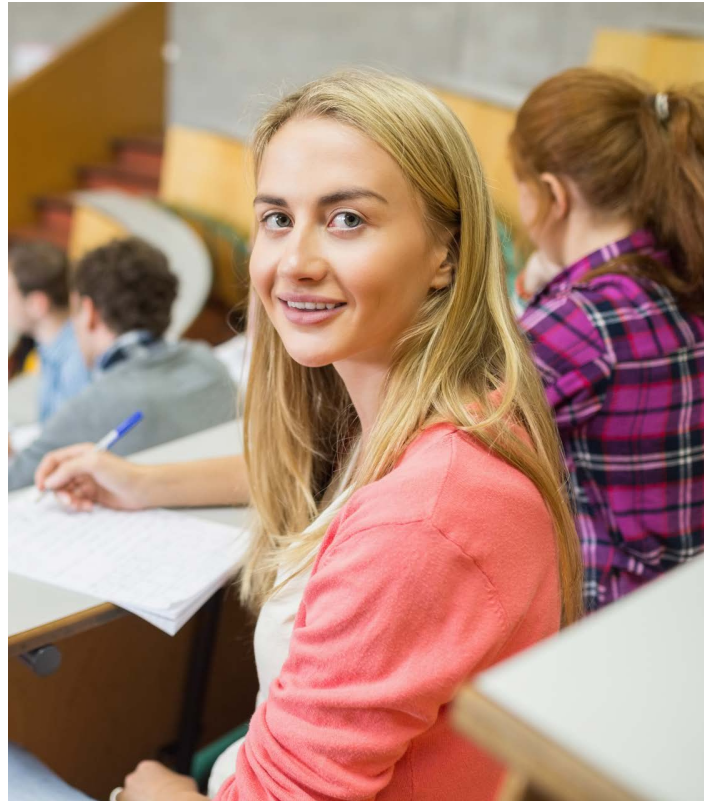
Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis.

## How do I Waive?

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.

## For Further Details

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



### Additional Benefits

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

### Additional Information

- 🌐 [cardozo.myahpcare.com](http://cardozo.myahpcare.com)
- ☎ (855) 850-4192



# Benjamin N. Cardozo School of Law 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).

## BENEFIT MAXIMUMS & DEDUCTIBLES

<b>Benefit Maximum</b>	Unlimited, per Insured Person, per Policy Year
<b>Deductible</b>	Network Provider: \$ 500 per Insured Person, per Policy Year Non-Network Provider: \$ 500 per Insured Person, per Policy Year
<b>Individual Out-of-Pocket Maximum</b>	Network Provider: \$ 5,625 per Insured Person, per Policy Year Non-Network Provider: Unlimited
<b>Family Out-of-Pocket Maximum</b>	Network Provider: \$ 11,250 per Family, per Policy Year Non-Network Provider: Unlimited

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 reasonable charges
<b>Inpatient/Outpatient Surgery</b>	20% of allowed amount	40% of reasonable charges
<b>In-Office Physician Fees</b>	Covered in full after a \$30 Copayment per visit	30% of reasonable charges after a \$30 Copayment per visit
<b>Diagnostic X-ray Services &amp; Laboratory Procedures</b>	20% of allowed amount	40% of reasonable charges
<b>Emergency Services Expense</b> <i>(Copayment/Deductible waived if admitted.)</i>	20% of allowed amount after a \$175 Copayment per visit	20% of reasonable charges after a \$175 Copayment per visit
<b>Prescription Drugs</b> <i>Limited to a 30 day supply</i>	<b>At pharmacies contracting with CVS Health</b> Covered in full after a \$10 Copayment per Generic Drug \$30 Copayment per Preferred Brand Name Drugs \$50 Copayment per Non-Preferred Brand Name Drug	Covered in full after a \$10 Copayment per Generic Drug \$30 Copayment per Preferred Brand Name Drugs \$50 Copayment per Non-Preferred Brand Name Drug
<b>Preventive Care Services</b> <i>Includes benefits for adults, women and children</i>	Covered in full	30% of reasonable charges

## 2016-2017 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Summer 05/13/2017 through 08/12/2017
<b>Open Enrollment</b>	03/31/2017 through 06/15/2017
<b>Student</b>	\$ 743
<b>Spouse</b>	\$ 743
<b>Child</b>	\$ 743

To view all enrollment and coverage periods available, please visit [cardozo.myahpcare.com](http://cardozo.myahpcare.com) or call Academic HealthPlans at (855) 850-4192.