Lynn University 2016-2017 Student Health Insurance Plan



Eligibility

All Full-Time, Day-time students, International students, and Graduate students that live on campus are automatically enrolled in the insurance plan at registration, and the premium for coverage is added to their tuition bill, unless adequate proof of comparable coverage is provided to Academic HealthPlans (AHP) via the AHP online waiver portal.

Waiver Deadlines

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.

Please view the complete brochure on-line at **lynn.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
- Health Advocacy Program (access through university only at healthadvocate.com)

Additional Information

- 🚯 lynn.myahpcare.com
- **(**855) 854-3254





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 Lynn University Policy Number is SP100115

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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				
Benefit Maximum	Unlimited			
Deductible	In-Network Provider: \$100 per Insured Person, per Policy Y Out-of-Network Provider: \$200 per Insured Person, per Policy Y	ear ⁄ear		
Individual Out-of-Pocket Maximum	In-Network Provider: \$6,350 per Insured Person, per Policy Out-of-Network Provider: \$10,000 per Insured Person, per Polic			

	In-Network Provider	Out-of-Network Provider	
BENEFIT CATEGORY	Payments are based on the Allowable Amount	Payments are based on the Reasonable Charges	
Hospital Room and Board Expense	80% of allowed amount	60% of reasonable charges	
Inpatient/Outpatient Surgery	80% of allowed amount	60% of reasonable charges	
In-Office Physician Fees	80% of allowed amount after a \$15 Copayment per visit	60% of reasonable charges after a \$25 Copayment per visit	
Physical, Occupational & Speech Therapy	80% of allowed amount after a \$15 Copayment per visit	60% of reasonable charges after a \$25 Copayment per visit	
Diagnostic X-ray Services & Laboratory Procedures	80% of allowed amount	60% of reasonable charges	
Emergency Services Expense Copayment waived if admitted	80% of allowed amount after a \$50 Copayment per visit	80% of reasonable charges after a \$50 Copayment per visit	
Prescription Drugs	At pharmacies contracting with CVS Health 100% after a \$15 Copayment per Generic Drug \$25 Copayment per Preferred Brand Name Drugs \$50 Copayment per Non-Preferred Brand Name Drug	100% after a \$15 Copayment per Generic Drug \$25 Copayment per Preferred Brand Name Drugs \$50 Copayment per Non-Preferred Brand Name Drug	
Preventive Care Services	100%	60% of reasonable charges	

2016–2017 PREMIUM COSTS AND COVERAGE PERIODS						
Coverage Periods	Annual 08/15/2016 through 08/14/2017	Spring 01/01/2017 through 08/14/2017	Summer 05/01/2017 through 08/14/2017			
Open Enrollment	07/01/2016 through 09/02/2016	11/01/2016 through 01/27/2017	05/01/2017 through 05/12/2017			
Student	\$ 1,210	\$ 750	\$ 353			

To view all enrollment and coverage periods available, please visit lynn.myahpcare.com or call Academic HealthPlans at (855) 854-3254.