

Purchase College-State University of New York 2016-2017 Student Health Insurance Plan

Eligibility

All Students enrolled in a full-time course of study (at least twelve (12) or more credit hours) leading to a degree at Purchase College are automatically enrolled. The premium is charged each semester for the coverage, unless a waiver form showing comparable coverage is received by the Office of Student Financial Services.

Matriculated students enrolled in at least six (6), but not more than eleven (11) credit hours, will be automatically enrolled in and charged premium each semester for the Purchase College Student Health Insurance Plan unless the student notifies the Office of Student Financial Services that she/he does not want to be covered.

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

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 myHeliotrope at www.purchase.edu/portal by the waiver deadline.

Please view the complete brochure on-line at purchase.myahpcare.com for full details of participation in the plan.



Additional Benefits

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

Additional Information

- 🌐 purchase.myahpcare.com
- ☎ (855) 824-9684

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BENEFIT MAXIMUMS & DEDUCTIBLES*

Benefit Maximum

Unlimited, per Insured Person, per Policy Year

Individual Deductible

Network Provider: \$ 100 per Insured Person, per Policy Year
Non-Network Provider: \$ 300 per Insured Person, per Policy Year

Individual Out-of-Pocket Limit

Network Provider: \$ 6,350 per Insured Person, per Policy Year
Non-Network Provider: \$ 6,350 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/Outpatient Surgery	80%	60%
In-Office Physician Fees	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense <i>\$100 Copayment per visit (waived if admitted)</i>	80%	60%
Prescription Drugs	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a \$10 Copayment per prescription for Tier 1 \$45 Copayment per prescription for Tier 2 \$75 Copayment per prescription for Tier 3	No Benefit
Preventive Care Services	100%	70%

*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	Fall	Spring/Summer
	08/14/2016 through 01/23/2017	01/24/2017 through 08/13/2017
Open Enrollment	07/15/2016 through 09/15/2016	12/15/2016 through 02/15/2017
Student	\$ 649	\$ 649
Spouse	\$ 649	\$ 649
Child	\$ 649	\$ 649
Children	\$ 1,298	\$ 1,298

To view all enrollment and coverage periods available, please visit purchase.myahpcare.com or call Academic HealthPlans at (855) 824-9684.