

# Student Health Insurance Plan



## Eligibility

All medical students attending the Albert Einstein College of Medicine are required to enroll in the Student Health Insurance Plan at registration, unless proof of comparable coverage is furnished.


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


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

### Additional Benefit

- Access to a 24/7 Student Assistance Program

### Additional Information

 [einstein.myahpcare.com](http://einstein.myahpcare.com)

 1-855-856-4198



# 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 UnitedHealthcare Choice Plus.

## BENEFIT MAXIMUMS & DEDUCTIBLES

**Benefit Maximum**

Unlimited, per Member, per Policy Year

**Deductible**

 In-Network Provider: \$400 per Insured Person, per Policy Year  
 Out-of-Network Provider: \$400 per Insured Person, per Policy Year

**Individual Out-of-Pocket Maximum**

 In-Network Provider: \$3,300 per Insured Person, per Policy Year  
 Out-of-Network Provider: N/A

**Family Out-of-Pocket Maximum**

 In-Network Provider: \$6,600 per Family, per Policy Year  
 Out-of-Network Provider: N/A

## BENEFIT CATEGORY

**In-Network Provider**
**Out-of-Network Provider**
*Participating Provider Member Responsibility*
*Non- Participating Provider Member Responsibility*
**Hospital Room and Board Expense**

20% after Deductible

40% after Deductible

**Inpatient/Outpatient Surgery**

20% after Deductible

40% after Deductible

**In-Office Physician Fees**
*(Deductible waived)*

\$20 Copayment

 30% after a  
\$30 Copayment

**Specialists In-Office Physician Fees**
*(Deductible waived)*

\$20 Copayment

 30% after a  
\$40 Copayment

**Habilitation/Rehabilitative Services  
(Physical, Occupational and Speech Therapy)**

20% after Deductible

40% after Deductible

**Diagnostic X-ray Services &  
Laboratory Procedures**
*(Deductible waived)*

20% Coinsurance

40% Coinsurance

**Emergency Services Expense**
*Copayment waived if admitted/deductible waived*

 20% after a  
\$150 Copayment per visit

 20% after a  
\$150 Copayment per visit

**Prescription Drugs**
*(Deductible waived)*
**Covered in full following:**

 \$15 Copayment for Tier 1  
 \$30 Copayment for Tier 2  
 \$30 Copayment for Tier 3

**Covered in full following:**

 \$15 Copayment for Generic Drugs  
 \$30 Copayment for Brand Name Drugs

**Preventive Care Services**

Covered in full

30% after Deductible

## 2017-2018 PREMIUM COSTS AND COVERAGE PERIODS

**Coverage Periods**
**Fall**  
 2nd through 4th Year  
 07/01/2017 through  
 12/31/2017

**Spring/Summer**  
 2nd through 4th Year  
 01/01/2018 through  
 06/30/2018

**Fall**  
 1st Year  
 08/15/2017 through  
 12/31/2017

**Spring/Summer**  
 1st Year  
 01/01/2018 through  
 06/30/2018

**Open Enrollment**

04/15/2017 through 07/01/2017

N/A

07/15/2017 through 08/15/2017

N/A

**Student**

\$ 2,883.00

\$ 2,883.00

\$ 2,196.00

\$ 2,883.00

**Spouse**

\$ 2,883.00

\$ 2,883.00

\$ 2,196.00

\$ 2,883.00

**Child**

\$ 2,883.00

\$ 2,883.00

\$ 2,196.00

\$ 2,883.00