

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 for full details of participation in the plan.

Additional Benefit

- Access to a 24/7 Student Assistance Program

Additional Information

 einstein.myahpcare.com

 1-855-856-4198



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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 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 <i>(Deductible waived)</i> | \$20 Copayment | 30% after a \$30 Copayment |
| Specialists In-Office Physician Fees <i>(Deductible waived)</i> | \$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 <i>(Deductible waived)</i> | 20% Coinsurance | 40% Coinsurance |
| Emergency Services Expense <i>Copayment waived if admitted/deductible waived</i> | 20% after a \$150 Copayment per visit | 20% after a \$150 Copayment per visit |
| Prescription Drugs <i>(Deductible waived)</i> | 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 | 08/15/2017 through 09/15/2017 | 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 |