

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 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

 1-855-850-4192

Benjamin N. Cardozo School of Law 2017-2018 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 UnitedHealthcare Choice Plus Network.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Deductible	Network Provider: \$ 500 per Insured Person, per Policy Year Non-Network Provider: \$ 500 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	Network Provider: \$ 7,150 per Insured Person, per Policy Year Non-Network Provider: None
Family Out-of-Pocket Maximum	Network Provider: \$ 14,300 for all Insureds in a Family, per Policy Year Non-Network Provider: None

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>(includes specialist office visits)</i>	Covered in full after a \$40 Copayment per visit (deductible waived)	30% after a \$40 Copayment per visit (deductible waived)
Diagnostic X-ray Services	20% after deductible	40% after deductible
Laboratory Procedures	20% (deductible waived)	40% (deductible waived)
Emergency Services Expense <i>(Copayment/coinsurance waived if admitted.)</i>	20% after a \$175 Copayment per visit (deductible waived)	20% after a \$175 Copayment per visit (deductible waived)
Prescription Drugs <i>Limited to a 30 day supply (Deductible Waived)</i>	At pharmacies contracting with UnitedHealthcare Pharmacy Covered in full after a \$15 Copayment Tier 1 \$40 Copayment Tier 2 \$60 Copayment Tier 3	Covered in full after a \$40 Copayment per Generic Drug \$60 Copayment per Brand Name Drugs
*Preventive Care Services <i>Includes benefits for adults, women and children</i>	Covered in full	30% (Deductible Waived)

*Please visit www.healthcare.gov/preventative-care-benefits/ for more information

2017-2018 PREMIUM COSTS AND COVERAGE PERIODS		
Coverage Periods	Fall	Spring/Summer
		08/13/2017 through 12/31/2017
Open Enrollment	07/14/2017 through 09/08/2017	12/01/2017 through 01/26/2018
Student	\$ 1,699.00	\$ 1,699.00
Spouse	\$ 1,699.00	\$ 1,699.00
Child	\$ 1,699.00	\$ 1,699.00

To view all enrollment and coverage periods available, please visit cardozo.myahpcare.com or call Academic HealthPlans at 1-855-850-4192.