

# 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](http://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](http://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

<b>Benefit Maximum</b>	Unlimited, per Insured Person, per Policy Year
<b>Deductible</b>	Network Provider: \$ 500 per Insured Person, per Policy Year Non-Network Provider: \$ 500 per Insured Person, per Policy Year
<b>Individual Out-of-Pocket Maximum</b>	Network Provider: \$ 7,150 per Insured Person, per Policy Year Non-Network Provider: None
<b>Family Out-of-Pocket Maximum</b>	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
<b>Hospital Room and Board Expense</b>	20% after deductible	40% after deductible
<b>Inpatient/Outpatient Surgery</b>	20% after deductible	40% after deductible
<b>In-Office Physician Fees</b> <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)
<b>Diagnostic X-ray Services</b>	20% after deductible	40% after deductible
<b>Laboratory Procedures</b>	20% (deductible waived)	40% (deductible waived)
<b>Emergency Services Expense</b> <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)
<b>Prescription Drugs</b> <i>Limited to a 30 day supply (Deductible Waived)</i>	<b>At pharmacies contracting with UnitedHealthcare Pharmacy</b> 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
<b>*Preventive Care Services</b> <i>Includes benefits for adults, women and children</i>	Covered in full	30% (deductible waived)

\*Please visit [www.healthcare.gov/preventative-care-benefits/](http://www.healthcare.gov/preventative-care-benefits/) for more information

## 2017-2018 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Summer 05/13/2018 through 08/12/2018
<b>Open Enrollment</b>	03/30/2018 through 06/15/2018
<b>Student</b>	\$ 850
<b>Spouse</b>	\$ 850
<b>Child</b>	\$ 850

To view all enrollment and coverage periods available, please visit [cardozo.myahpcare.com](http://cardozo.myahpcare.com) or call Academic HealthPlans at 1-855-850-4192.