

Student Health Insurance Plan

Eligibility Graduate Students

All **graduate students** who are enrolled in full time programs and taking one (1) or more credit hours as part of the required Masters or PhD degree program are required to be covered by an adequate health insurance plan. This includes students receiving one (1) or more credits in class, practical training, internships, student teaching, counseling or working on their dissertation.

After the waiver period, you will be automatically enrolled in the Student Health Insurance Plan for 2017-18 and the premium of \$1,699 for the fall semester and \$1,699 for the spring/summer semester will be added to your tuition bill. If you would like enroll in the coverage before the end of the waiver period please visit yu.myahpcare.com/enrollment and click on the . If you currently have insurance coverage and want to waive out of the University's coverage, you must complete the online waiver form at yu.myahpcare.com. The deadline to complete the waiver is **October 16, 2017** for the fall semester, and **February 28, 2018** for the spring. Please note that if you waive out of the plan now but choose to enroll later, you will have to purchase the insurance directly from Academic HealthPlans.

Dependents: Eligible students who enroll may enroll their eligible dependents. Eligible dependents are the student's spouse and dependent children under age 26.

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. Your plan provides you with a higher level of coverage when you receive covered medical expenses from providers who are part of the UnitedHealthcare Choice Plus.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Deductible <i>(waived for services with a copayment)</i>	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	Network Providers	Non-Network Providers
	Participating Provider Member Responsibility	Participating Provider Member Responsibility
Hospital Expense	20% after deductible	40% after deductible
Surgery Expense	20% after deductible	40% after deductible
Doctor's Office Visits <i>(Deductible waived)</i>	Paid in full after a \$40 Copayment per visit	30% following a \$40 Copayment per visit
Diagnostic X-ray Services	20% after deductible	40% after deductible
Laboratory Procedures <i>(Deductible waived)</i>	20%	40%
Emergency Services Expense <i>(Copayment waived if admitted)</i> <i>(Deductible waived)</i>	20% following a \$175 Copayment per visit	20% following a \$175 Copayment per visit
Prescription Drugs, 30 day supply <i>Visit yu.myahpcare.com to locate participating pharmacies. (Deductible waived)</i>	At pharmacies contracting with UnitedHealthcare Pharmacy Paid in full after a \$15 Copayment per Tier 1 \$40 Copayment per Tier 2 \$60 Copayment per Tier 3	Paid in full after a \$40 Copayment per Generic Drug \$60 Copayment per Brand Name Drug
*Preventive Care Services <i>Includes benefits for adults, women and children</i>	Paid in full	30%

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

2017-2018 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/15/2017 through 08/14/2018	Fall 08/15/2017 through 01/15/2018	Spring/Summer 01/16/2018 through 08/14/2018	Pre Summer 04/09/2018 through 08/14/2018	Summer 05/30/2018 through 08/14/2018
Open Enrollment	06/28/2017 through 10/16/2017	06/28/2017 through 10/16/2017	11/15/2017 through 02/28/2018	03/01/2018 through 05/14/2018	05/16/2018 through 06/29/2018

GRADUATE

Student	\$ 3,398	\$ 1,699	\$ 1,699	\$ 1,191	\$ 717
Spouse	\$ 3,398	\$ 1,699	\$ 1,699	\$ 1,191	\$ 717
Child	\$ 3,398	\$ 1,699	\$ 1,699	\$ 1,191	\$ 717

To view all enrollment and coverage periods available, please visit yu.myahpcare.com or call Academic HealthPlans at 1-855-856-4198.



Academic HealthPlans™