

A STUDENT HEALTH PLAN FOR YOU!

The new insurance carrier for 2022-2023 is Anthem.

AM I ELIGIBLE?

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 online at einstein.myahpcare.com for full details of participation in the plan.

ADDITIONAL BENEFITS

- Access to a 24/7 nurse line
- Access to Telehealth
- Dental and Vision Benefits
- Coverage when traveling
- Optional Academic Emergency Services*

ALBERT EINSTEIN COLLEGE OF MEDICINE 2022 - 2023

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. **The PPO network is Anthem PPO**.

IN-NETWORK PROVIDER	NON-NETWORK PROVIDER
Unlimited	
\$ 500	\$ 3,500
\$ 5,000	\$ 10,000
\$ 6,600	\$ 30,000
07/01/22 - 12/31/22	
04/18/22 - 05/2	13/22
\$ 3,646.25	
\$ 3,646.25	
\$ 3,646.25	
08/15/22 - 1	.2/31/22
07/15/22 - 08/0	06/22
\$ 2,735.03	
\$ 2,735.03	
\$ 2,735.03	
01/01/23 - 0	06/30/23
N/A	
\$ 3,645.17	
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Rates for this plan are subject to review and approval by the New York Department of Financial Services are subject to change.

To view all enrollment and coverage periods available, please visit einstein.myahpcare.com.

BENEFITS (Deductible applies unless otherwise stated stated below)		
IN-NETWORK PROVIDER Member Responsibility	NON-NETWORK PROVIDER Member Responsibility	
Doctor Home and Office Services, includes primary care and specialist (deductible waived)		
\$20 copay per visit	30% after a \$30 copay per visit	
Outpatient Surgery		
20%	40%	
Habilitation Services Physical Therapy, Occupational Therapy or Speech Therapy		
20%	40%	
Diagnostic Services (deductible waived)		
20%	40%	
Durable Medical Equipment		
20%	40%	
Emergency Room Facility Services (deductible waived) Copay waived if admitted		
20% after a \$150 copay per visit	20% after a \$150 copay per visit	
Mental/Behavioral Health and Substance Abuse Treatment Office Visits (deductible waived)		
No charge	30%	
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits		
No charge	30%	
Prescription Drugs, 30 day supply (dedu	ctible waived)	
Tier 1 - Generic: \$20 copay	Tier 1 - Generic: \$20 copay	
Tier 2 - Preferred Brand: \$40 copay	Tier 2 - Preferred Brand: \$40 copay	
Tier 3 - Non-Preferred Brand/ Specialty Drugs: \$60 copay	Tier 3 - Non-Preferred Brand/ Specialty Drugs: \$60 copay	

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at einstein.myahpcare.com.