

Adelphi University 2018-2019

Student Health Insurance Plan



Eligibility

All domestic students living in Adelphi University residence halls and all international students will be automatically enrolled in and charged premium for the insurance, unless proof of comparable health insurance is provided by the appropriate deadline.

All registered non-resident hall domestic students are eligible to enroll for coverage in the Plan on a voluntary basis by completing the online enrollment process by the appropriate deadline.





Domestic student living in residence halls and international student: The premium for coverage added to the student's tuition bill will remain unless a successful waiver is completed by the applicable waiver deadline. To waive coverage under the plan, students must submit proof of comparable coverage through adelphi.myahpcare.com by the waiver deadline.

Please view the complete brochure on-line at adelphi.myahpcare.com for full details of participation in the plan.

Additional Benefits

- Access to a 24/7 Student Assistance Program
- Coverage when traveling
- Academic Emergency Services*

Additional Information

-  adelphi.myahpcare.com
-  1-855-863-9864
-  @ahpcare
-  Academic HealthPlans



*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.

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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. The PPO network is UnitedHealthcare Options PPO.

BENEFIT MAXIMUMS & DEDUCTIBLES	
Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Individual Deductible	In-Network Provider: \$150 per Insured Person, per Policy Year Out-of-Network Provider: \$300 per Insured Person, per Policy Year
Family Deductible	In-Network Provider: \$450 per Insured Person, per Policy Year Out-of-Network Provider: \$900 per Insured Person, per Policy Year
Prescription Deductible	\$ 50 per Insured Person, per Policy Year
Individual Out-of-Pocket Limit	\$ 7,350 per Insured Person, per Policy Year
Family Out-of-Pocket Limit	\$ 12,700 for all Insureds in a Family, per Policy Year

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Customary Charges</i>
Hospital Room and Board Expense	80% after deductible	60% after deductible
Inpatient Surgery	80% after deductible	60% after deductible
Outpatient Surgery <i>includes in-office surgery</i>	100% after a \$35 Copayment <i>(plan deductible applies)</i>	60% after a \$30 Copayment <i>(plan deductible applies)</i>
In-Office Physician Fees <i>includes specialist</i>	100% after a \$35 Copayment <i>(plan deductible applies)</i>	60% after a \$30 Copayment <i>(plan deductible applies)</i>
Diagnostic X-ray Services & Laboratory Procedures	100% after a \$35 Copayment <i>(plan deductible applies)</i>	60% after a \$30 Copayment <i>(plan deductible applies)</i>
Emergency Services Expense <i>\$250 Copayment per visit (waived if admitted)</i>	80% after deductible	80% after deductible
Prescription Drugs	At pharmacies contracting with UnitedHealthcare Pharmacy \$20 Copayment per prescription for Tier 1 <i>(80% Coinsurance after Deductible)</i> \$40 Copayment per prescription for Tier 2 <i>(60% Coinsurance after Deductible)</i> \$60 Copayment per prescription for Tier 3 <i>(60% Coinsurance after Deductible)</i>	\$20 Copayment per prescription for Generic Drugs <i>(80% Coinsurance after Deductible)</i> \$40 Copayment per prescription for Brand-Name Drugs <i>(60% Coinsurance after Deductible)</i>
*Preventive Care Services	100%	70% after Deductible

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

2018-2019 PREMIUM COSTS AND COVERAGE PERIODS		
Coverage Periods	Annual 08/10/2018 through 08/09/2019	Spring/Summer 01/01/2019 through 08/09/2019
Open Enrollment	06/26/2018 through 10/01/2018	01/01/2019 through 03/01/2019
Student	\$ 2,582.00	\$ 1,563.00

To view all enrollment and coverage periods available, please visit adelphi.myahpcare.com or call Academic HealthPlans at 1-855-863-9864.

DISCLAIMER: This information is subject to change based upon the mandated benefits approved within the filing for the plan.