

Bennett College

Student Health Insurance Plan 2023-2024

What's Included?

- Access to a 24-hour nurse line
- Telehealth services through Aetna Teladoc
- Academic Emergency Services*

Waiver Periods

- Fall 07/19/23 09/01/23
- Spring 12/06/23 01/05/24

More Information

Please view the complete brochure online at bennett.myahpcare.com for full details of participation in the plan.

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit bennett.myahpcare.com/ additionalresources

Eligibility

Full-time students enrolled in six (6) or more credit hours are automatically enrolled in this insurance plan, the cost of which will be added to their tuition bill. Students not wishing to be enrolled in this plan may complete the online waiver demonstrating proof of comparable insurance. Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis.

Can I Waive?

If you have insurance that is comparable to the Bennett Student Health Insurance Plan (i.e. through an employer, spouse, parent/guardian, scholarship, etc.), and DO NOT want to take part in your school's plan, you must complete the online waiver application process by the Waiver Deadline or your student account will be charged. To waive out of the health insurance plan you must complete the online waiver by the waiver deadline at bennett.myahpcare.com. A waiver must be submitted and approved for each coverage period.

^{*}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, Inc. (AHP).

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This flyer is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description ofplan 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 Aetna PPO.

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 bennett.myahpcare.com.

Academic HealthPlans, Inc. (AHP), is an independent company that provides program management and administrative services for the student health plans of Aetna.

Benefits

Preventive Care Services For more information, please visit

healthcare.gov/preventive-care-benefits/

(Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on the Recognized Charge		
Benefit Maximum	Unlimited			
Deductible	\$400 per Insured Person, per Policy Year			
Individual Out-of-Pocket Maximum	\$7,900 per Insured Person, per Policy Year			
Family Out-of-Pocket Maximum	\$13,200 for all Insureds in a Family, per Policy Year			
Room and Board Expense	80%	60%		
Inpatient/Outpatient Surgery	80%	60%		
Physicians, Specialist including Consultants Office	80% after a \$30 Copayment	60% after a \$30 Copayment		
Diagnostic Testing including Laboratotory and X-Ray	80%	60%		
Hospital Emergency Room (Copayment waived if admitted)	90% after a \$200 Copayment	90% after a \$200 Copayment		
Prescription Drugs, Deductible waived	At pharmacies contracting with Aetna 100% after a: Generic Drug: \$20 Copayment Preferred Brand-Name: \$45 Copayment Non-Preferred Brand-Name:	100% after a: Generic Drug: \$20 Copayment Preferred Brand-Name: \$45 Copayment Non-Preferred Brand-Name:		

Premium Cost	α Coverage F	rerious - Regula	r Students
FALL	FALL MINIMESTER	SPRING/SUMMER	SPRING MINIMESTER
08/15/23 - 01/07/24	10/8/23 - 01/07/24	01/08/24 - 08/14/24	03/15/24 - 08/14/24
Student	Student	Student	Student
\$1,129.50	\$568.00	\$1,129.50	\$944.00
Spouse	Spouse	Spouse	Spouse
\$1,129.50	\$568.00	\$1,129.50	\$944.00
Each Child ¹	Each Child ¹	Each Child¹	Each Child ¹
\$1,129.50	\$568.00	\$1,129.50	\$944.00

\$70 Copayment

100%

Deductible waived

\$70 Copayment

70%

¹Coverage for two (2) or more children is calculated at the child rate times two (2). To view all enrollment and coverage periods available, please visit bennett.myahpcare.com.

Online Enrollment Periods					
FALL	FALL MINIMESTER	SPRING/SUMMER	SPRING MINIMESTER		
07/19/23 - 09/15/23	10/01/23 - 10/31/23	12/06/23 - 01/19/24	03/01/24 -03/31/24		