## Dean College 2019-2020 Student Health Insurance Plan

#### Eligibility

To be eligible for coverage you must:

- 1. Meet the enrollment requirements stated in the Insurance Information Schedule; and
- 2. Pay the required premium; and
- 3. Attend classes for at least the first 31 days of the period for which premium has been paid, except in the case of medical withdrawal.

If you are eligible to be covered under this Program, you are automatically enrolled unless you can certify that you have comparable coverage.

#### How do I Waive?

In order to waive the insurance, students must provide proof of a Massachusetts Qualified Student Health Plan by completing a waiver online at <u>dean.myahpcare.com/waiver</u>. A qualifying health insurance plan is one that provides reasonable and comprehensive coverage of health services that include: preventive and primary care, emergency services, hospitalization benefits, ambulatory patient services and mental health services. Any health plan must provide reasonably accessible health services to the student in the area where the student attends school. Out of state Medicaid and health insurance policies from other countries are not acceptable. You will need your seven-digit Dean student ID number, date of birth and health insurance information to complete this process.

Please view the complete brochure on-line at <u>dean.myahpcare.com</u> for full details of participation in the plan.







### Dean College 2019-2020

# 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 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 provers who are a part of the **Preferred Provider Organization**.

| BENEFIT MAXIMUMS & DEDUCTIBLES |  |  |  |  |
|--------------------------------|--|--|--|--|
| Benefit Maximum                | Unlimited, per Insured Person, per Policy Year |  |  |  |
| Deductible                     | In Network: N/A<br>Out-of-Network: \$250       |  |  |  |
| Out-of-Pocket Maximum          | \$5,450 per Insured Person, per Policy Year    |  |  |  |

|  | Your In-Network Cost  | Your Out-of-Network Cost  |  |
|--|---|---|--|
| BENEFIT CATEGORY   | Payments are based on the<br>PPO Allowance                        | Payments are based on<br>Usual and Customary Changes                            |  |
| Preventive Care  | No Charge   | 20% after deductible  |  |
| Emergency Room Visits  | \$50 per visit<br>(waived if admitted or for an observation stay) | \$50 no deductible per visit<br>(waived if admitted or for an observation stay) |  |
| Office of health center visits   | \$20 per visit  | 20% after deductible  |  |
| Diagnostic X-rays and lab tests, including CT<br>scans, MRIs,PET scans, and nuclear cardiac<br>imaging tests                 | No Charge   | 20% after deductible  |  |
| Surgery and related anesthesia<br>• Office and health center services<br>• Hospital and other day surgical facility services | \$20 per visit**<br>No Charge                                     | 20% after deductible<br>20% after deductible                                    |  |
| General or chronic disease hospital care<br>(as many days as medically necessary)  | No Charge   | 20% after deductible  |  |
| Prescription Drug Benefits<br>(up to a 30-day formulary supply for each<br>prescription or refill)                           | \$10 for Tier 1<br>\$25 for Tier 2<br>\$50 for Tier 3             | Not Covered   |  |

\*\*Copayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.

| 2019–202   | 0 PREMIUM COST                          | S AND COVERAGE PE | ERIODS                                  |       |
|--|---|-------------------|---|-------|
| Coverage Periods                                     | Annual<br>08/01/2019 through 07/31/2020 |                   | Spring<br>01/01/2020 through 07/31/2020 |       |
| Open Enrollment for Dependents and Qualifying Events | 06/01/2019 through 09/15/2019           |                   | 12/01/2019 through 02/01/2020           |       |
| Student  | \$                                      | 1,919             | \$                                      | 1,117 |

To view all enrollment and coverage periods available, please visit <u>dean.myahpcare.com</u> or call Academic HealthPlans at 1-855-357-0243.

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 <u>dean.myahpcare.com</u>.