



A STUDENT HEALTH PLAN FOR YOU!

AM I ELIGIBLE?

All full-time students currently enrolled at Lincoln University located at 1570 Baltimore Pike, Lincoln University, PA 19352 (Main campus) are required to enroll, unless waiving coverage. No full-time student, whether undergraduate or graduate, enrolled at the Lincoln University of Adult and Continuing Education (SACE), located at 3020 Market Street, Philadelphia, PA 19104, are required to enroll. Full-time students are defined as full-time undergraduate students currently enrolled at the main campus taking 9 or more credit hours.

The applicable premium will be charged to the student's tuition bill.

Students who waive out of the plan are required to submit proof of other comparable coverage. Once proof of other coverage is received and accepted, the applicable premium will be removed from the bill.

International students may not waive out of the plan. Part-time students and dependents are not eligible to enroll in the Plan.

COVERAGE PERIODS & COST

Annual	08/01/21 - 07/31/22
Student	\$ 1,189
Spring/Summer	01/03/22 - 07/31/22
Student	\$ 683

ADDITIONAL BENEFITS

- Access to Telehealth Services
- Coverage when traveling
- Academic Emergency Services*

BENEFIT MAXIMUMS & DEDUCTIBLES

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Benefit Maximum per Insured Person, per Policy Year		Unlimited
Deductible per Insured Person, per Policy Year	\$ 250	\$ 600
Out-of-Pocket Maximum per Insured Person, per Policy Year	\$ 6,250	\$ 12,700

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
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Hospital Room and Board

80% per admission	60% per admission
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Outpatient Surgery

80% per visit	60% per visit
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Physician, specialist including consultants office visits

80% after a \$25 Copayment	60% per visit
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Diagnostic Imaging Services

80% after a \$15 Copayment	60% per visit
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Hospital Emergency Room

80% after a \$250 Copayment	80% after a \$250 Copayment
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Outpatient physical, occupational, speech, and cognitive therapies

80% after a \$25 Copayment	60% per visit
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Preventive Care Services

For more information, please visit [healthcare.gov/preventive-care-benefits/](https://www.healthcare.gov/preventive-care-benefits/)

100%	60% per visit
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Prescription Drug, includes specialty drugs (Deductible waived)

At pharmacies contracting with Aetna (30 day supply)	At pharmacies contracting with Aetna (30 day supply)
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Generic Drug: \$20 Copay per prescription	Generic Drug: \$20 Copay per prescription
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Preferred Brand - Name Drug: \$40 Copay per prescription	Preferred Brand - Name Drug: \$40 Copay per prescription
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Non-Preferred Brand-Name Drug: \$75 Copay per prescription	Non-Preferred Brand-Name Drug: \$75 Copay per prescription
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See brochure for information on mail-order prescriptions	See brochure for information on mail-order prescriptions
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To view all enrollment and coverage periods available, please visit lincoln.myahpcare.com.



*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. 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 lincoln.myahpcare.com. AHP-PHF(21) AETNA-LU