



The new insurance carrier for 2022-2023 is Wellfleet

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

1st Semi- Annual	08/01/22 - 01/31/23
Student	\$ 686.50
2nd Semi-Annual	02/01/23 - 07/31/23
Student	\$ 686.50
Spring/Summer (New Students)	01/01/23 - 07/31/23
Student	\$ 798.00

ADDITIONAL BENEFITS

- Access to Telehealth Services
- Coverage when traveling
- Academic Emergency Services*
- Access to the Cigna OAP PPO Network

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 <i>Payments are based on the Negotiated Charge for Covered Medical Expenses</i>	OUT-OF NETWORK PROVIDER <i>Payments are based on the Usual & Customary Charge for Covered Medical Expenses</i>
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Hospital Care, includes hospital room and board expense

Pre-Authorization Required

80% 60%

Inpatient/Outpatient Surgery

Pre-Authorization Required

80% per visit 60%

Physician Office Visits, including Specialists and Consultants

100% after a 60%

\$25 Copayment

Diagnostic Imaging Services

Pre-Authorization Required

80% after a 60%

\$15 Copayment

Emergency Care Services

80% after a

\$250 Copayment

80% after a

\$250 Copayment

Preventive Care Services

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

100%

(deductible waived)

60%

Prescription Drug, includes specialty drugs (Deductible waived)

At pharmacies contracting with Wellfleet Rx/ESI

100% after:

Tier 1:
\$20 Copayment

Tier 2:
\$40 Copayment

Tier 3:
\$75 Copayment

Specialty Drugs:
\$75 Copayment

100% after:

Tier 1:
\$20 Copayment

Tier 2:
\$40 Copayment

Tier 3:
\$75 Copayment

Specialty Drugs:
\$75 Copayment

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