



## A STUDENT HEALTH PLAN FOR YOU!

### AM I ELIGIBLE?

All eligible registered students taking the required credit hours are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished (via filling out an Insurance Waiver). If the Student Health Insurance Plan is not waived, students will be enrolled in the plan by default.

Please view the complete brochure on-line at [tjssl.myahpcare.com](https://tjssl.myahpcare.com) for full details of participation in the plan.

### CAN I WAIVE?

Students have the option to waive if proof of comparable coverage is provided by the appropriate deadlines. The Fall deadline is 08/26/22 and the Spring deadline 01/18/23. In order to waive out of the Student Health Insurance Plan coverage, you will need to submit a waiver online at [tjssl.myahpcare.com](https://tjssl.myahpcare.com).

### COVERAGE PERIOD & COST

<b>Fall</b>	<b>08/01/22 - 12/31/22</b>	<b>Spring/Summer</b>	<b>01/01/23 - 07/31/23</b>
Waiver Deadline	07/15/22 - 08/26/22	Waiver Deadline	12/01/22 - 01/18/23
Student	\$ 1,681.00	Student	\$ 2,328.00

### ADDITIONAL BENEFITS

- Access to after hours nurse line and Student Assistance Program
- Access to Telehealth Services
- Urgent Care Benefits
- Academic Emergency Services\*

\*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.

# THOMAS JEFFERSON SCHOOL OF LAW 2022 - 2023

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. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of Open Choice PPO Network.

## BENEFIT MAXIMUMS & DEDUCTIBLES

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Benefit Maximum</b> per Insured Person, per Policy Year		Unlimited
<b>Deductible</b> per Insured Person, per Policy Year	\$ 500	\$1,000
<b>Out-of-Pocket Maximum</b> per Insured Person, per Policy Year	\$5,000	\$10,000

## BENEFIT CATEGORY

A 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
<b>Hospital and Other Facility Care</b>	80% per admission	50% per admission
<b>Inpatient / Outpatient Surgery</b>	80%	50%
<b>Physician, Specialist</b> including Consultants Office Visits	100% after \$25 copayment	50%
<b>Walk-in Clinic Visits</b> (non-emergency visit)	100% after \$25 copayment	50%
<b>Outpatient Therapies</b> Physical, occupational, speech and cognitive (including Cardiac & Pulmonary)	80%	50%
<b>Hospital Emergency Room</b>	100% after \$150 copayment	100% after \$150 copayment
<b>Urgent Care</b>	80%	50%
<b>Diagnostic Testing</b>	80%	50%
<b>Prescription Drugs, Deductible Waived</b>	100% after a Generic: \$20 copayment Preferred Brand Name: \$50 Non-Preferred Brand Name: \$60	No Benefits
<b>Preventive Services</b> For more information please visit <a href="https://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a>	100% (Deductible Waived)	No Benefits

