

Student Health Insurance Plan



Eligibility

- All degree-seeking students, regardless of credit hours
- All International Students (F and J visas), regardless of degree-seeking status, must purchase the Student Health Insurance Plan, unless they meet specific requirements to waive.

Please view the complete brochure on-line at csm.myahpcare.com for full details of participation in the plan.

How to Waive

If you have other adequate health insurance and would like to waive the Student Health Insurance Plan, you must go online to csm.myahpcare.com and complete the online waiver by the deadline dates each semester. The waiver deadline date for Annual/Fall is **September 4, 2019**, the Spring/Summer deadline for new students is **January 22, 2020**.

PLAN HIGHLIGHTS

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 Cigna PPO Network.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited per Insured Person, Per Policy Year
Deductible (<i>Not applicable to Preventive Services</i>)	In-Network Provider: \$0 per Insured Person, per Policy Year Out-of-Network Provider: \$1,000 per Insured Person, per Policy Year
Individual Out-of-Pocket Expense Limit	In-Network Provider: \$2,000 per Insured Person, per Policy Year Out-of-Network Provider: \$4,000 per Insured Person, per Policy Year

Preventive Services: The Deductible is not applicable to Preventive Services. Benefits for services provided by a Network Provider are paid at 100% of the PPO Allowance for Covered Medical Expenses. Benefits for services provided by a Non-Network Provider are provided at the Coinsurance Amount shown below. Please visit healthcare.gov/preventive-care-benefits/ for more information.

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the PPO Allowance for Covered Medical Expenses</i>	<i>Payments are based on Usual and Reasonable Charges for Covered Medical Expenses</i>
Hospital Room and Board Expense <i>Precertification Required</i>	80% after a \$250 Copayment	60% after a \$750 Copayment
Inpatient/Outpatient Surgery <i>Inpatient: Precertification Required</i>	80%	60%
In-Office Physician's Fees <i>\$25 Copayment per visit</i>	100%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense <i>\$100 Copayment per visit</i>	80%	80%
Prescription Drugs	<i>At pharmacies contracting with Cigna Rx®</i> 100% after a \$15 Copayment per Generic Drug \$30 Copayment per Preferred Brand Drug \$60 Copayment per Brand Drug	No Benefits

2019-2020 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual* 08/01/2019 to 08/01/2020	Spring/Summer (New Students)* 01/01/2020 to 08/01/2020	Summer I* 05/11/2020 to 08/01/2020	Summer II* 06/20/2020 to 08/01/2020
Student	\$ 2,600.00	\$ 1,519.00	\$ 583.00	\$ 305.00

*The coverage periods are effective and will be effective and terminate at 12:01am on the dates advertised. These rates include an administrative fee.

To view all enrollment and coverage periods available, please visit csm.myahpcare.com or call Academic HealthPlans at 1-855-517-8460.



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Academic HealthPlans



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