# **University of Vermont**

## 2014-2015 Student Health Insurance Plan

Dear Student, Parent, or Guardian:

We are pleased to provide you with this overview of the University of Vermont Student Health Insurance Plan (SHIP). This SHIP is underwritten by Nationwide Life Insurance Company and administered by Consolidated Health Plans, Inc. CHP has contracted with Cigna for the plan's provider network of hospitals, physicians, and other health care providers.

Your ACA-compliant plan includes:

- Coverage while at school and at home
- Comprehensive coverage both for emergency and
- non-emergency situations
- Access to the Cigna PPO Network

### **BENEFIT SUMMARY\***

| Aggregate Benefit Maximum Unlimited  |   |  |  |
|--|---|--|--|
| Aggrogate Denent Maximuli  | IN-NETWORK  | OUT-OF-<br>NETWORK                             |  |
| Per Condition Deductible (Per<br>Person)<br>This Deductible does not apply to<br>Emergency Room Services   | \$200 per Condition, waived with<br>a referral from the University of<br>Vermont Center for Health &<br>Wellbeing |  |  |
| Out-of-Pocket Maximum  | \$6,350 per<br>Individual/<br>\$12,700<br>Family Max  | N/A  |  |
|  |   |  |  |
| <b>Preventive Care-Student</b><br>Covered only when services are<br>received at UVM Center for Health<br>and Wellbeing. For preventive<br>services not provided by the CHWB,<br>the In-network benefit with a<br>preferred provider will be 100% of<br>PA. | 100% of PA<br>Deductible<br>does not apply  | Not Covered                                    |  |
| Preventive Care-Dependents   | 100% of PA<br>Deductible<br>does not apply  | Not Covered                                    |  |
| Inpatient Hospital Expense   | 90% of PA   | 80% of R&C                                     |  |
| Physician's Office Visit   | 90% of PA   | 80% of R&C                                     |  |
| Mental Health Office Visit   | 90% of PA   | 80% of R&C                                     |  |
| Emergency Room Expense<br>Co-pay is waived if admitted   | 90% of PA<br>after \$100 co-<br>pay per visit   | 90% of R&C<br>after \$100 co-<br>pay per visit |  |
| X-Ray and Laboratory Expenses  | 90% of PA   | 80% of R&C                                     |  |
| Prescription Drug Benefits-<br>www.express-scripts.com; co-pay<br>per 30-day supply; Deductible does<br>not apply  | Brand Name: \$25 co-pay;<br>Generic: \$15 co-pay;<br>Generic Contraceptive: \$0 co-pay                            |  |  |
| Medical Repatriation & Evacuation  | Unlimited   |  |  |
| PA= Preferred Allowance  | R&C = Reasonable & Customary  |  |  |

\*This summary is provided as a courtesy and is not meant to replace or override the terms and conditions detailed in the insurance policy/brochure. Please refer to the policy/brochure to verify medical coverage, eligibility, exclusions, limitations, and for more detailed information.

Students should consider UVM's Center for Health & Wellbeing their first stop. CHWB can provide many of the routine health services you need most often at no expense to you. You may also visit any licensed health care provider for covered services by using the Cigna PPO network.

Your plan also offers the following value-added services:

- Davis Vision Discount Program
- FrontierMedex Medical Travel Assistance
- 24/7 toll-free nurse hotline



#### University of Vermont Insurance Requirements

All undergraduate and graduate students taking nine (9) or more credit hours are automatically enrolled in the UVM insurance plan, subject to the waiver requirements.

Part-time undergraduate and continuing educational students taking at least six (6) credit hours, and graduate students taking at least five (5) credit hours, may enroll at their option. Part-time students opting to enroll must also pay the health fee.

All international students will be required to purchase the University of Vermont Student Health Insurance Plan.

Insured students may also enroll their eligible dependents. Go to <u>www.universityhealthplan.com</u> for more information.

#### 2014/2015 Waiver Deadlines

Participation in this Student Health Insurance Plan can be waived if the student has comparable coverage currently in force. A Waiver/Decision Form can be accessed online at www.uvm.edu/health/insurance. Follow the links to complete the waiver/decision form. The student can either: (a) purchase the University of Vermont Student Health Insurance Plan, or (b) decline the insurance by identifying comparable coverage currently in force with another insurance company. The online waiver process will be available but will not accept a decision past the published deadlines.

#### The deadlines to waive coverage are:

- Fall/Annual Plan September 15, 2014
- Spring Term February 15, 2015

| For Questions About:   | Contact:  |  |
|--|---|--|
| Waiver Process<br>Health Services                                      | The University of Vermont<br>Student Health Insurance Office<br>Center for Health and Wellbeing<br>(802) 656-0602<br>Email: <u>StudentInsurance@uvm.edu</u>   |  |
| Enrollment<br>Dependent Enrollment                                     | University Health Plans, Inc.<br>One Batterymarch Park<br>Quincy, MA 02169-7454<br>Phone: (800) 437-6448<br>Fax: (617) 472-6419<br>www.universityhealthplans.com<br>Email: info@univhealthplans.com |  |
| Insurance Benefits<br>Preferred Provider Listings<br>Claims Processing | Consolidated Health Plans<br>2077 Roosevelt Avenue<br>Springfield, MA 01104<br>(800) 633-7867 <u>www.chpstudent.com</u><br>Email:customerservice@chpemail.com                                       |  |
| Preferred Provider Listings  | Cigna PPO<br>www.cigna.com  |  |
| Find a Prescription Drug<br>Provider                                   | Express Scripts<br>(800) 451-6245<br>www.express-scripts.com  |  |

| Cost and Period of Coverage                |                          |                          |  |
|--|--------------------------|--------------------------|--|
|  | Annual<br>8/1/14-7/31/15 | Spring<br>1/1/15-7/31/15 |  |
| Student                                    | \$2,590*                 | \$1,510*                 |  |
| Spouse, Civil Union<br>or Domestic Partner | \$2,463                  | \$1,437                  |  |
| Each Child                                 | \$2,463                  | \$1,437                  |  |

\*Rates include an administrative fee.

Accessible, Responsive, Flexible.

800-633-7867

2077 Roosevelt Avenue Springfield, MA 01104

www.chpstudent.com