

# AUBURN GLOBAL STUDENT HEALTH INSURANCE

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## Welcome Students!

Auburn Global has teamed up with Wellfleet Student and University Health Plans to provide health insurance coverage for Auburn Global students.

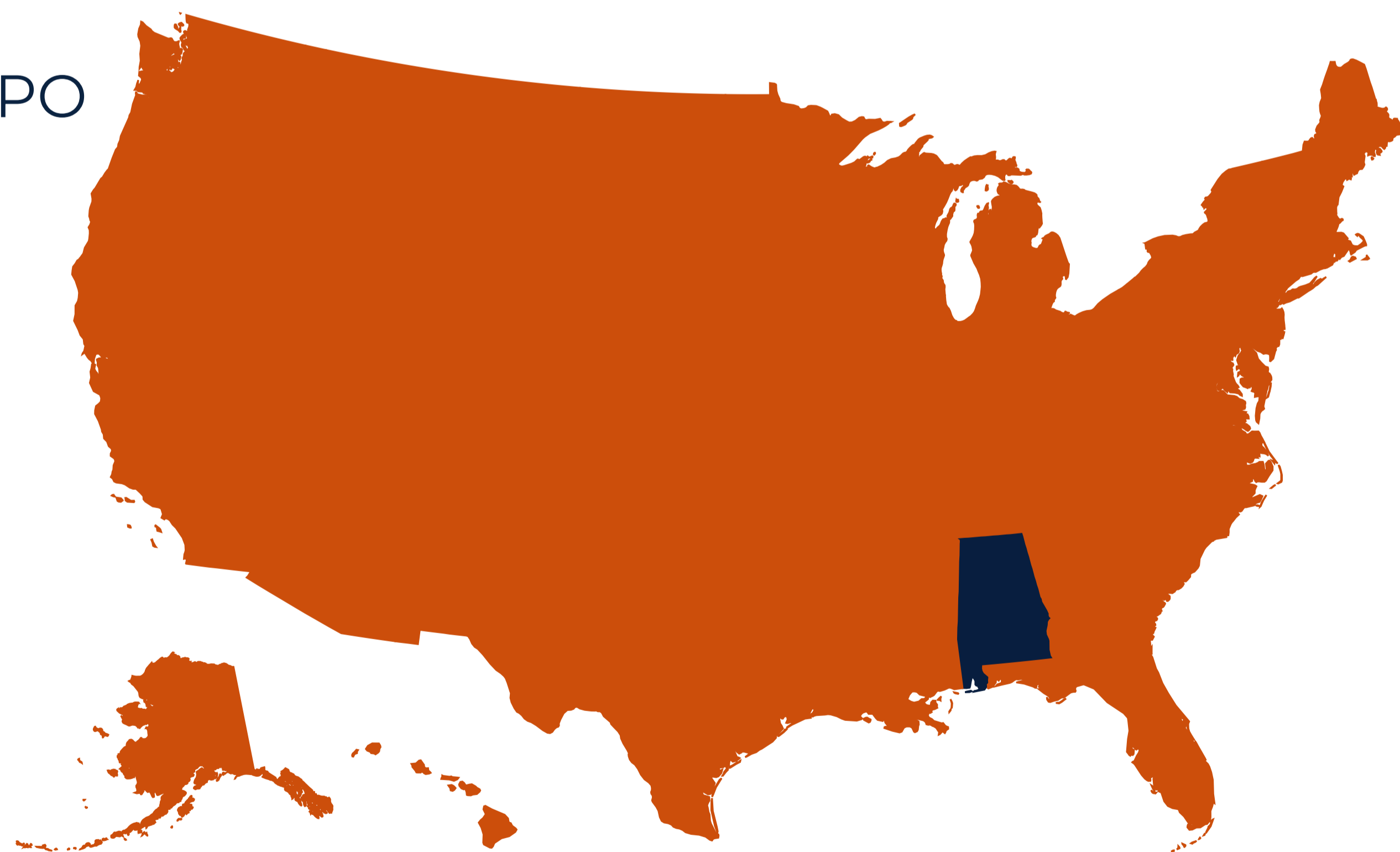
## Eligibility

- All Auburn Global students are required to enroll in the Auburn Global student health insurance plan (SHIP). Students are automatically enrolled and no action is necessary.
- Dependents are eligible for coverage under this plan. Your dependent may become eligible for coverage under the Auburn Global SHIP only when you become eligible or within 60 days of a qualifying life event.

## Plan Highlights

The Auburn Global SHIP provides substantial benefits for medical, dental, and vision expenses at a reasonable cost.

- Filed and approved in the United States and ACA (Affordable Care Act) Compliant
- Unlimited Policy Maximum
- Access to the National Cigna PPO Network
- \$100 in-network deductible
- \$2,500 in-network out of pocket maximum
- Mental/behavioral health coverage
- No pre-existing condition limitation/exclusion
- 100% coverage for preventive/routine care
- 100% coverage at the Student Health Center
- Medical Evacuation & Repatriation through Travel Guard
- Dental: 100% coverage for dental cleaning and x-rays
- Vision: \$10 copay for well vision exam and coverage for glasses or contacts



## Schedule of Benefits

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Policy Year Deductible	\$100	\$200
Out-of-Pocket Maximum	\$2,500 individual / \$5,000 family	\$5,000 individual / \$10,000 family
Coinsurance	10% coinsurance	30% coinsurance
Preventive Care	Covered in Full	20% coinsurance
Inpatient Care	10% coinsurance	30% coinsurance
Surgery (Inpatient or Outpatient)	10% coinsurance	30% coinsurance
Office Visit (PCP/Specialist)	\$10 copay	20% coinsurance
Telemedicine/Telehealth	10% coinsurance	30% coinsurance
Student Health Center	Claims are paid at 100% for covered medical services when rendered at the Student Health Center	
Emergency Room	\$50 copay (waived if admitted), then 10% coinsurance	
Ambulance Service	10% coinsurance	
Urgent Care	\$10 copay	20% coinsurance
Imaging Services and Laboratory Procedures (X-Ray, CT Scan, MRI, PET Scan)	10% coinsurance	30% coinsurance
Mental Health and Substance Use (Inpatient)	10% coinsurance <i>pre-certification required</i>	30% coinsurance <i>pre-certification required</i>
Mental Health and Substance Use (Outpatient)	\$10 copay	30% coinsurance
Maternity Benefit	Covered as any other sickness	
Prescription Medications	Generic: \$10 copay Preferred Brand: \$20 copay Non-Preferred Brand: \$40 copay <i>Deductible does not apply</i>	Generic: \$10 copay Preferred Brand: \$20 copay Non-Preferred Brand: \$40 copay <i>Deductible applies</i>
Dental	Basic Dental Plan 100% coverage for cleanings/x-rays 75% coverage for fillings	
VSP Vision Care Plan	Provider Network: VSP Choice Well Vision Exam: \$10 Frames/Lenses: \$150 frame allowance / \$25 materials copay Contacts (instead of glasses): \$150 allowance / \$60 contact lens exam (fitting)	