

**DREW UNIVERSITY UNDERGRADUATE STUDENT HEALTH PLAN
2016-2017**

Drew University is making available a Student Health Insurance Plan (hereinafter called "plan"). This provides a general summary of the insurance coverage; the Schedule of Benefits is not all inclusive of eligible benefits payable under this plan. This summary is not a contract; however, the Master Policy will be available for review upon request. The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this summary and the Master Policy. Matriculated students (accepted in a degree granting program) who are at least part-time, or those who have completed coursework and are registered for maintaining matriculation status, are eligible to purchase the plan.


DREW UNIVERSITY UNDERGRADUATE STUDENT 2016/2017 SUMMARY OF INSURANCE BENEFITS

The following summary is intended as an overview of the benefits provided under the 2016/2017 Drew University Student Health Insurance Plan. To view the full Plan brochure, please visit www.universityhealthplans.com, and click on "Drew University".

Coverage is provided for benefits as mandated by the State of New Jersey; please refer to the Master Policy on file at the University for full details.

Policy Year Maximum Benefit	Unlimited	
	In-Network	Out-of-Network
Deductible per Covered Person per Policy Year	\$200	\$200
Out of Pocket Maximum: (Includes Coinsurance and Copayments, does not include non-covered medical expenses or elective treatment)	\$6,350 Individual	No Maximum
Coinsurance	80% of Preferred Allowance (PA)	70% of Usual & Reasonable (U&R)
Outpatient Services		
Office Visits	80% of PA	70% of U&R
Diagnostic Imaging, X-ray and Laboratory Services	80% of PA	70% of U&R
Urgent Care Centers or Facilities	80% of PA	70% of U&R
Preventive Care		
Adult Annual Physical Examinations and immunizations	100% of PA (deductible waived)	100% of U&R(deductible waived)
Inpatient Services		
Inpatient Hospital Expenses	80% of PA	70% of U&R
Skilled Nursing Facility Benefit	80% of PA	70% of U&R
Surgical Services (Inpatient & Outpatient)		
Surgeon Services	80% of PA	70% of U&R
Anesthetist Services	25% of benefits payable for the Surgeon Services	25% of benefits payable for the Surgeon Services
Maternity Care		
Maternity Benefit	Same as any other Covered Sickness	Same as any other Covered Sickness
Routine Newborn Care	Same as any other Covered Sickness	Same as any other Covered Sickness
Emergency Services		
Emergency Service Expense	80% of PA for Covered Medical Expenses; Deductible waived if Student Health Center Referred	80% of U&R for Covered Medical Expenses; Deductible waived if Student Health Center Referred
Prescription Drugs		
Prescription Drugs (Copay based on 30 day supply) Should be filled at a Participating Cigna Pharmacy Network www.cigna.com	100% of PPO Allowance for Covered Medical Expenses after the following Copayments: \$15 Generic; \$30 Preferred Brand; \$50 Brand	100% of PPO Allowance for Covered Medical Expenses after the following Copayments: \$15 Generic; \$30 Preferred Brand; \$50 Brand <i>(Claims will be paid on a reimbursement basis)</i>

WHERE TO FIND HELP

Enrollment & Waiver Process	Cigna Preferred Provider Network	Insurance Benefits, Claims Questions, ID Cards
University Health Plans, Inc. One Batterymarch Park, Quincy, MA 02169-7454 Phone: (800) 437-6448 - Fax: (617) 472-6419 www.universityhealthplans.com	 www.cigna.com	Consolidated Health Plans 2077 Roosevelt Avenue, Springfield, MA 01104 (800) 633-7867 www.chpstudent.com