



Dear Students:

We are pleased to provide you with this summary of the Student Health Insurance Plan for the Eastern Nazarene College. This plan is fully compliant with the Affordable Care Act.

Who Is Eligible To Enroll?

All Eastern Nazarene College students are required to have coverage and are automatically enrolled unless proof of comparable coverage can be furnished.

Important Dates and Deadlines:

Open Enrollment Periods for all Hard Waiver Students:
 Fall Semester Deadline: 9/21/18
 Spring Semester Deadline: 2/15/19

How Do I Enroll/Waive Coverage?

You must enroll in the student health insurance plan offered at Eastern Nazarene College unless you have comparable coverage. If you have an insurance plan with comparable coverage, you must provide proof of coverage, go to www.universityhealthplans.com

Cost and Periods of Coverage*

	Annual 8/15/18 to 8/15/19	Spring 1/08/19 to 8/15/19
Student Only	\$3,294	\$1,977

*The above rates include an administrative fee.

The following Value-Added Services are not part of the Policy and are not underwritten by National Guardian Life Insurance Company. The services are provided by Independent vendors and are included if the student participates in the student health plan.

- Vision discount program through Davis Vision
- Medical Travel Assistance Through Travel Guard
- 24-hour nurse line
- 24/7 Behavioral Health Hotline/CareConnect.

Where Can I Obtain More Information About The Plan?

Waive Enroll Insurance Benefits	University Health Plans 800-437-6448 www.universityhealthplans.com
Insurance Benefits Claim Processing ID Cards	Consolidated Health Plans 877-657-5030 www.chpstudenthealth.com
Find Network Provider:	www.firsthealth.com
Find Prescription Drug Provider:	www.optumrx.com

Administered by:



HEALTH INSURANCE BENEFIT SUMMARY*		
BENEFIT	IN-NETWORK	NON-NETWORK
Deductible	\$250	\$500
Out-of-Pocket Expense Limit	\$6,850 Individual	No Maximum
Coinsurance Amount	80% of PA	60% of U&R
Preventive Care	100% of PA (No Cost Sharing)	60% of U&R
Hospital Room & Board (Inpatient)**	80% of PA	60% of U&R
Primary Care Visit	80% of PA After \$25 Copayment per Visit	60% of U&R After \$25 Copayment per Visit
Mental Illness and Substance Abuse	Same as any other covered sickness	Same as any other covered sickness
Emergency Services Expense	80% of PA After \$100 copay Deductible waived if admitted	80% of PA After \$100 copay Deductible waived if admitted
Diagnostic X-ray & Laboratory	80% of PA	60% of U&R
Outpatient Prescription Drugs	100% after Copay Tier 1 \$15 copay Tier 2 \$20 copay Tier 3 \$20 Copay Tier 4 \$20 Copay	60% of U&R
PA= Preferred Allowance U&R=Usual and Reasonable		
*This is not the policy. It is only a brief description of the coverage(s) available under the Student Health Insurance Plan. The Certificate will contain benefits, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.		
**All inpatient confinements require pre-certification. The phone number can be found on the back of the Insured's ID card. The call should be made prior to Hospital Confinement.		

Underwritten by:
National Guardian Life Insurance Company
Madison, WI
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