

Ithaca College 2017-2018 Student Health Insurance Program

Effective: August 10, 2017, to August 9, 2018

Group Number: ST0775SH

If you have any questions or concerns about this notice, contact Consolidated Health Plans at (877) 657-5030.

GENERAL INFORMATION

This is a schedule of benefits available through the Ithaca College 2017-2018 Student Health Insurance Program. This summary should be used in conjunction with the full plan description, including plan provisions, limitations and exclusions. You can obtain a copy of the full plan description by calling Consolidated Health Plans (CHP) at (877)657-5030, at www.chpstudent.com or University Health Plans at 800-437-6448. Questions regarding the benefits, limitations and exclusions of the Student Health Insurance Program can be directed to Consolidated Health Plans at (877) 657-5030 or by email at customerservice@consolidatedhealthplan.com. The benefits payable are as defined in and subject to all provisions of this Policy and any endorsements thereto. **Your out-of-pocket costs may be lower when you utilize a PHCS Preferred Provider. For a listing of PHCS Providers, go to www.phcs.com or contact CHP for assistance.**

SUMMARY OF BENEFITS	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing
Policy Year Maximum Benefit	Unlimited	
Deductible	\$150	\$150
Out-of-pocket Maximum (Includes Coinsurance and Copayments, does not include non-covered medical expenses or elective treatment)	\$1,500 Insured \$3,000 Family	\$3,000 Insured \$6,000 Family
Primary Care Office Visits (or Home Visits)	\$10 copay, and 20% Coinsurance	\$10 copay, and 40% Coinsurance
Outpatient Diagnostic X-ray, Diagnostic Imaging and Laboratory Services	20% Coinsurance	40% Coinsurance
Surgical Services (Inpatient/Outpatient)	20% Coinsurance	40% Coinsurance
Inpatient Care (Preauthorization Required. However not required for Emergency Admissions)	20% Coinsurance	40% Coinsurance
Urgent Care and Emergency Services		
Urgent Care Center	\$10 copay, and 20% Coinsurance	\$10 copay, then 40% Coinsurance
Emergency Department	\$50 copay, and 20% Coinsurance	\$50 copay, and 20% Coinsurance
Pre-Hospital Emergency Medical Services (Ambulance Services)	20% Coinsurance	20% Coinsurance
Non-Emergency Ambulance Services	20% Coinsurance	40% Coinsurance
Other Services		
Preventive/Wellness & Immunization Services	Covered in full	40% Coinsurance
Prescription Drug Expense , Prescriptions should be filled at an OptumRX participating pharmacy. Visit www.optum.com for participating pharmacies. Deductibles do not apply. Co-pays are per 30-day supply.	Tier 1: \$15 copay Tier 2: \$30 copay Tier 3: \$50 copay	

WHERE TO FIND HELP

For questions about:	Enrollment - Waiver of Mandatory Insurance Charge	Insurance Benefits - Customer Service - ID Cards
Please contact:	UNIVERSITY HEALTH PLANS, a Risk Strategies Company (After July 10, 2017) 15 Pacella Park Drive Randolph, MA 02368 Phone: (800) 437-6448 Fax: (617) 472-6419 www.universityhealthplans.com	CONSOLIDATED HEALTH PLANS 2077 Roosevelt Avenue, Springfield, MA 01104 (877) 657-5030 www.chpstudent.com

¹ Refer to plan detail for additional benefits, State Mandated Benefits, limitations, exclusions and definitions. The complete Plan brochure is available at the School Bursar's Office, by calling Consolidated Health Plans at (877)657-5030 or at www.chpstudent.com.