

COLLEGE / UNIVERSITY	ROOSEVELT - STUDENT SECURE - ELITE		SHORELIGHT	
POLICY YEAR	2023-2024		2023-2024	
Student Premium	\$1,739.90		\$1,650	
Underwriter	Lloyd's		Wellfleet	
PPO Network	First Health		Cigna PPO	
Eligibility	Roosevelt Recommends Student Secure to International Students		Mandatory	
ACA Compliant	No		Yes	
BENEFITS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Plan Benefit Maximum	\$5,000,000		Unlimited	
Maximum pr Sickness/Injury	\$500,000			
Deductible (Indiv.)	\$25	\$50	\$100	\$200
Out-of-Pocket Max. (Indiv.)	\$5,000		\$2,500 (medical/Rx)	\$5,000 (medical/Rx)
INPATIENT				
Inpatient Services	\$300 copay, 20% coinsurance, after ded.	\$300 copoay, 40% coinsurance, after ded.	10% coinsurance, after deductible	30% coinsurance, after deductible
OUTPATIENT				
Physician Office Visit	80% of first \$5,000, after ded. then 100% up to policy max		\$10 copay	20% coinsurance after deductible
Specialist Office Visit	80% of first \$5,000, after ded. then 100% up to policy max		\$10 copay	20% coinsurance after deductible
Urgent Care	80% of first \$5,000, after ded. then 100% up to policy max		\$10 copay	20% coinsurance after deductible
Emergency Room	\$100 copay, after ded.		10% coinsurance, after deductible (<i>waived if admitted</i>)	
Ambulance	100%, after ded.		10% coinsurance, after deductible	
Diagnositic Services X-ray, labs, Imaging (CT/PET, MRIs)	100%, after ded.		10% coinsurance after deductible	30% coinsurance after deductible
Preventive Care	\$200 maximum		Covered in full	20% coinsurance after deductible
PRESCRIPTION COVERAGE				
Generic	\$0		\$10 copay	
Preferred Brand	50%		\$20 copay	
Non-Preferred Brand			\$40 copay	
VISION & DENTAL				
Vision	Not Covered		<u>Comprehensive vision plan through VSP</u> Eye exam (\$10 copay), glasses (\$150 allowance) or contact lenses (\$150 allowance)	
Dental	Not Covered		<u>Basic Dental Plan</u> 100% coverage for cleanings/x-rays; 75% coverage for fillings	
Notable Exclusions	Pre-Existing Conditions: 6 month waiting period, \$25,000 maximum Immunizations: \$150 maximum Materntiy: \$25,000 maximum Mental Health: Limited to 30 days (inpatient/outpatient)			