

**Sarah Lawrence College 2016-2017 Student Health Insurance Program**

Effective: August 15, 2016, to August 14, 2017

Group Number: S210105

**If you have any questions or concerns about this notice, contact Consolidated Health Plans at (800) 633-7867.**

**GENERAL INFORMATION**

This is a schedule of benefits available through the Sarah Lawrence College 2016-2017 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 (800) 633-7867, 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 (800) 633-7867 or by email at [customerservice@consolidatedhealthplan.com](mailto: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 Cigna Preferred Provider. For a listing of Cigna Providers, go to [www.cigna.com](http://www.cigna.com) or contact CHP for assistance.**

| SUMMARY OF BENEFITS  | Preferred Provider Benefit Amount   | Non-Preferred Provider Benefit Amount    |
|--|---|--|
| <b>Policy Year Maximum Benefit</b>   | Unlimited   |  |
| <b>Deductible per Individual</b>   | \$250   | \$250                                    |
| <b>Out-of-pocket Maximum Limit per Individual</b><br><small>(Includes Coinsurance and Copayments, does not include non-covered medical expenses or elective treatment)</small>   | \$6,350   | Unlimited                                |
| <b>Coinsurance</b>   | 80% with referral from Student Health Center(SHC)/70% without referral from SHC unless otherwise noted                      | 60%                                      |
| <b>Office Visits &amp; Specialist Visits (or Home Visits)</b>  | \$15 Copay then Coinsurance stated above  | \$15 Copay then Coinsurance stated above |
| <b>Outpatient Diagnostic X-ray, Diagnostic Imaging and Laboratory Services in the Primary Care Physician Office or Specialty Office or Freestanding Radiology Facility</b>   | Coinsurance stated above  | Coinsurance stated above                 |
| <b>Surgical Services (Inpatient/Outpatient)</b>  | 80%   | Coinsurance stated above                 |
| <b>Inpatient Care</b>  | 80%   | Coinsurance stated above                 |
| <b>Urgent Care and Emergency Services</b>  |   |  |
| <b>Urgent Care Visit</b>   | 80%   | Coinsurance stated above                 |
| <b>Emergency services (copayment waived if admitted)</b>   | \$100 copay, then 80%   | \$100 copay, then 80%                    |
| <b>Emergency Medical Transportation services</b>   | 100%  | 100%                                     |
| <b>Other Services</b>  |   |  |
| Preventive/Wellness & Immunization Services  | 100% deductible does not apply  | 60% after deductible                     |
| Outpatient Mental Health and Substance Use Disorder Services   | 80%   | 80%                                      |
| <b>Prescription Drug Expense</b> , Prescriptions should be filled at a Cigna participating pharmacy. Visit <a href="http://www.cigna.com">www.cigna.com</a> for participating pharmacies. Deductibles do not apply. Co-pays are per 30-day supply. | 80% after:<br>Generic Contraceptive Drugs: \$0 copay<br>Other Generic Drugs: \$20 copay<br>All Brand Name Drugs: \$30 copay |  |

**WHERE TO FIND HELP**

| For questions about:   | Enrollment - Waiver of Mandatory Insurance Charge   | Insurance Benefits - Customer Service - ID Cards  |
|------------------------|---|---|
| <b>Please contact:</b> | <b>UNIVERSITY HEALTH PLANS</b><br>One Batterymarch Park, Quincy, MA 02169-7454<br>Local: (617) 472-5324 - Out of Area: (800) 437-6448<br><a href="http://www.universityhealthplans.com">www.universityhealthplans.com</a> | <b>CONSOLIDATED HEALTH PLANS</b><br>2077 Roosevelt Avenue, Springfield, MA 01104<br>Local: (413) 733-4540 - Out of Area: (800) 633-7867<br><a href="http://www.chpstudent.com">www.chpstudent.com</a> |

**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 (800) 633-7867, or at [www.chpstudent.com](http://www.chpstudent.com).**