

We are pleased to provide you with this overview of the University of Vermont (UVM) Student Health Insurance Plan (SHIP). This SHIP is underwritten by Atlanta International Insurance Company and administered by Consolidated Health Plans, Inc. CHP has contracted with Cigna for the plan's provider network of hospitals, physicians, and other health care providers.

Students should consider UVM's Center for Health & Wellbeing (CHWB) their first stop. CHWB can provide many of the routine health services you need most often at no expense to you. You may also visit any licensed health care provider for covered services by using the Cigna PPO network.

Your plan also offers the following value-added services:

- Davis Vision Discount Program
- Travel Guard Medical Travel Assistance
- 24/7 toll-free nurse hotline

BENEFIT SUMMARY*

Aggregate Benefit Maximum	Unlimited	
	IN-NETWORK	OUT-OF-NETWORK
Deductible (Per Person) This Deductible does not apply to Emergency Room Services	\$200, waived with a referral from the University of Vermont Center for Health & Wellbeing (CHWB)	
Medical Out-of-Pocket Maximum	\$6,850 per Individual/ \$13,700 Family Max	No Maximum
Coinsurance	80% of PA	70% of U&C
Preventive Care-Student Benefits are covered only when services are received at UVM Center for Health and Wellbeing. Preventive services not provided at UVM Center for Health and Wellbeing, will be paid the same as Preventive Care Services for Dependents.	100% of PA Deductible does not apply	70% of U&C Deductible does not apply
Preventive Care-Dependents	100% of PA Deductible does not apply	70% of U&C Deductible does not apply
Inpatient Hospital Expense (Precertification may apply)	80% of PA	70% of U&C
Physician's Office Visit	80% of PA	70% of U&C
Emergency Room Expense Co-pay is waived if admitted	80% of PA after \$100 co-pay per visit + waiver of Deductible	80% of U&C after \$100 co-pay per visit + waiver of Deductible
X-Ray and Laboratory Expenses	80% of PA	70% of U&C
Prescription Drug Benefits - www.cigna.com; co-pay per 30-day supply; Deductible does not apply	Generic: \$20 co-pay; Preferred Brand: \$40 co-pay; Brand: \$60; Specialty Drugs: \$60 co-pay	Not Covered
PA= Preferred Allowance U&C = Usual & Customary *This summary is provided as a courtesy and is not meant to replace or override the terms and conditions detailed in the insurance policy/brochure. Please refer to the policy/brochure to verify medical coverage, eligibility, exclusions, limitations, and for more detailed information.		

University of Vermont Insurance Requirements

All undergraduate and graduate students taking nine (9) or more credit hours are automatically enrolled in the UVM insurance plan, subject to the waiver requirements.

Part-time undergraduate and continuing educational students taking at least six (6) credit hours, and graduate students taking at least five (5) credit hours, may enroll at their option. Part-time students opting to enroll must also pay the health fee.

All international students will be required to purchase the University of Vermont Student Health Insurance Plan.

Insured students may also enroll their eligible dependents. Go to www.universityhealthplan.com for more information.

2017/2018 Waiver Deadlines

Participation in this Student Health Insurance Plan can be waived if the student has comparable coverage currently in force. A Waiver/Decision Form can be accessed online at www.uvm.edu/health/insurance. Follow the links to complete the waiver/decision form. The student can either: (a) purchase the University of Vermont Student Health Insurance Plan, or (b) decline the insurance by identifying comparable coverage currently in force with another insurance company. The online waiver process will be available but will not accept a decision past the published deadlines.

For Questions About:	Contact:
Waiver Process Health Services	The University of Vermont Student Health Insurance Office Center for Health and Wellbeing (802) 656-0602 Email: StudentInsurance@uvm.edu
Enrollment Dependent Enrollment	University Health Plans, Inc. One Batterymarch Park Quincy, MA 02169-7454 Phone: (800) 437-6448 Fax: (617) 472-6419 www.universityhealthplans.com Email: info@univhealthplans.com
Insurance Benefits Preferred Provider Listings Claims Processing	Consolidated Health Plans 2077 Roosevelt Avenue Springfield, MA 01104 (877) 657-5030 www.chpstudent.com Email: customerservice@chpemail.com
Preferred Provider Listings	Cigna PPO www.cigna.com
Find a Prescription Drug Provider	Cigna Pharmacy Plan www.cigna.com

Cost and Period of Coverage

	Annual 8/1/17-7/31/18	Spring 1/1/17-7/31/17
Student	\$3,116*	\$1,818*
Spouse, Civil Union or Domestic Partner	\$2,978	\$1,730
Each Child	\$2,978	\$1,730

*Rates Include an administrative fee.



