



**Marist College**  
**2018 – 2019**  
**Student Health Insurance Plan**  
 Underwritten by: Atlanta International Insurance Co.  
 Group #: ST0791SH  
 Policy #: AIC1718NYSHIP55

Dear Student, Parent, or Guardian:

We are pleased to provide you with this overview of the Marist College Student Health Insurance Plan (SHIP). This SHIP is underwritten by Atlanta International Insurance Co. and administered by CHP Student Health.

This ACA-compliant plan includes:

- Coverage while at school and at home
- Comprehensive coverage both for emergency and non-emergency situations
- Access to the Cigna PPO network

**This Plan is paired with the Cigna Network. Note that the benefits are not insured by Cigna or affiliates.**

This Plan also offers the following Value-added services. These services are not part of the Student Health Insurance Plan underwritten by Atlanta International Insurance Co.:

- Vision Discount Program through Davis Vision
- Medical Travel Assistance Services

**Marist College Insurance Requirements**

All full-time undergraduate domestic students are automatically enrolled and charged for the Marist College Student Health Insurance Plan on their Tuition bill. If you have existing medical insurance you will have the opportunity to remove the fee by completing an online waiver.

All Graduate and Part-time students are eligible to purchase the Student Health Insurance Plan on a voluntary basis.

Insured Students who are enrolled in the Student Health Insurance Plan may also enroll their eligible Dependents. Eligible dependents under the plan include the Insured person's spouse and dependent children under age twenty-six (26). Dependent Eligibility expires concurrently with that of the Insured Student.

**How to Waive Coverage:**

If you have existing medical insurance coverage under another policy (self, parent, spouse, etc.) – you may have the charge for the Marist College Student Health Insurance Plan removed from your tuition bill. Go to: <http://www.marist.edu/financialaid/> for the waiver instructions.


Please note that to waive the insurance premium, the student must show proof of other health coverage.

**The deadline to file a waiver is August 8, 2018**

**HEALTH INSURANCE BENEFIT SUMMARY\***

	<b>Participating Provider Member Responsibility</b>	<b>Non-Participating Provider Member Responsibility</b>
<b>Deductible</b>	\$100 Per individual	\$200 Per individual
<b>Out-of-Pocket Limit</b>	\$6,600 Individual \$13,200 Family	No Maximum
<b>Coinsurance</b>	5% Coinsurance	15% Coinsurance
<b>Preventive Care</b>	Covered in full	15% Coinsurance after deductible
<b>Inpatient Hospital</b> <i>Preauthorization required</i>	5% coinsurance after deductible	15% coinsurance after deductible
<b>Physician's Office Visit</b>	5% coinsurance after deductible	15% coinsurance after deductible
<b>Emergency Room Expense</b>	\$100 copayment 5% coinsurance after deductible	\$100 copayment 5% coinsurance after deductible
<b>Diagnostic Testing</b>	5% coinsurance after deductible	15% coinsurance after deductible
<b>Laboratory Procedures</b>	5% coinsurance after deductible	15% coinsurance after deductible
<b>Prescription Drugs</b> • 30-day Supply • Prescriptions should be filled at a Cigna Pharmacy Network	0% Coinsurance Tier 1: \$15 copay Tier 2: \$30 copay Tier 3: \$30 copay <i>See Prescription Card</i>	15% Coinsurance after deductible  <i>Member submit</i>

\*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.

<b>I need to:</b>	<b>Visit:</b>
Waive the Insurance Plan	<b>Marist College</b> <a href="https://www.marist.edu/financialaid/">https://www.marist.edu/financialaid/</a>
Enroll in the Insurance Plan	<b>The Allen J. Flood Companies</b> 1-800-734-9326 <a href="http://www.mystudentmedical.com">www.mystudentmedical.com</a>
Learn about: • Insurance Benefits • Participating PPO Provider Listings • Claims Processing • ID card	<b>CHP Student Health</b> <a href="http://www.chpstudent.com">www.chpstudent.com</a> 1-877-657-5030
Find a PPO Provider: 	<b>Cigna PPO</b> (PPO, Choice Fund PPO) <a href="http://www.cigna.com">www.cigna.com</a> or <b>CHP Student Health</b> <a href="http://www.chpstudent.com">www.chpstudent.com</a>
Find a Prescription Drug Provider:	<b>Cigna Pharmacy Network</b> <a href="http://www.cigna.com">www.cigna.com</a>

**Cost and Period of Coverage**

	<b>Annual*</b> 8/1/18-7/31/19	<b>Spring*</b> 1/1/19-7/31/19
Student Only	\$3,236	\$1,877
<b>Dependent rates are in addition to the student rate</b>		
Per Dependent	\$3,236	\$1,877

\*Premiums include an Administrative Service Fee

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Accessible, Responsive, Flexible.

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