



Marist College
2019 – 2020
Student Health Insurance Plan
 Underwritten by: Wellfleet New York Insurance Company
 Group #: ST0791SH
 Policy #: AIIC1718NYSHIP55

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 Wellfleet New York Insurance Company and administered by Wellfleet 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 *Wellfleet New York Insurance Company*

- 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 2, 2019

HEALTH INSURANCE BENEFIT SUMMARY*

	Participating Provider Member Responsibility	Non-Participating Provider Member Responsibility
Deductible	\$100 Per individual	\$200 Per individual
Out-of-Pocket Limit	\$7,900 Individual	No Maximum
Coinsurance	10% Coinsurance	20% Coinsurance
Preventive Care	Covered in full	20% Coinsurance after deductible
Inpatient Hospital <i>Preauthorization required</i>	10% coinsurance after deductible	20% coinsurance after deductible
Physician's Office Visit	10% coinsurance after deductible	20% coinsurance after deductible
Emergency Room Expense	\$100 copayment 10% coinsurance after deductible	\$100 copayment 10% coinsurance after deductible
Diagnostic Testing	10% coinsurance after deductible	20% coinsurance after deductible
Laboratory Procedures	10% coinsurance after deductible	20% coinsurance after deductible
Prescription Drugs • 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>	20% 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.

I need to:	Visit:
Waive the Insurance Plan	www.mystudentmedical.com
Enroll in the Insurance Plan	The Allen J. Flood Companies 1-800-734-9326 www.mystudentmedical.com
Learn about: • Insurance Benefits • Participating PPO Provider Listings • Claims Processing • ID card	Wellfleet Student Health https://www.studentinsurance.com/ 1-877-657-5030
Find a PPO Provider: 	Cigna PPO (PPO, Choice Fund PPO) www.cigna.com or CHP Student Health www.studentinsurance.com
Find a Prescription Drug Provider:	Cigna Pharmacy Network www.cigna.com

Cost and Period of Coverage

	Annual* 8/1/19-7/31/20	Spring* 1/1/20-7/31/20
Student Only	\$3,276	\$1,906
Dependent rates are in addition to the student rate		
Per Dependent	\$3,276	\$1,906

*Premiums include an Administrative Service Fee

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Accessible, Responsive, Flexible.

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