



Who Is Eligible To Enroll?

Ithaca College requires all matriculated undergraduate and graduate students to have coverage and are automatically enrolled in the Student Health Insurance Plan. Student Accounts will initially charge for the plan unless proof of comparable coverage can be furnished. All International students will be automatically enrolled in the plan.

Important Dates and Deadlines:

Open Enrollment Periods for all Dependents and Hard Waiver Students:

Fall Semester Deadline: 8/10/2018

Spring Semester Deadline: 1/19/19

Online Waiver/Enrollment Instructions

Why should I submit the online enrollment form?

Submitting the online enrollment form confirms that you do want to be enrolled in the student health insurance plan and expedites the processing of your enrollment in the plan. Students who are enrolled in the plan for the 2017-2018 policy year should submit the online enrollment form for the 2018-2019 policy year as early as possible to avoid a disruption in coverage.

To submit a waiver or enrollment form:

1. Visit www.universityhealthplans.com
2. Click "Ithaca College" on the homepage.
3. On the left of the next page, you will see blue boxes that say "Waiver Form" and "Enrollment Form". Students who wish to enroll dependents in the plan may do so when submitting their online enrollment form.
4. Carefully follow all instructions and click "Apply" to submit your form. If you are submitting a waiver form, you will need to enter your current health insurance information.
5. When your waiver or enrollment form has been successfully submitted, you will see a waiver confirmation number and receive a confirmation email to your Ithaca College email address shortly thereafter. **If you do not receive the confirmation email, your form may not have been submitted and you should contact University Health Plans at 1-800-437-6448 for assistance.**

Cost and Periods of Coverage*

	Annual 8/10/18 to 8/9/19	Fall 8/10/18 to 12/31/18	Spring 1/1/19 to 8/9/19	Summer 6/1/19 to 8/9/19
Student Only	\$1,795	\$708	\$1,087	\$344
Spouse	\$1,795	\$708	\$1,087	\$344
Each Child	\$1,795	\$708	\$1,087	\$344

*The above rates include an administrative fee.

Dependent rates are in addition to the student rate.

The following Value-Added Services are not part of the Policy and are not underwritten by Atlanta International Insurance Company. The services are provided by Independent vendors and are included if the student participates in the student health plan.

- Vision discount program through Davis Vision
- Medical Travel Assistance Through Travel Guard
- 24-hour nurse line and behavioral health hotline CareConnect

Underwritten By:

Atlanta International Insurance Company

FlyST0775SH

Where Can I Obtain More Information About The Plan?

Waive Off/Enroll In the insurance plan:	www.universityhealthplans.com
Insurance Benefits Claim Processing ID Cards	www.chpstudenthealth.com
Find Network Provider:	Cigna www.cigna.com
Find Prescription Drug Provider:	Cigna Pharmacy Network www.cigna.com

HEALTH INSURANCE BENEFIT SUMMARY*

BENEFIT	IN-NETWORK	NON-NETWORK
Deductible	\$150	\$150
Out-of-Pocket Expense Limit	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Coinsurance Amount	20%	40%
Preventive Care	0% (No Cost Sharing)	40%
Hospital Room & Board (Inpatient)**	20%	40%
In Office Physician Visit/Consultant or Specialist	20% After \$10 Copayment	40% After \$10 Copay
Mental Health and Substance Abuse	20%	40%
Emergency Services Expense	20% After \$50 copay After deductible	20% After \$50 copay After deductible
Urgent Care Center	20% After \$10 Copay	20% After \$10 Copay
Diagnostic X-ray & Laboratory	20% After \$10 copay after deductible	40% After \$10 copay After deductible
Outpatient Prescription Drugs 30 day supply Not subject to deductible	0% after Copay Tier 1 \$15 copay Tier 2 \$30 copay Tier 3 \$50 Copay	0% after Copay Tier 1 \$15 copay Tier 2 \$30 copay Tier 3 \$50 Copay

*This is only a brief description of the coverage(s) available under Certificate form NY SHIP Cert (2018). The Certificate will contain reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.

**All inpatient confinements require pre-certification. The phone number can be found on the back of the Insured's ID card. The call should be made prior to Hospital Confinement. In the case of an emergency, the call should take place as soon as reasonably possible

Plan Administrator:

Consolidated Health Plans, Inc.
2077 Roosevelt Ave.
Springfield, MA 01104
www.studenthealth.com
(877) 657-5030