

Dear Student:

We are pleased to provide you with this overview of the Farmingdale State College Student Health Insurance Plan (SHIP). This SHIP is underwritten by Atlanta International Insurance Company and administered by Consolidated Health Plans, Inc.

Your ACA-compliant plan includes:

- Comprehensive coverage both for emergency and non-emergency situations
- Access to the PHCS PPO network

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 Company:

- Vision Discount Program through Davis Vision
- Medical Travel Assistance Services
- Ask Mayo Clinic 24-hour nurse line

HEALTH INSURANCE BENEFIT SUMMARY*		
BENEFIT	NETWORK	Non-NETWORK
Maximum	Unlimited	
Annual Deductible	\$150	\$600
Out-of-Pocket Maximum	\$5,000 Individual \$12,700 Family	No Maximum
Coinsurance	80% of PA	60% of U&R
Preventive Care	100% of PA (no cost sharing)	60% of U&R
Inpatient Hospital Expense	80% of PA after \$500 copayment	60% of U&R after \$500 copayment
Surgery (Inpatient or Outpatient)	80% of PA	60% of U&R
Physician's Office Visit	80% of PA after \$25 copay	60% of U&R after \$25 copay
Emergency Room Expense (copay waived if admitted)	80% of PA after \$150 copay	80% of PA after \$150 copay
X-Ray and Laboratory	80% of PA \$25 copay applies if performed in PCP or specialist office	60% of U&R \$25 copay applies if performed in PCP or specialist office &R
Prescription Drugs <i>Benefits are provided on a reimbursement basis.</i>	80% of PA for Covered Medical Expenses Copay waived for Generic Contraceptives and Wellness Drugs Copay: \$25 for Generic Copay: \$50 Preferred Brand Copay: \$75 Brand	80% of U&R Charge for Covered Medical Expenses Copay: \$25 for Generic Copay: \$50 Preferred Brand Copay: \$75 Brand
PA= Preferred Allowance U&R = Usual & Reasonable		
*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.		

Policy Form SHIP POL 2016

Farmingdale State College Insurance Requirements:

All full-time resident students are automatically enrolled in this insurance plan and premium is added to the College tuition and fees unless the student shows evidence of comparable insurance coverage by completing a waiver form by waiver deadline date below.

2017/2018 Waiver/Enrollment Period Deadlines:

- **Annual: September 13, 2017**
- **Spring: February 15, 2018**

I need to:	Visit or Contact:
Waive the insurance plan:	Complete waiver form and return to Student Account Office
Dependents – Enroll in the Insurance plan:	Complete online enrollment Consolidated Health Plans www.chpstudent.com
Learn about: • Insurance Benefits • Claims Processing	Consolidated Health Plans 2077 Roosevelt Avenue Springfield, MA 01104 (877)657-5030 www.chpstudent.com
Find a Provider:	Consolidated Health Plans or www.phcs.com

Cost and Period of Coverage		
	Annual* 8/16/17-8/16/18	Spring* 1/26/18-8/16/18
Student	\$2,450	\$1,355
Per Dependent	\$2,450	\$1,355

*Rates include an administrative service fee

Underwritten by: Atlanta International Insurance Company

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