



Houghton College
2017 – 2018
Student Health Insurance Plan
 Underwritten by: Atlanta International Insurance Company
 Group #: ST0856SH
 Policy #: AIC1718NYSHIP27

Dear Student, Parent, or Guardian:

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

This Plan, which ACA-compliant includes:

- Coverage while at school and at home
- Comprehensive coverage both for emergency and non-emergency situations
- Wellness
- 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

Houghton College Insurance Requirements

All registered students enrolled at Houghton College are automatically enrolled in the Houghton College Student Health Insurance Plan unless proof of other insurance coverage is provided by completing the online waiver. Eligible students who are enrolled may also insure their eligible dependents. To enroll a dependent please visit: www.chpstudent.com.

How to Waive Coverage:

1. Go to www.chpstudent.com;
2. Under Find My School enter **Houghton College**;
3. Next Click on the Waiver Tab and continue;
4. Fill in all the required information. If any information is missing, your waiver will **NOT** be accepted.
5. Click on "Continue" and review the information provided for accuracy.
6. If all information is accurate, click the box "I agree that all my information is correct and I confirm that I have chosen to waive coverage" and type your name in the Electronic Signature box
7. Click on "Submit" to register the online waiver.
8. When your online Waiver Form is successfully submitted, you will immediately receive a confirmation email. We highly recommend that you print this for your records.

Failure to complete the Annual waiver will result in automatic enrollment in Plan and premium of \$1,898 will be added to the Students Account.

The deadline to waive or enroll:

- Annual Plan – June 30, 2017

HEALTH INSURANCE BENEFIT SUMMARY*		
Maximum	Unlimited	
	Participating Provider Member Responsibility	Non-Participating Provider Member Responsibility
Deductible <i>per individual</i>	\$450	\$450
Out-of-Pocket Limit	\$6,850 Individual \$13,700 Family	\$20,000 per individual
Coinsurance	0%	20%
Preventive Care	Covered in Full	20% coinsurance after deductible
Inpatient Hospitalization <i>Preauthorization required</i>	0% Coinsurance after deductible	20% coinsurance after deductible
Physician's Office Visit (includes Specialists)	\$20 copay 0% coinsurance after deductible	\$20 copay 20% coinsurance after deductible
Emergency Room Expense	0% coinsurance after deductible	0% coinsurance after deductible
X-Ray & Laboratory Procedures	\$20 copay 0% coinsurance after deductible	\$20 copay 20% coinsurance after deductible
Prescription Drug Benefits <i>Prescriptions should be filled at a Participating OptumRX Pharmacy Network</i>	Tier 1 - \$10 copay Tier 2 - \$20 copay Tier 3 - \$30 copay 0% coinsurance not subject to deductible	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.

Where to Find Help For questions about:	Please Contact
<ul style="list-style-type: none"> • Waiver Process • Dependent Enrollment • Insurance Benefits • Preferred PPO Provider Listing • ID card • Claims Processing 	CHP Student Health www.chpstudent.com (800) 657-5030
Find a PHCS PPO Provider	PHCS PPO www.phcs.com or www.chpstudent.com
Prescription Drug Provider:	OptumRX www.optumrx.com

Cost and Period of Coverage		
	Annual*	Spring*
	8/13/17-8/12/18	1/1/18-8/12/18
Student Only	\$1,898	\$1,165
<i>Dependent rates are in addition to the student rate</i>		
Per Dependent	\$1,898	\$1,165
*Premiums include an Administrative Service Fee		

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Accessible, Responsive, Flexible.

(877) 657-5030
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chpstudent.com