



**MANHATTAN  
COLLEGE**

**Manhattan College  
2018 – 2019**

**Student Health Insurance Plan**

Underwritten by: Atlanta International Insurance Co.  
Group #: ST1263SH

Dear Student, Parent, or Guardian:

We are pleased to provide you with this overview of the Manhattan 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

**Manhattan College Insurance Requirements**

All registered full-time undergraduate domestic and international students, all degree seeking international students, all students residing in the college dormitories and all Division 1 athletic participants are automatically enrolled and charged for the Manhattan College Student Health Insurance Plan on their Tuition bill.

If you have existing medical insurance you will have the opportunity to remove the fee you can complete the waiver request by providing details of your current insurance plan coverage. If you require assistance you may contact the plan administrator at 1-800-734-9326.

**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 Manhattan College Student Health Insurance Plan removed from your tuition bill. Go to: [manhattan.edu/studenthealthinsurance](http://manhattan.edu/studenthealthinsurance) 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 1, 2018**

**HEALTH INSURANCE BENEFIT SUMMARY\***

	<b>Participating Provider Member Responsibility</b>	<b>Non-Participating Provider Member Responsibility</b>
<b>Deductible</b>	\$250 Per individual	\$500 Per individual
<b>Out-of-Pocket Limit</b>	\$7,350 Individual \$14,700 Family	\$14,700 Individual \$29,400 Family
<b>Coinsurance</b>	20% Coinsurance	40% Coinsurance
<b>Preventive Care</b>	Covered in full	40% Coinsurance after deductible
<b>Inpatient Hospital</b> <i>Preauthorization required</i>	20% coinsurance after deductible	40% coinsurance after deductible
<b>Physician's Office Visit</b>	\$25 Copayment	40% coinsurance after deductible
<b>Emergency Room Expense</b>	\$200 copayment 20% coinsurance after deductible	\$200 copayment 40% coinsurance after deductible
<b>Diagnostic Testing</b>	20% coinsurance after deductible	40% coinsurance after deductible
<b>Laboratory Procedures</b>	20% coinsurance after deductible	40% coinsurance after deductible
<b>Prescription Drugs</b> • 30-day Supply • Prescriptions should be filled at a Cigna Pharmacy Network	0% Coinsurance Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$60 copay <i>See Prescription Card</i>	0% Coinsurance Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$60 copay <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	<a href="http://manhattan.edu/studenthealthinsurance">manhattan.edu/studenthealthinsurance</a>
Ask Any General Questions on the Program	<b>Plan Administrator</b> <b>The Allen J. Flood Companies</b> 1-800-734-9326
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>  <b>1-877-657-5030</b>
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>	<b>Spring*</b>
	8/1/18-8/1/19	1/1/19-8/1/19
Student Only	\$2,110.00	\$1,225.00
*Premiums include an Administrative Service Fee		

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**Accessible, Responsive, Flexible.**

(877) 657-5030  
2077 Roosevelt Ave.  
Springfield, MA 01104  
[chpstudent.com](http://chpstudent.com)