



# University of La Verne

## 2016–2017 Student Health Insurance Plan (SHIP)

### Plan Snapshot

Welcome to the 2016–2017 Student Health Insurance Plan (SHIP)! Below are brief highlights of plan benefits, as well as important dates and costs of coverage. Note that this plan is rated a SILVER level plan, as per the Affordable Care Act.

For more information, please consult the plan brochure. You can view the brochure and other plan materials at [www.4studenthealth.com/ulv](http://www.4studenthealth.com/ulv). If you have questions about medical benefits or claims, please call Personal Insurance Administrators, Inc., at **(800) 468-4343**. If you have questions about enrollment, please call Ascension at **(800) 537-1777**.

#### Insurance Costs and Dates of Coverage

	Annual 08/24/2016 to 08/23/2017	Fall 08/24/2016 to 01/29/2017	Spring/Summer 01/30/2017 to 08/23/2017
Undergraduate Students	\$888.00	\$444.00	\$444.00

	Annual 08/24/2016 to 08/23/2017	Fall 08/24/2016 to 01/02/2017	Winter 01/03/2017 to 03/19/2017	Spring 03/20/2017 to 06/04/2017	Summer 06/05/2017 to 08/23/2017
Graduate Students	\$1,056.00	\$264.00	\$264.00	\$264.00	\$264.00

The cost of coverage includes insurance premium and administrative fees.

#### Insurance ID Card

You will receive your permanent insurance ID card in the mail after the start of your first term of coverage under SHIP. You may also download your insurance ID card at [www.4studenthealth.com/ulv](http://www.4studenthealth.com/ulv). If you go to a Doctor's office, urgent care center, Hospital, or pharmacy, you will be asked for your ID card. *Carry your insurance identification card with you at all times.*

#### Referral Requirement

A Student Health Center (SHC) referral is required for non-emergency care within a 50-mile radius from campus, unless SHC is closed or for certain preventive care. See *brochure for further details*.

If you receive a referral or SHC is closed, it is recommended you visit a PPO provider. The PPO for this plan is First Health Network. To locate a PPO provider, visit [www.firsthealthlbp.com](http://www.firsthealthlbp.com) or call **(800) 226-5116**.

#### Additional Plan Information

Please note the following levels for coinsurance, copays, deductibles, and other costs of this coverage.

**For treatment received at the SHC, Covered Expenses incurred will be paid at 100% of actual charges and the deductible is waived. Students are required to visit the SHC first before seeking care off campus. Students should visit the SHC for any follow-up care after seeking treatment.**

	First Health Network PPO	Non-PPO
<b>Deductible</b>	No deductible for the first \$500 of expenses paid, then \$250 per policy year thereafter	No deductible for the first \$500 of expenses paid, then \$250 per policy year thereafter
<b>Covered Percentage</b> (what SHIP pays)	70% of Allowable Charges (after deductible, if applicable)	70% of R&C (after deductible, if applicable)
<b>Office Visit Copay</b>	None	None
<b>Emergency Room Copay</b>	None	None
<b>Prescription Drug Copay</b>	30% of Actual Charges (after deductible, if applicable)*	
<b>Out-of-pocket Maximum</b>	\$6,350 per policy year	\$6,350 per policy year

\* You must pay for prescriptions in full at the time of pick-up, then submit a claim for the portion of charges for which the company is responsible for paying.

