



## 2017-2018 Student Health Insurance Program Underwritten by National Guardian Life Insurance Co.

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As Policy Form No. NBH-280 (2014) CT  
Policy #: 20175B19  
Group # ST0931SH

Dear Student, Parent, or Guardian:

We are pleased to provide you with this overview of the University of Connecticut's Student Health Insurance Plan (SHIP). The SHIP is administered by Consolidated Health Plans, Inc. and has contracted with Cigna for the plan's preferred provider network of hospitals, physicians, and other health care providers. Students covered by the SHIP also have access to a dental savings program, vision discount program, and travel assistance program. Details of these value-added options are provided by Consolidated Health Plans and can be found at [www.chpstudent.com/uconn](http://www.chpstudent.com/uconn).

### UCONN STUDENT HEALTH INSURANCE PLAN

Policy Year Maximum	Unlimited	
	NETWORK	Non-NETWORK
<b>Annual Deductible</b> <i>(Waived at UConn-SHS)</i>	\$300 Individual \$900 Family	\$600 Individual \$1,800 Family
<b>Out-of-Pocket Maximum</b>	\$6,850 Individual / \$13,700 Family	
<b>Coinsurance</b>	80% of PA	60% of U&R
<b>Preventive/Wellness Care</b>	100% of PA No cost sharing	60% of U&R
<b>Student Health Services</b>	100% of U&R, deductible waived Pharmacy copayments apply; there is no other copay when the SHS is utilized	
<b>Inpatient Hospital Expense</b>	80% of PA	60% of U&R
<b>In Office Physician's Fees including Chiropractic care</b>	\$20 copay per visit, then 100% of PA (deductible waived)	60% of U&R (deductible waived)
<b>Mental Health Office Visit</b> <i>(Copay waived at UConn CMHS)</i>	Same as any other Covered Sickness	Same as any other Covered Sickness
<b>Emergency Room Expense</b> <i>(Deductible Waived)</i>	\$150 copay per visit, then 100% of PA	The greater of: 1. The In-Network Benefit; 2. 80% of the U&R Charge; or 3. The amount Medicare would reimburse.
<b>Laboratory Procedures (Outpatient)</b>	80% of PA (Deductible waived)	60% of U&R
<b>Diagnostic X-ray Services</b>	80% of PA	60% of U&R
<b>Prescription Drug Benefits</b> Cigna Pharmacy Network <b>Note:</b> <i>Generic Contraceptives will have a \$0 copay.</i>	100% of U&R, subject to: \$5 generic copayment \$40 Preferred Brand copayment \$60 Brand copayment	60% of U&R
	PA= PPO Allowance U&R = Usual and Reasonable	

**\*This is only a brief description of the coverage(s) available. The Benefits Brochure and Policy will contain reductions, limitations, exclusions & termination provisions.**

UConn/Storrs Students should consider Student Health Services (SHS) their first stop. SHS can provide many of the routine health services you need and most often at a reduced out of pocket expense to you. However, ALL students insured by this SHIP may also visit any licensed health care provider for covered services by using the Cigna PPO network.

For a listing of Cigna PPO Network Participating Providers, go to [www.cigna.com](http://www.cigna.com) or contact Consolidated Health Plans at (413) 452-5370, toll-free at 877-657-5030, or [www.chpstudent.com/uconn](http://www.chpstudent.com/uconn).

### UConn Insurance Requirements

The University of Connecticut requires all full-time students to maintain health insurance coverage. Specific details as to the definition of full-time student, SHIP eligibility for part-time students, coverage, Student Health Services usage and fees, and waiver requirements can be found at: [www.shs.uconn.edu/insurance.html](http://www.shs.uconn.edu/insurance.html).

### 2017/2018 Waiver Deadlines

If after review of the SHIP coverage a student wants to formally decline (waive) the CHP/UConn Student Health Plan, an online waiver **MUST** be completed. The online Waiver is accessed through the student administration (PeopleSoft) system at:

[www.studentadmin.uconn.edu](http://www.studentadmin.uconn.edu).

Your UConn NetID and unique password are needed to access the system. The only acceptable form of notification to decline the coverage is via the online waiver. *Failure to complete the waiver will result in automatic enrollment and responsibility for the premium (\$3,198 fall/\$2,026 spring)*

The deadlines to waive coverage are:

- Fall/Annual Plan – September 15, 2017
- Spring Term (New/Transfers Only) – February 05, 2018

### Cost and Period of Coverage

	Fall/Annual* 8/15/17 – 8/14/18	Spring* 1/1/18 -8/14/18 (New/Transfer Students Only)
Student	\$3,198	\$2,026
<b>Dependent rates are in addition to the student rate</b>		
1 Dependent	\$3,148	\$1,976
2 Dependents	\$6,296	\$3,952
3 or more Dependents	\$9,444	\$5,928

\*Includes an Administration Fee

Enrollment of dependents and students eligible to enroll, but not a part of automatic enrollment should contact:

**Bailey Agencies, Inc.** 860-446-8255 or 800-321-4449  
<http://www.baileyagencies.com/college.html>

### Questions? Contact:

Bailey Agencies, Inc.  
15 Thames Street, Suite 100,  
Groton CT 06340  
Phone: 860-446-8255 or Toll free: 800-321-4449  
Email: [Katie@baileyinbox.com](mailto:Katie@baileyinbox.com) or [John@baileyinbox.com](mailto:John@baileyinbox.com)



[www.cigna.com](http://www.cigna.com)

*This Plan is paired with the Cigna Network. Note that the benefits are not insured by Cigna or affiliates.*



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