



Dear Students:
 We are pleased to provide you with this summary of the Student Health Insurance Plan (SHIP) for the **University of Connecticut**. This plan is fully compliant with the Affordable Care Act.

Find Prescription Drug Provider	Cigna PBM Pharmacy Network https://www.cigna.com/hcpdirectory/
---------------------------------	---

Who Is Eligible To Enroll?

Full-time Students: Undergrads 12+ credits & Graduate Students 9+ Credits, **Part-time Students** registered for at least 6 credits and **Dependents** of enrolled students.

On-line course registration is excluded from eligibility.

How Do I Enroll?

It is a requirement of the **University of Connecticut** that all full-time students maintain health insurance coverage. The University will post, to the fee bill, the premium for the SHIP to most full-time students at the start of their first semester during each academic year. If, the online waiver is not completed, the enrollment will happen automatically. All registered part-time students taking 6 credits or students who wish to enroll dependent(s) should contact Bailey Agencies, A Division of Smith Brothers, at 860-430-3338 or email: kkruszewski@smithbrothersusa.com for more information.

How Do I Waive Coverage?

If after review of the SHIP a student wishes to decline the coverage they may do so by completing the online waiver located in the UConn Student Administration system at: www.studentadmin.uconn.edu.

Waiver Period Deadline Dates	
Annual	September 15, 2018
Spring	February 5, 2019

Cost and Periods of Coverage			
	Annual 8/15/18-8/14/19	Medical/Dental 8/1/18-7/31/19	Spring New/Transfer 1/1/19-8/14/19
Student	\$3,104*	\$3,104*	\$1,968*
Spouse	\$3,054	\$3,054	\$1,918
Each Child	\$3,054	\$3,054	\$1,918

*The above rates include an administrative fee.
 Dependent rates are in addition to the student rate.

Where Can I Obtain More Information About The Plan?

Enroll Dependents	Bailey Agencies, A Division of Smith Brothers 860-430-3338 kkruszewski@SmithbrothersUSA.com
Waive Coverage	UConn Student Administration www.studentadmin.uconn.edu
Insurance Benefits Claim Processing ID Cards	Consolidated Health Plans (CHP) (413) 733-4540 or (877) 657-5030 www.chpstudenthealth.com
Find a Network Provider	Cigna PPO www.Cigna.com

HEALTH INSURANCE BENEFIT SUMMARY*		
BENEFIT	Preferred Provider	Non-Preferred Provider
Deductible	\$300 Individual \$900 Family	\$600 individual \$1,800 Family
Out-of-Pocket Maximum	\$6,850 Individual \$13,700 Family	No Maximum
Coinsurance	80% of PA	60% of U&R
Preventive Care	100% of PA	60% of U&R
Hospital Room & Board**	80% of PA	60% of U&R
In Office Physician Visit, Specialists and Chiropractic Care	\$20 copay per visit, then 100% of PA (Deductible waived)	60% of U&R (Deductible waived)
Emergency Services Expense	100% of PA \$150 copay per visit (Deductible waived)	100% of Actual charge \$150 copay per visit (Deductible waived)
Urgent Care Centers or Facilities	100% of PA \$20 copay per visit (Deductible waived)	60% of U&R
Student Health Services	100% of Actual Charge for Covered Medical Expenses (Deductible Waived)	
Laboratory Procedures (Outpatient)	80% of PA (Deductible Waived)	60% of U&R
Prescription Drugs	100% after copay: Generic: \$5 Preferred Drug: \$40 Non-Preferred: \$60 Specialty: \$60	60% of U&R

PA= Preferred Allowance U&R=Usual and Reasonable

*This is only a brief description of the coverage(s) available under Certificate form CT SHIP Cert (2018). The Certificate will contain reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.

**All inpatient confinements require pre-certification. The phone number can be found on the back of the Insured's ID card. The call should be made prior to Hospital Confinement. In the case of an emergency, the call should take place as soon as reasonably possible.

The following Value-Added Services are not part of the Policy and are not underwritten by Commercial Casualty Insurance Company. The services are provided by Independent vendors and are included if the student participates in the student health plan.

- Vision discount program through Davis Vision
- Medical travel assistance through Travel Guard
- Future Health
- 24/7 Behavioral Health Hotline/CareConnect

Underwritten By:
 Commercial Casualty Insurance Company

Plan Administrator:
 Consolidated Health Plans, Inc.
 2077 Roosevelt Ave.
 Springfield, MA 01104
www.chpstudenthealth.com
 (877) 657-5030

Servicing Agent:
 Bailey Agencies,
 Division of Smith Brothers
 377 Main Street, Suite 103
 Niantic CT 06357
 (860) 430-3338
kkruszewski@SmithBrothersUSA.com

Exclusion Disclaimer: Any exclusion in conflict with the Patient Protection and Affordable Care Act or any state-imposed requirements will be administered to comply with the requirements of the federal or state guideline, whichever is more favorable to You.

This Certificate does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of this Certificate and as shown in the Schedule of Benefits.

1. **International Students Only** - expenses incurred within Your Home Country or country of regular domicile, that exceeds the benefit amount shown in the Schedule of Benefits.
2. **International Students Only** - Eligible expenses within Your Home Country or country of origin that would be payable or medical Treatment that is available under any governmental or national health plan for which You could be eligible.
3. Treatment, service or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended or approved by the person's attending physician or dentist.
4. Medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits or as part of the Student Health Center benefits provided by this plan.
5. Professional services rendered by an Immediate Family Member or any who lives with You.
6. Weak, strained or flat feet, corns, calluses, or ingrown toenails except for Treatment because of Injury, infection or disease.
7. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid subject to applicable law.
8. Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
9. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
10. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority.
11. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate sports.;
12. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
13. Treatment, services, supplies or facilities in a Hospital owned or operated by a national government or any of its agencies, except when a charge is made which You are required to pay or by a Veteran's Administration.
14. Services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
15. Expenses payable under any prior Certificate which was in force for the person making the claim.
16. Expenses incurred after:
 - a. The date insurance terminates as to an Insured Person, except as specified in the extension of benefits provision; and
 - b. The end of the Policy Year specified in the Benefit Schedule.
17. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the Certificate.
18. Charges incurred for acupuncture except when provided for the treatment of pain management, heat Treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
19. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. this does not apply to nutritional counseling or any screening or assessment specifically provided under the Preventive Care Services benefit, or otherwise specifically covered under the Certificate.
20. Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
21. Expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses except as required for repair caused by a Covered Injury. or unless otherwise covered under the Pediatric and Adult Vision Care Benefit.
22. charges for hearing exams, hearing screening, except as specifically provided in the Certificate.
23. racing or speed contests skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra-light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles) or other hazardous sport or hobby.
24. Expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical Treatment within 24 hours of the Accident or results from Reconstructive Surgery.
 - a. For the purposes of this provision, **Reconstructive Surgery** means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible.
 - b. For the purposes of this provision, **Plastic or Cosmetic Surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance or alter their personal concept of body image.
25. Treatment to the teeth, including orthodontic braces and orthodontic appliances. This exclusion does not apply to the repair of Injuries caused by a Covered Injury subject to the limits shown in the Schedule of Benefits and to benefits specifically provided in the Pediatric Dental Services.
26. Participation in a riot, civil disorder or a felony, except when Injury occurs when the Insured Person has an elevated blood alcohol content or when under the influence of intoxicating liquor or any drug or both. Participation means to voluntarily take a part or share with others assembled together in some activity. Riot means a violent public disturbance of the peace by a number of persons assembled together.
27. Custodial Care service and supplies except when provided in connection with Extended Day Treatment Programs.
28. Charges for hot or cold packs.
29. Expenses that are not recommended and approved by a Physician.
30. Routine harvesting and storage of stem cells from newborn cord blood, the purchase price of any organ or tissue, or services for or related to the transplantation of animal or artificial organs or tissues.

31. Cosmetic procedures related to Gender Dysphoria including but not limited to rhinoplasty, face lift, facial bone reduction, lip enhancement or reduction, blepharoplasty, breast augmentation, body contouring, reduction thyroid chondroplasty, hair removal, voice modification surgery, skin resurfacing, chin implants, nose implants.
32. Under the Prescription Drug Benefit shown in the Schedule of Benefits, any drug or medicine:
 - which does not, by federal or state law, require a prescription order, i.e. over-the-counter drugs, even if a prescription is written, except as specifically provided in the Prescription Drug Benefit section of this plan;
 - drugs with over-the-counter equivalents unless Medically Necessary;
 - allergy sera and extracts administered via injection;
 - for the purpose of weight control;
 - vitamins, minerals, food supplements. This exclusion does apply to the treatment of Inherited Metabolic Diseases as specified in this Certificate.;
 - dietary supplements; This exclusion does apply to the treatment of Inherited Metabolic Diseases as specified in this Certificate;
 - cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or Treatment of acne.
 - blood glucose meters, asthma holding chambers and peak flow meters are eligible health services, but are limited to one (1) prescription order per Policy Year;
 - refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
 - drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
 - purchased after coverage under the Certificate terminates;
 - consumed or administered at the place where it is dispensed;
 - if the FDA determines that the drug is: contraindicated for the Treatment of the condition for which the drug was prescribed; or Experimental for any reason;
 - bulk chemicals;
 - surgical supplies, durable medical equipment/medical devices with the exception of diabetic blood monitors and kits,
 - repackaged products;
 - blood components.
33. non-chemical addictions.
34. non-physical, occupational, speech therapies (art, dance, etc.).
35. modifications made to dwellings.
36. general fitness, exercise programs.
37. Obesity Surgery, except nutrition counseling specifically provided in the policy.
38. hypnosis.
39. rolfing.
40. biofeedback.
41. hyperhidrosis.