# LONG ISLAND UNIVERSITY - STUDENT HEALTH INSURANCE PLAN 2023 - 2024 PLAN OVERVIEW

Below are highlights of the Student Health Insurance Plan benefits, as well as important dates and costs of coverage. For more information, please review the Plan Certificate. You may enroll in the plan, waive out of coverage, and find answers to most of your eligibility questions by visiting our website, www.jcbins.com. You can reach us by phone at (516) 386-3265.

Plan materials can be found at <u>www.jcbins.com</u>. if you have questions related to benefits or claims, please call United Healthcare Student Resources (UHCSR) at (800) 767-0700.

### WHO IS ELIGIBLE FOR THE PLAN?

All student athletes, clinical students, Global college students as well as students holding an F1 or J1 Visa are automatically enrolled in and billed for the Student Health Insurance Plan. If you are insured by a plan that provides comparable coverage, you can request to waive enrollment.

# **COVERAGE DATES AND RATES**

Total Plan Cost and	Annual	Fall	Spring	Summer
Coverage Dates	8/15/23 – 8/14/24	8/15/23 – 12/31/23	1/1/24 – 8/14/24	5/15/24 – 8/14/24
Student	\$3,370.00	\$1,280.00	\$2,090.00	\$847.11

See the information below for the breakdown of premium and fees.

Premium Rates*	Annual Premium**	Fall Premium**	Spring Premium**	Summer Premium**
Student	\$3,265.62	\$1,240.36	\$2,025.26	\$820.87

<sup>\*</sup>The premium is for the insurance coverage underwritten by UnitedHealthcare Insurance Company of New York and does not include the following fees:

- Annual \*\*Service fee of \$2.38 for UHC Global administration of the Assistance and Evacuation Benefits.
- Annual \*\*Service fee of \$102.00 charged by or at the direction of the school you are receiving coverage through to cover the cost of services provided by a non-insurer vendor or consultant.

The rates listed on this page have not been approved by the New York Department of Financial Services (DFS), and are subject to change based on DFS review.

# HOW TO SEE A DOCTOR

For your medical bills to be paid at 70% (after applicable copay and deductible) when you seek treatment, the provider you visit must be an In-Network Member of the United Healthcare Preferred Provider Organization (PPO). You can find an in-network PPO provider by visiting <a href="https://www.uhcsr.com">www.uhcsr.com</a>. If you choose to see an Out-of-Network provider, covered services will only be paid at 50% of the Allowed Amount. In case of a life-threatening emergency call 911 or go to your local hospital emergency room.

# **UHCSR INSURANCE ID CARD**

UHCSR will not automatically mail you a physical insurance ID card. However, when your ID card is ready to print, you will receive an email from UHCSR with a link to your card. If you do not receive an email by the term effective date you can print your ID card by visiting <a href="www.uhcsr.com">www.uhcsr.com</a> and selecting the ID card link. You can also obtain your ID card through the United Healthcare Student Resources mobile app available through the Apple App store or Google Play by searching UHCSR. Keep your ID card with you at all times and present it whenever you receive medical treatment.

BASIC PLAN INFORMATION						
	In-Network PPO Provider	Out-of-Network Provider				
Deductible	\$500 Per Member, Per Plan Year	\$1,000 Per Member, Per Plan Year				
Prescription Drug Deductible	\$400 Per Member, Per Plan Year	\$400 Per Member, Per Plan Year				
Out of Pocket Limit	\$9,100 Per Member, Per Plan Year	There is no Out-of-Pocket Limit for Out-of- Network Benefits				
Coinsurance	30% of Allowed Amount for most Services	50% of Allowed Amount for Covered Services				
Office Visit Copay	\$40 copay, not subject to Deductible	50% of Allowed Amount				
Emergency Room Copay	\$200 copay, not subject to Deductible Copayment waived if Hospital admission	\$200 copay, not subject to Deductible Copayment waived if Hospital admission				
Prescription Drugs	Tier 1 - \$30 Copay Tier 2 - \$60 Copay Tier 3 - \$100 Copay After Deductible	Generic Drugs - \$30 Copay, then 30% Coinsurance Brand Name Drugs - \$60 Copay, then 30% Coinsurance After Deductible				

# **IMPORTANT CONTACTS**

# **Insurance Company: United Healthcare Student Resources**

### **PPO Network**

# To locate PPO physicians and facilities, visit the website <a href="https://www.uhcsr.com">www.uhcsr.com</a> or call (800) 767-0700

#### Benefits and Claims

For questions regarding benefits or claims status. www.uhcsr.com or (800) 767-0700

# **Emergency Travel Assistance**

To access services please refer to the phone number on the back of your ID Card or visit

www.uhcsr.com/UHCGlobal

# **Enrollment and Eligibility**

Enroll in the plan, waive coverage, and find answers to most of your eligibility questions by visiting our website <a href="https://www.jcbins.com">www.jcbins.com</a> or calling (516) 386-3265

THE INFORMATION CONTAINED HEREIN IS A SUMMARY OF CERTAIN BENEFITS WHICH ARE OFFERRED UNDER A STUDENT INSURANCE POLICY ISSUED BY UNITEDHEALTHCARE. THIS IS A SUMMARY ONLY AND MAY NOT CONTAIN A FULL OR COMPLETE RECITATION OF THE BENEFITS AND EXCLUSIONS ASSOCIATED WITH THE RELEVANT POLICY OF INSURANCE. THIS DOCUMENT IS NOT AN INSURANCE POLICY DOCUMENT AND YOUR RECIEPT OF THIS DOCUMENT DOES NOT CONSTITUTE THE ISSUANCE OR DELIVERY OF A POLICY OF INSURANCE.

JCB INSURANCE SOLUTIONS IS COMMITTED TO SAFEGUARDING THE PRIVACY AND ACCURACY OF YOUR PERSONALLY IDENTIFIABLE INFORMATION. OUR PRIVACY POLICY IS DESIGNED TO ADVISE YOU HOW WE COLLECT, USE, AND PROTECT THE PERSONAL INFORMATION YOU PROVIDE. YOU CAN FIND A DETAILED COPY OF OUR PRIVACY POLICY BY VISITING WWW.JCBINS.COM.