# **BENNINGTON COLLEGE**

## 2016 - 2017 Student Health Insurance Plan

Policy #: 302-055-4414

Underwritten by: Nationwide Life Insurance Company Group #: \$210814

Dear Student,

We are pleased to provide you with this overview of the Bennington College Student Health Insurance Plan. This Plan is underwritten by Nationwide Life Insurance Company and administered by Consolidated Health Plans (CHP).

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:

- Vision Discount Program through Davis Vision
- Medical Travel Assistance Services
- 24/7 toll-free nurse hotline

HEALTH INSURANCE BENEFIT SUMMARY*					
Maximum Benefit	Unlimited				
	NETWORK	Non- NETWORK			
Deductible	\$500	\$1,000			
Medical Out-of-Pocket Maximum	¥ 0,000				
Prescription Drug Out- of-Pocket Maximum	\$1,300 individual \$2,600 Family	N/A			
Insured Percent	75% of PA	50% of R&C			
Preventive Care	100% of PA (deductible waived)	50% of R&C			
Inpatient Hospitalization (Requires Pre-certification)	75% of PA after \$150 copayment 75% of PA	50% of R&C after \$150 copayment 50% of R&C			
Physician's Office Visit	after \$40 copayment	after \$40 copayment			
Emergency Room Expense (copayment is waived if admitted)	75% of PA after \$150 copayment	75% of PA after \$150 copayment			
X-Ray and Laboratory	75% of PA	50% of U&R			
Prescription Drug Benefits Prescriptions should be filled at a Participating Cigna Pharmacy Network	<ul> <li>\$20 Copay for Generic Drugs</li> <li>\$40 Copay for Brand Drugs</li> <li>\$60 Copay for Non-Formulary Brand Drugs</li> <li>\$60 Specialty Drugs</li> </ul>	Not Covered			

#### PA= Preferred Allowance

**R&C** = Reasonable & Customary

## **Bennington College Insurance Requirements**

Bennington College mandates that all eligible full time Undergraduate and Post Baccalaureate students must enroll in the school sponsored Student Health Insurance Plan or certify that they have Other Valid and Collectible Insurance. Students with comparable Insurance who do not wish to supplement their insurance may WAIVE out of the Plan.

Insured Students who are enrolled in the Student Health Insurance Plan may also enroll their eligible Dependents. For more information go to: <a href="https://www.chpstudent.com">www.chpstudent.com</a>.

### **How to Waive or Accept Coverage:**

- Go to: <a href="https://consolidatedhealthplan.com/group/298/home">https://consolidatedhealthplan.com/group/298/home</a>
- Next click on the Waiver or Accept tab;
- Either Click the "I Accept" or "I Decline"; and
- Proceed as directed.

Note: Insurance ID cards cannot be issued until the coverage is accepted. Students who do not accept or waive the coverage will be officially enrolled after the final deadline and the fee will be non-refundable. ID cards will be issued at that time.

Deadline to accept or waive the Student Health Insurance Plan:
August 1, 2016

I need to:	Visit:		
Learn about:	Consolidated Health Plans		
<ul> <li>Waiver Process</li> </ul>	2077 Roosevelt Avenue		
<ul> <li>Dependent Enrollment</li> </ul>	Springfield, MA 01104		
<ul> <li>Insurance Benefits</li> </ul>	(800) 633-7867		
<ul> <li>Claims Processing</li> </ul>	8:00 a.m. to 5:00 p.m.		
ID card	www.chpstudent.com		
Visit Bennington College	(802) 440-4426		
Student Health Services	healthservices@bennington.edu		
	Wills Insurance Company		
Convising Agent	116 South Street		
Servicing Agent	Bennington, VT 05201		
	802-442-5424		
Find a PPO Provider:	Cigna PPO		
25.65	www.cigna.com		
3/2	or		
Ciana	Consolidated Health Plans		
Cigna.	www.chpstudent.com		
Procerintian Drug Providers	Cigna Pharmacy Network		
Prescription Drug Providers	www.cigna.com		

	Cost and Period of Coverage				
		<b>Annual***</b> 8/15/16- 8/14/17	Fall Only** 8/15/16- 12/31/16	<b>Spring</b> (new students) 2/15/17-8/14/17	
	Student	\$2,306	\$878	\$1,144	
	Spouse / Domestic  – Civil Union Partner	\$2,306	\$878	\$1,144	
	Each Child	\$2,306	\$878	\$1,144	

The above Premiums include an Administrative Service Fee

\*\*Fall Term for Graduating Seniors Only

\*\*\*Post Bac Coverage 6/1/16 – 5/31/17



Accessible, Responsive, Flexible.

2077 Roosevelt Avenue Springfield, MA 01104

800-633-7867

www.chpstudent.com

<sup>\*</sup>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.