



**Southern Vermont College (SVC)
2015 – 2016
Student Health Insurance Plan**

Underwritten by: **Nationwide Life**
Group #: **S212914**
Policy #: **302-057-4413**

Dear Student, Parent, or Guardian:

We are pleased to provide you with this overview of the Southern Vermont College Student Health Insurance Plan (SHIP). This plan is underwritten by Nationwide Life Insurance company and is administered by Consolidated Health Plans. CHP has contracted with Cigna for the plans provider network of hospitals, physicians and other health care providers.

This ACA-compliant plan includes:

- Coverage while at school and at home
- Comprehensive coverage both for emergency and non-emergency situations
- Vision Discount Program through Davis Vision
- Medical Travel Assistance Services
- 24/7 toll-free nurse hotline

SVC University Insurance Requirements

Southern Vermont College requires that all full-time students purchase the Student Health Insurance Plan unless proof of comparable coverage is provided. **Students are automatically enrolled in the college's insurance plan unless they WAIVE coverage by the waiver deadline.** Coverage for Dependents is also available. Go to www.chpstudent.com for more information. **Enrollment deadlines for the fall is September 15, 2015 and for new spring students is February 15, 2016.**

2015/2016 Waiver Deadlines

If you have comparable coverage, you may waive the Southern Vermont College Student Health Insurance Plan. **The deadline to waive for the annual plan is September 15, 2015.** Failure to complete the waiver will result in automatic enrollment in the college's Student Health Insurance Plan and the premium will remain on your account. Waiver forms must be completed online at www.chpstudent.com. Please have your current health insurance ID card ready; you will need this information in order to waive the Student Health Insurance Plan. During the annual policy period students who have waived coverage are eligible to enroll in the Student Health Insurance plan only with a life-qualifying event.

BENEFIT SUMMARY*		
Policy Year Maximum	Unlimited	
	IN-NETWORK	OUT-OF-NETWORK
Deductible per Covered Person per Policy Year	\$150	\$300
Out-of-Pocket Maximum	\$6,350 Individual \$12,700 Family	No Maximum
Insured Percent (after deductible)	80% of PA	60% of R&C
Preventive/Wellness & Immunization Services	100% of PA (deductible waived)	60% of R&C
Inpatient Hospital Expense (Precertification applies)	80% of PA	60% of R&C
Physician's Office Visit	80% of PA after \$25 copay per visit	60% of R&C after \$25 copay per visit
Emergency Room Expense (copay waived if admitted)	80% of PA after \$150 copay per visit	80% of R&C after \$150 copay per visit
X-Ray and Laboratory	80% of PA	60% of R&C
Prescription Drug Benefits Prescriptions must be filled at a Cigna Pharmacy Network	<ul style="list-style-type: none"> • \$0 Copay for generic contraceptives; or • \$15 Copay for other generic prescriptions; or • \$35 Copay for any brand name prescription; or • \$45 Co-pay for any non-preferred brand prescriptions 	No Benefit
PA= Preferred Allowance R&C = Reasonable & Customary		
*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.		

I need to:	Visit:
Waive off the insurance plan	Consolidated Health Plans www.chpstudent.com
Enroll Dependents in the Student Health Insurance Plan	Consolidated Health Plans 800-633-7867 www.chpstudent.com
Learn about: <ul style="list-style-type: none"> • Insurance Benefits • Preferred Provider Listings • Claims Processing • ID card 	Consolidated Health Plans 2077 Roosevelt Avenue Springfield, MA 01104 (800) 633-7867 www.chpstudent.com
Find a Cigna PPO Provider	www.cigna.com
Find a Cigna Prescription Drug Provider	www.cigna.com
Servicing Agent	Wills Insurance Company 116 South Street Bennington, VT 05201 (802) 442-5414

Cost and Period of Coverage		
	Annual 8/15/15 – 8/14/16	New Spring Students 1/1/16 – 8/14/16
Student	\$1,424	\$883
Spouse	\$1,424	\$883
Each Child	\$1,424	\$883

All costs above include and administrative service fee



Accessible, Responsive, Flexible.

800-633-7867
2077 Roosevelt Avenue
Springfield, MA 01104
www.chpstudent.com