



2017-2018 | PLAN SNAPSHOT

American Musical and Dramatic Academy – New York

Student Health Insurance Plan (SHIP)

Underwritten by: Commercial Travelers Life Ins. Co. as Policy Form CTBH-280 (2015) PPO NY rev 2017

Welcome to the 2017–2018 Student Health Insurance Plan! Below are brief highlights of plan benefits, as well as important dates and costs of coverage. For more information, please consult the plan brochure.

You can find all plan materials at www.4studenthealth.com/amda-ny. If you have any questions about medical benefits or claims, please call Summit America Insurance Services, Inc., at **(877) 246-6997**. If you have questions about enrollment, please call Ascension at **(800) 955-1991**.

PPO Network

The PPO Network for this plan is MagnaCare. You may choose any physician or hospital; however, using providers that are part of the PPO network may decrease your share of the costs. For a complete listing of PPO physicians, hospitals, or other facilities, visit www.magnacare.com or call **(800) 235-7267**.

Insurance ID Card

Visit www.4studenthealth.com/amda-ny and click on the “Insurance ID Card” icon to download your permanent ID card. If you need to see a provider before your permanent ID card is available, click on the “Plan Materials” icon to download your temporary ID card. *No other ID card will be mailed to you.*

Keep your ID card with you at all times! You will need your card when you visit a doctor’s office, urgent care center, hospital, or pharmacy.

Prescription Drugs

To fill a prescription, visit any Express Scripts network pharmacy and pay the copay. If you visit a non-network provider, you will need to pay for the prescription in full at the time of pickup, then submit a claim for reimbursement.

Visit www.express-scripts.com or call **(800) 447-9638** to locate an Express Scripts pharmacy.

Rates and Important Dates

Cost of coverage includes the cost of managing the plan. All times start and end at 12:01 a.m. local time at the Policyholder’s address.

Term	Waiver Deadline	Student Rate
Annual 10/16/2017 - 10/16/2018	10/20/2017	\$2,490.00
Fall 10/16/2017 - 02/19/2018	10/20/2017	\$830.00
Spring 02/19/2018 - 06/25/2018	To Be Determined	\$830.00
Summer 06/25/2018 - 10/16/2018	To Be Determined	\$830.00

For more information, please visit www.4studenthealth.com/amda-ny.

Additional Plan Information

Please note the following levels for coinsurance, deductibles, copays, and other costs of this coverage.

	In-Network Provider	Non-Network Provider
Deductible	\$250 per policy year	\$250 per policy year
Covered Percentage	80% of PPO Allowance, after deductible	60% of Usual & Reasonable Charges, after deductible
Office Visit Copay	\$30 per visit	\$30 per visit
Emergency Room Copay	None (coinsurance applies)	None (coinsurance applies)*
Prescription Drug Copays	\$20 Tier 1 - generic/\$40 Tier 2 - preferred/ \$60 Tier 3 - non-preferred/non-formulary (deductible waived)	None (coinsurance applies)
Out-of-Pocket Maximum	\$6,600 per policy year	\$6,600 per policy year

*Paid at in-network coinsurance for emergency

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