

Dear Student:

We are pleased to provide you with this overview of the College for Creative Studies Student Health Insurance Plan (SHIP). This SHIP is underwritten by Atlanta International Insurance Company and administered by Consolidated Health Plans, Inc.

Your ACA-compliant plan includes:

- Comprehensive coverage both for emergency and non-emergency situations
- Access to the First Health PPO network

College for Creative Studies Insurance Requirements:

If you are a registered domestic student taking credit hours, you are eligible to enroll in the insurance plan. To enroll, visit www.chpstudenthealth.com and complete the online enrollment.

If you are an international student, you are automatically enrolled in the plan and the insurance premium is charged to your student account.

2017/2018 Enrollment Deadlines as follows:

- Annual/Fall Semester: September 16, 2017
- Second Term: February 6, 2018

HEALTH INSURANCE BENEFIT SUMMARY*		
BENEFIT	NETWORK	Non-NETWORK
Maximum	Unlimited	
Annual Deductible	\$200	\$400
Out-of-Pocket Maximum	\$4,000 Individual	No Maximum
Coinsurance	70% of PA	50% of U&R
Preventive Services	100% of PA (no cost sharing)	50% of U&R
Inpatient Hospital Expense	70% of PA	50% of U&R
In Office Physician's Visits	70% of PA After \$25 copay	50% of U&R After \$25 copay
Emergency Services Expenses	70% of PA after \$150 copay	70% of PA after \$150 copay
Urgent Care Centers or Facilities	70% of PA After \$150 copay	70% of U&R After \$150 copay
Ambulance Services	70% of PA	70% of U&R
CT Scan, MRI and/or PET Scans	70% of PA	50% of U&R
Diagnostic Imaging and Lab Services	70% of PA	50% of U&R
Prescription Drug Benefits	70% of PA Copay: \$25 Generic Copay: \$50 Preferred Brand Copay: \$50 Brand Copay: \$50 Specialty Drugs	70% of PA Copay: \$25 Generic Copay: \$50 Preferred Brand Copay: \$50 Brand Copay: \$50 Specialty Drugs
PA= Preferred Allowance U&R = Usual & Reasonable		
*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.		

For Questions About:	Please Contact:
Benefits Claims Processing ID Card Requests Waiver Enrollment Prescription Reimbursement	Consolidated Health Plans 2077 Roosevelt Avenue Springfield, MA 01104 (877) 657-5030 www.chpstudenthealth.com
Preferred PPO Providers:	Consolidated Health Plans or www.firsthealth.com

Cost and Period of Coverage			
	Annual*	2 nd Term	Spring*
	8/15/17-8/15/18	1/6/18 – 8/15/18	5/16/18-8/15/18
Student	\$1,152	\$698	\$287

*The above premium rates include a broker administrative fee

Underwritten by: Atlanta International Insurance Company

Policy Form MI SHIP POL 2016