

# Thomas Jefferson School of Law 2020-2021

# Student Health Insurance Plan



**Please note: The new insurance carrier for the 2020-2021 school year is Aetna.**

## Eligibility

All eligible registered students taking the required credit hours are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished (via filling out an Insurance Waiver). If the Student Health Insurance Plan is not waived, students will be enrolled in the plan by default. Eligible students who do enroll may also insure their Dependents. The waiver deadline for the Fall is 8/26/20 and the Spring is 1/18/21.

Please view to complete brochure online at [tjsl.myahpcare.com](http://tjsl.myahpcare.com) for full details of participation in the plan.

## PLAN BASICS

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered expenses are subject to plan maximums, limitations, and exclusions as described in the Policy.

BENEFIT MAXIMUMS & DEDUCTIBLES		2020-2021 PREMIUM COSTS AND COVERAGE PERIODS		
Benefit Maximum	Unlimited			
Deductible	In-Network Provider:	\$ 500	per Insured Person, per Policy Year	
	Out-of-Network Provider:	\$ 1,000	per Insured Person, per Policy Year	
Individual Out-of-Pocket Maximum	In-Network Provider:	\$ 5,000	per Insured Person, per Policy Year	
	Out-of-Network Provider:	\$ 10,000	per Insured Person, per Policy Year	
Family Out-of-Pocket Maximum	In-Network Provider:	\$ 10,000	per Family, per Policy Year	
	Out-of-Network Provider:	\$ 20,000	per Family, per Policy Year	
		COVERAGE PERIODS	Fall 08/01/2020 - 12/31/2020	Spring/Summer 01/01/2021 - 07/31/2021
		Open Enrollment Periods	07/15/2020 - 12/01/2020	12/01/2020 - 07/01/2021
		Student	\$ 1,681.00	\$ 2,330.00
		Spouse	\$ 1,681.00	\$ 2,330.00
		Child <sup>1</sup>	\$ 1,681.00	\$ 2,330.00

**The insurance plan carrier for 20-21 will be Aetna Student Health. The Preferred Provider Network is Aetna.**

<sup>1</sup>Coverage for two or more children is calculated at the child rate times two

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the Negotiated Charge</i>	<i>Payments are based on the Recognized Charge</i>
Hospital and Other Facility Care	80% per admission	50% per admission
Inpatient/Outpatient Surgery	80%	50%
Physician, specialist including Consultants Office Visits	100% after a \$25 copayment per visit	50% per visit
Outpatient physical, occupational, speech, and cognitive therapies (including Cardiac and Pulmonary Therapy)	80% per visit	50% per visit
Hospital Emergency Room	100% after a \$150 copayment per visit	100% after a \$150 copayment per visit
Urgent Care	80% per visit	50% per visit
Diagnostic Testing	80% per visit	50% per visit
Prescription Drugs (deductible waived)	100% after a Generic Drugs: \$20 Copay Preferred Brand-Name Drugs: \$50 Copay Non-Preferred Brand-Name Drugs: \$60 Copay	No Benefits
Preventive Services <i>For more information, please visit</i> <a href="http://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a>	100% (deductible waived)	No Benefits