2018-19 STUDENT HEALTH
INSURANCE PLAN

Who is eligible?

All registered full-time students are required
to carry health insurance. Students who
are currently insured under family or private
medical insurance may waive the student
health insurance plan. All part-time stu-
dents, taking 1 or more credit hours may
enroll in this plan on a voluntary basis. Visit
www.haylor.com/sunypotsdam to enroll or
waive this coverage.

Fall Waiver Period: June 19, 2018-August 15, 2018
Spring Waiver: November 9, 2018-January 15, 2019

What does the plan feature?

The Student Health Insurance Plan offers you:

• Affordable, comprehensive insurance benefits
• This plan is ACA Compliant (Affordable Care
  Act)
• Access to a nationwide network of health care
  professionals, including primary care, special-
  ists and mental health services.
• Free STI testing
• Dental coverage provided for all full time
  enrolled students.

Fall Semester
August 15, 2018-January 14, 2019 $1,096.00
Spring Semester
January 15, 2019-August 15, 2019 $1,096.00

Dependent coverage is also available to all eligible
students that enroll in the student health insurance
plan. Visit our website below for complete details.

For more details regarding the
SUNY Potsdam’s Student Health
Insurance Program please visit:

www.haylor.com/sunypotsdam
866-535-0456
student@haylor.com

PLEASE NOTE: Voluntary enrollment begins
August 1, 2018 for part-time & dependents

For further details of the coverage including cost, benefits, exclusions, and reductions or limita-
tions and the terms under which the policy may be continued in force, please refer to the Certifi-
### 2018-19 STUDENT HEALTH INSURANCE PLAN BENEFITS

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible- Individual</strong></td>
<td>None In and Out-of-Network</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum- Individual</strong></td>
<td>$7150 In-Network, No Maximum Out-of-Network</td>
</tr>
<tr>
<td><strong>Office Visits- Primary Care &amp; Specialists</strong></td>
<td>20% Coinsurance after $25 Deductible In and Out-of-Network</td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td>Covered in Full In-Network, 0% Coinsurance Out-of-Network</td>
</tr>
<tr>
<td><strong>Emergency Ambulance Transport</strong></td>
<td>20% Coinsurance In and Out-of-Network</td>
</tr>
<tr>
<td><strong>Medical Emergency (Emergency Room) Copayment waived if Hospital admission</strong></td>
<td>0% Coinsurance after $100 Copayment In and Out-of-Network</td>
</tr>
<tr>
<td><strong>Urgent Care Services</strong></td>
<td>20% Coinsurance In and Out-of-Network</td>
</tr>
<tr>
<td><strong>Inpatient &amp; Outpatient Hospital Surgery</strong></td>
<td>20% Coinsurance In and Out-of-Network</td>
</tr>
<tr>
<td><strong>Mental Health Care Services Inpatient</strong></td>
<td>20% Coinsurance In and Out-of-Network</td>
</tr>
<tr>
<td><strong>Mental Health Care Services Outpatient</strong></td>
<td>20% Coinsurance after $25 Deductible In and Out-of-Network</td>
</tr>
<tr>
<td><strong>Rehabilitation Services (Physical, Occupational &amp; Speech Therapy)</strong></td>
<td>20% Coinsurance In and Out-of-Network</td>
</tr>
<tr>
<td><strong>Laboratory Procedures- Performed In a PCP Office, Specialist Office &amp; Performed as Outpatient Services</strong></td>
<td>0% Coinsurance In and Out-of-Network</td>
</tr>
<tr>
<td><strong>Allergy Testing and Treatment-Performed in PCP Office &amp; Specialist Office</strong></td>
<td>20% Coinsurance after $25 Deductible In and Out-of-Network</td>
</tr>
<tr>
<td><strong>Advance Imaging Services</strong></td>
<td>0% Coinsurance In and Out-of-Network</td>
</tr>
<tr>
<td><strong>Diabetic Equipment, Supplies and Insulin (30 day supply)</strong></td>
<td>20% Coinsurance In and Out-of-Network</td>
</tr>
<tr>
<td><strong>Prescription Drugs (30-day supply)</strong></td>
<td>In-Network: Tier 1- $10 copayment, Tier 2- $25 copayment, Tier 3-$40 copayment, Out-of-Network: not covered</td>
</tr>
</tbody>
</table>

*The benefits listed above are a brief summary of the SUNY Potsdam Student Health Insurance Plan design. Additional Schedule of Medical Expense Benefits/Limitations are specified in the Master Policy.*