

# Daemen Student Health Insurance Plan Highlights



## Eligibility

Students taking 6 or more credits are eligible to enroll in the student health insurance plan.

Dependent coverage is available for eligible students who enroll.

## Enroll Online

Visit: [haylor.com/daemenuniversity](http://haylor.com/daemenuniversity), select academic status and follow the prompts to enroll today!

The enrollment portal opens each Summer and Spring, ahead of the upcoming semester.

## Payment

The insurance premium (cost of coverage) is added to a student's bill.

## Coverage & Rates\*

<b>Annual Coverage (FA &amp; SP):</b>	<b>August 1, 2022 - July 31, 2023</b>
Undergraduate Student Rate:	\$2,627.00
Graduate Student Rate:	\$3,769.00
International Student Rate:	\$2,627.00
<b>Spring Only Coverage:</b>	<b>January 1, 2023 - July 31, 2023</b>
Undergraduate Student Rate:	\$1,525.82
Graduate Student Rate:	\$2,189.12
International Student Rate:	\$1,526.00

*\*Please note: rates are subject to change per New York State approval.*

## Plan Benefits

ACA Compliant (Affordable Care Act) Insurance Plan with affordable, comprehensive insurance benefits. Enrollees gain access to a nationwide network of health care professionals (primary care, specialists and mental health services) and low prescription costs.

## Plan Enhancements



**NurseLine** (talk with registered nurses)

**HealthiestYou** (licensed physicians 24/7)

**BetterHelp** (licensed counselors 24/7)

**Discounts on dental, vision and more!**

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## Insurance Term Glossary\*



### Deductible

The amount a patient must pay before the insurance company will start paying.

### In-Network

Provider has negotiated a contract with the health insurance company.

### Out-of-Network

Provider does NOT have a negotiated contract with the health insurance company.

### Out-of-pocket max

The most a patient must pay for covered services during a plan year. Once the max is reached, the insurance company will pay 100% cost of covered benefits.

### Co-payment

A fixed amount the patient pays to the provider before services can be provided.

### Coinsurance

The patient's share of the cost of covered services required to pay to a provider.

### Tier (prescriptions)

Prescription groups that range from generic to brand name medications.

\*Benefits outlined represent a summary of what is included in this plan. Additional Schedule of Medical Expense Benefits/ Limitations are specified in the Master Policy.

Deductible: \$250 In-network, \$600 Out-of-network

Out-of-Pocket Max: \$7,500 In-network, \$15,000 Out-of-network

## Patient Care & Services

## In-Network Cost

## Out-of-Network Cost

**Provider Visits:  
Primary & Specialty Care**

\$25 co-payment,  
\$0 Coinsurance

50% coinsurance  
after \$600 deductible

**Preventive Care:  
Physical, Well-Visits, etc.**

Covered in full,  
\$0 cost to patient

50% coinsurance  
after \$600 deductible

**Emergency Ambulance Transport**

20% coinsurance  
after \$250 deductible

50% coinsurance  
after \$600 deductible

**Medical Emergency (ER visit)**

20% coinsurance  
after \$150 deductible

50% coinsurance  
after \$150 deductible

**Urgent Care Services**

20% coinsurance  
after \$50 co-payment

50% coinsurance  
after \$50 co-payment

**Hospital Surgery:  
Inpatient and Outpatient**

20% coinsurance  
after \$250 deductible

50% coinsurance  
after \$600 deductible

Additional benefits outlined on page 2.

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Patient Care & Services	In-Network Cost	Out-of-Network Cost
Mental Health Care: Inpatient	20% coinsurance after \$250 deductible	50% coinsurance after \$600 deductible
Mental Health Care: Outpatient	\$25 co-payment, \$0 Coinsurance	50% coinsurance after \$600 deductible
Rehabilitation Services: PT, OT & Speech Therapy	20% coinsurance after \$250 deductible	50% coinsurance after \$600 deductible
Laboratory Procedures: Office & Outpatient	20% coinsurance after \$250 deductible	50% coinsurance after \$600 deductible
Allergy Testing & Treatment: Primary & Specialty Care	\$25 co-payment, \$0 coinsurance	50% coinsurance after \$600 deductible
Advanced Imaging Services: CAT, MRI & PET scans	20% coinsurance after \$250 deductible	50% coinsurance after \$600 deductible
Diabetic Equipment, Supplies & Insulin (up to 90 day supply)	20% coinsurance after \$250 deductible	50% coinsurance after \$600 deductible
Prescription Drugs (30 day supply)	Tiers 1, 2 & 3: \$20, \$60 & \$75 co-pay	Generic: \$20 copay Brand: \$75 copay

For more details regarding this plan please visit: [www.haylor.com/daemenuniversity](http://www.haylor.com/daemenuniversity)  
Haylor, Freyer & Coon: 866-535-0456 or email [student@haylor.com](mailto:student@haylor.com)  
Daemen Health Services: 716-839-7380 or email [health@daemen.edu](mailto:health@daemen.edu)

