



Texas Wesleyan University 2016 – 2017 Student Health Insurance Plan

Underwritten by: National Guardian Life Insurance Company

Group #: S212415

Policy #: 201615A99

Dear Student,

We are pleased to provide you with this overview of the Texas Wesleyan University Student Health Insurance Plan (SHIP). This SHIP is underwritten by National Guardian Life and administered by Consolidated Health Plans (CHP).

This ACA-compliant plan includes:

- Coverage while at school and at home
- Comprehensive coverage both for emergency and non-emergency situations
- Access to the Cigna PPO network

This Plan is paired with the Cigna Network. Note that the benefits are not insured by Cigna or affiliates.

This Plan also offers the following Value added services. These services are not part of the Student Health Insurance Plan underwritten by National Guardian Life Insurance Company:

- Vision Discount Program through Davis Vision
- Medical Travel Assistance Services

HEALTH INSURANCE BENEFIT SUMMARY*		
Maximum	Unlimited	
	NETWORK	Non-NETWORK
Deductible	\$125	\$250
Out-of-Pocket Expense Limit	\$5,500 Individual \$11,000 Family	No Maximum
Coinsurance	90% of PA	70% of U&R
Preventive Care	100% of PA (no cost sharing)	70% of U&R
Inpatient Hospital Expense	90% of PA	70% of U&R
Physician's Office Visit	\$25 copay then 90% of PA	\$25 copay then 70% of U&R
Emergency Room Expense (copay waived if admitted)	\$150 copay then 90% of PA	\$150 copay then 90% of PA
X-Ray and Laboratory	90% of PA	70% of U&R
Prescription Drugs Prescriptions should be filled at a Participating Cigna Pharmacy Network	Network - 100% after a: <ul style="list-style-type: none"> • \$10 Copay for Generic Drugs; or • \$30 Copay for Preferred Brand; or • \$50 Copay for Brand Non-Network: Not Covered	
PA= PPO 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.		

Underwritten by: **National Guardian Life Insurance Company**
National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America, aka The Guardian or Guardian Life.

Policy Form NBH-280(2014) TX

Texas Wesleyan University Insurance Requirements

All domestic undergraduates taking six or more credit hours (three in the summer), all domestic graduate students and law students taking three or more credit hours and all domestic GPNA's (Graduate Program of Nurse Anesthesia) students taking at least one credit hour are eligible to enroll in the Student Health Insurance Plan.

All International students are required to be covered by the University's Student Health Insurance Plan and are automatically enrolled unless proof of adequate health insurance coverage is received by the University.

How to Enroll in the Student Health Insurance:

- Go to www.chpstudent.com;
- Please start by selecting Texas Wesleyan University from the drop down box;
- Next click on the "Enroll" tab;
- Click "Continue"; and proceed as directed.

The deadlines to waive or enroll are:

- **Fall/Annual Plan – September 20, 2016**
- **Spring/Summer – February 14, 2017**

I need to:	Visit:
Learn about: <ul style="list-style-type: none"> • Insurance Benefits • Preferred PPO • Provider Listings • Claims Processing • ID card • Enroll 	Consolidated Health Plans 2077 Roosevelt Avenue Springfield, MA 01104 (800) 633-7867 8:00 a.m. to 5:00 p.m. www.chpstudent.com
<ul style="list-style-type: none"> • Enroll • Waive Coverage 	Cypress Risk Management www.cypressriskmanagement.com (855) 504-6445
Find a PPO Provider: <div style="text-align: center;"> </div>	Cigna PPO www.cigna.com or Consolidated Health Plans www.chpstudent.com
Find a Prescription Drug Provider:	Cigna Pharmacy Network www.cigna.com

Cost and Period of Coverage			
	Annual*	Fall*	Spring*
Domestic	8/1/16- 7/31/16	8/1/16- 12/31/16	1/1/17- 7/31/17
Student	\$2,364	\$991	\$1,373
Spouse	\$2,364	\$991	\$1,373
Each Child	\$2,364	\$991	\$1,373
International			
Student	\$1,234	\$517	\$717
Spouse	\$1,234	\$517	\$717
Each Child	\$1,234	\$517	\$717
*Premiums include an Administrative Service Fee			

FLYS212415

800-633-7867

2077 Roosevelt Avenue
Springfield, MA 01104

www.chpstudent.com