



**Marist College  
2023 – 2024  
Student Health Insurance Plan  
Anthem Blue Cross Blue Shield Student Advantage**

Dear Student, Parent, or Guardian:

We are pleased to provide you with this overview of the Marist College Student Health Insurance Plan (SHIP). This SHIP is underwritten by Anthem Blue Cross Blue Shield Student Advantage.

**Coverage Includes**

Coverage while at school and at home. Comprehensive coverage both for emergency and non-emergency situations.

- Both Vision and Dental Benefits<sup>1</sup>
- Access to the BCBS network

**Spring Cost of Insurance is \$1,278.00 01/01/2024-07/31/2024.**

**You need to re-enroll every year if you wish to renew coverage at prior to August 1, 2023 go to [www.mystudent.com](http://www.mystudent.com). IF this step is not taken it may delay your enrollment until the waiver period is completed.**

**Marist College Insurance Requirements**

All full-time undergraduate domestic students are automatically enrolled and charged for the Marist College Student Health Insurance Plan on their Tuition bill. If you have existing medical insurance you will have the opportunity to remove the fee by completing an online waiver.

All Graduate and Part-time students are eligible to purchase the Student Health Insurance Plan on a voluntary basis.

Insured Students who are enrolled in the Student Health Insurance Plan may also enroll their eligible Dependents. Eligible dependents under the plan include the Insured person’s spouse and dependent children under age twenty-six (26). Dependent Eligibility expires concurrently with that of the Insured Student.

**How to Waive Coverage:**

If you have existing medical insurance coverage under another policy (self, parent, spouse, etc.) – you may have the charge for the Marist College Student Health Insurance Plan removed from your tuition bill. Go to: [www.mystudentmedical.com](http://www.mystudentmedical.com).

Please note that to waive the insurance premium, the student must show proof of other health coverage.

**HEALTH INSURANCE BENEFIT SUMMARY\***

	Participating Provider Member Responsibility	Non-Participating Provider Member Responsibility
<b>Deductible</b>	\$100 Per individual	\$200 Per individual
<b>Out-of-Pocket Limit</b>	\$7,900 Individual	No Maximum
<b>Coinsurance</b>	10% Coinsurance	20% Coinsurance
<b>Preventive Care</b>	Covered in full	20% Coinsurance after deductible
<b>Inpatient Hospital</b> <i>Preauthorization required</i>	10% coinsurance after deductible	20% coinsurance after deductible
<b>Physician’s Office Visit</b>	10% coinsurance after deductible	20% coinsurance after deductible
<b>Emergency Room Expense</b>	\$100 copayment 10% coinsurance after deductible	\$100 copayment 10% coinsurance after deductible
<b>Diagnostic Testing</b>	10% coinsurance after deductible	20% coinsurance after deductible
<b>Laboratory Procedures</b>	10% coinsurance after deductible	20% coinsurance after deductible
<b>Prescription Drugs</b> • 30-day Supply • Prescriptions should be filled at a Cigna Pharmacy Network	0% Coinsurance Tier 1: \$15 copay Tier 2: \$30 copay Tier 3: \$30 copay <i>See Prescription Card</i>	20% Coinsurance after deductible <i>Member submit</i>

\*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.

**The deadline to file a waiver is February 15, 2024**

I need to:	Visit:
Waive the Insurance Plan	<a href="http://www.mystudentmedical.com" style="color: blue; text-decoration: underline;">www.mystudentmedical.com</a>
Enroll in the Insurance Plan	<div style="font-family: monospace; font-size: small;">                     A Uf]gh7 c`Y[ Y Gh XYbh5 Ww: i blg                      ï ï Ë ï Ì Ì G €                      • c` â ^) cã ã &amp;ã ^ çã ^• O { ãã ã ä`                 </div>
Learn about: • Insurance Benefits • Participating PPO Provider Listings • Claims Processing • ID card	Anthem Blue Cross Blue Shield Student Advantage <a href="http://www.anthem.com" style="color: blue; text-decoration: underline;">www.anthem.com</a> 844.412.0752
Find a PPO Provider:	<a href="https://www.anthem.com/find-care/" style="color: blue; text-decoration: underline;">https://www.anthem.com/find-care/</a>
Vision and Dental Benefits	<a href="http://www.mystudentmedical.com" style="color: blue; text-decoration: underline;">www.mystudentmedical.com</a>

**Still Need Help?**

Allen J. Flood Co., Inc.  
800.734.9326  
marist@ajfusa.com