



SHIP FACTS 2011—2012
MEDICAL, DENTAL, NURSING, AND
SHTM CLINICAL PROGRAM STUDENTS

DO YOU HAVE ALTERNATE HEALTH INSURANCE THAT IS COMPARABLE TO THE UNIVERSITY PLAN AS DESCRIBED BELOW ? If yes, then please read both sides of this sheet, and complete a waiver on your SOLAR account after you are billed on SOLAR.

GENERAL INFORMATION

- Annual cost= \$1,351 (includes \$36 for the clinical rider)
- Fall only cost= \$589 (includes \$36 for clinical rider)
- Spring/summer only cost = \$762
- Effective date of coverage is August 16, and then January 16
- Max coverage is \$100K per condition
- Additional coverage is \$250K for clinically-based incidents
- Deductible per condition per year is \$400 for preferred care OR \$500 for non-preferred care; \$200 deductible per condition per year if seen in West Campus Student Health Service (SHS) first.
- Dependent deductible per year is \$400; cannot be reduced

SPECIFIC BENEFITS

1. NO deductible is applied for the following:

- MD visits--\$35 co-pay; then 100% paid for preferred care; 70% paid for non-preferred care.
- Laboratory testing---paid at 100%; no co-pay
- Annual gyn visits with a Pap smear--\$35 OV co-pay; then 100% paid for preferred care; 70% paid for non-preferred care. Pap smear covered at 100%.
- Follow up Pap smears---\$35 OV co-pay; then 100% paid for preferred care; 70% paid for non-preferred care. Pap smear covered at 100%.
- Physical therapy referred and directed by MD--\$35 co-pay per visit; then 100% for preferred care; 70% paid for non-preferred care.
- Mental Health outpatient visits—\$15 co-pay —100% paid for preferred care; 70% for non-preferred care.
 - Biologically based conditions—maximum of \$100,000 is paid
 - Non-biologically based conditions--max is \$2,500 per policy year or 20 visits, whichever is greater.
 - No SHS referral necessary
- Child preventive and primary care---\$35 co-pay, then 100% for preferred care; 70% for non-preferred care.
- HPV vaccine—100% paid.
- RXs :
 - \$20 co-pay for RXs filled at SHS (preferred care).
 - For non-preferred care outside SHS, student pays in full to pick up RX.
 - Student then sends in RX claim form and the entire RX bill to Aetna.
 - Aetna will reimburse at 100% of the Average Wholesale Price less a \$30 co-pay for each 30-day supply.
 - Contraceptives are covered the same way as RXs.
 - Max payment by Aetna for RXs is \$4,000 per policy year.

2. The yearly deductible applies to all the following:

- Emergency room—after the deductible is satisfied, a \$100 co-pay is applied; balance of bill is paid at 80%.
- X-ray and other radiology—80% for preferred care; 50% for non-preferred.
- High Cost procedures—80% or 50%
- Inpatient hospitalization—80% or 50%
- Inpatient and Outpatient Surgery---80% or 50%

Aetna: www.aetnastudenthealth.com
Student Health Insurance Office: first floor, West Campus Student Health Service (Infirmary)
open M-F, 9am—4pm
phone: 631.632.6331; email: sho-rship@notes.cc.sunysb.edu



ALL ABOUT HEALTH INSURANCE WAIVERS

If you have a health insurance plan that is in effect right now, AND is as good as the one described on the reverse, then you may waive the Stony Brook University Plan (SHIP).

IF YOU WISH TO COMPLETE A WAIVER, YOU MUST COMPLETE IT ON YOUR SOLAR ACCOUNT BY SEPTEMBER 15, NO LATER.

IF YOU MISS THE FALL WAIVER DEADLINE, YOU CAN COMPLETE A SPRING/SUMMER WAIVER ONLY, BETWEEN January 2 and February 15—this is for spring/summer ONLY.

You should view your SOLAR account at least weekly after classes begin.

Billing questions should be directed to the Office of Student Accounts (631.632.6175).

Health Insurance questions should be directed to the Student Health Insurance Office—see bottom of this page.

At the beginning of each academic year that you are a student at Stony Brook you MUST complete a new health insurance waiver.

WAIVER INSTRUCTIONS

- Waivers are completed ONLY on-line.
- The Fall deadline for waivers is September 15
- The Spring/summer deadline is February 15.
- Log onto the SOLAR Home Page.
- Click on 'Campus Financial Services'
- Click on 'Health Insurance Waivers'
- Answer question on first page.
- On next page complete all information requested, by reviewing your alternate health insurance ID card.
- Click 'Submit' when finished with all responses.
- WAIT for the confirmation message to appear.
- Print out the confirmation message and save it.
- If you receive an edit message instead of the confirmation, return to the waiver form and make necessary corrections.

Questions? Send an email to: sho-rship@notes.cc.sunysb.edu

Or call Ms. Jennifer Jorgensen at 631.632.6331, Monday-Friday, 9:30am —4pm.

Office location: first floor of the West Campus Student Health Center (Infirmary).

