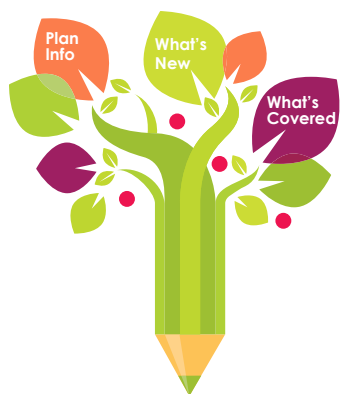


# The Claremont Colleges 2014–2015 SHIP Student Health Insurance Plan



For more information, please consult the plan brochure, available soon. If you have any questions about benefits, please call 1-800-468-4343.

## Welcome

Welcome to the 2014–2015 SHIP plan! This plan covers domestic and international students (and their eligible dependents) attending The Claremont Colleges.

Below are brief highlights of plan benefits, as well as important dates and costs of coverage. Note that this plan is rated a PLATINUM level plan (as designated by the Affordable Care Act criteria).

## Rates and Important Dates

	Annual*	Fall*	Spring/Summer	Summer
<b>Dates of Coverage</b>	08/29/14 to 08/30/15	08/29/14 to 01/04/15	01/04/15 to 08/30/15	05/13/15 to 08/30/15
<b>Enrollment Deadline</b>	09/29/14	09/29/14	02/04/15	06/13/15

Undergraduate Students				
Student	\$1,794.00	\$615.00	\$1,189.00	\$456.00
Spouse/ Domestic Partner	\$1,794.00	\$615.00	\$1,189.00	\$456.00
Each Child	\$1,794.00	\$615.00	\$1,189.00	\$456.00
Graduate Students				
Student	\$2,976.00	\$1,017.00	\$1,969.00	\$752.00
Spouse/ Domestic Partner	\$2,976.00	\$1,017.00	\$1,969.00	\$752.00
Each Child	\$2,976.00	\$1,017.00	\$1,969.00	\$752.00

\* coverage for new students will be effective 08/01/14

## What's New for 2014–2015

This year, SHIP has several changes, including:

- Unlimited maximum benefit
- Out-of-pocket maximum
- No visit limit for doctor visits, including physical therapy and acupuncture
- No pre-existing condition limitation
- Pediatric dental and vision coverage for people under age 19
- Mental health treatment paid as any other sickness
- Coverage has increased from 90% PPO/70% non-PPO to 100% PPO/90% non-PPO (meaning insured pays 0% coinsurance in-network for covered services)



## What's Covered

- Preventive/Wellness services – covered at 100% with no copay or deductible. These services include: routine health screenings, gynecological care, prescription contraceptives, certain immunizations, and well-baby and well-child visits.
- Doctor visits and urgent care
- Emergency expenses
- Surgery, in- and out-patient
- Physical therapy, chiropractic care, and acupuncture
- Tests, procedures, and laboratory services, such as X-rays, blood draws, and allergy tests
- Pregnancy and maternity
- Prescription drugs

**Limitations, copays, and deductibles may apply.** Please see the plan brochure for more details. *Until the 2014–2015 brochure is available, you may consult last year's brochure for reference, making note of the changes listed above. For the 2013–2014 brochure, visit [www.4studenthealth.com](http://www.4studenthealth.com), click on "Students," then "Find Your School," and select your campus.*

## Additional Plan Information

Please note the following levels for coinsurance, copays, deductibles, and other costs of this coverage.

Covered Person Pays	Cigna PPO	Non-PPO
Deductible	\$100 per policy year (waived at SHS, if referred by SHS, or if SHS is closed)	
Coinsurance	0% in-network, after deductible	10% out-of-network, after deductible
Office Visit Copay	\$10 per visit	
ER Copay	\$50 per visit (waived if admitted)	
Prescription Drug Copays	\$20 generic / \$40 brand name	
Out-of-pocket maximum	\$5,000 per person, per policy year/ \$12,700 per family per policy year	