Purchase College

2023 - 2024 Student Health Insurance

Who is eligible?

All matriculated Purchase College students are eligible to buy coverage. Coverage is **mandatory** for any matriculated student taking 6 credits or more per term. Matriculated students taking less than six credits may opt in for coverage by contacting Student Financial Services. Full-time non-matriculated students can enroll on a voluntary basis by contacting Student Financial Services to have the charge placed on their account. You may waive this mandatory coverage if your insurance meets required minimum standards.

Fall deadline: September 15, 2023 Spring deadline: February 15, 2024

Annual rate: August 14, 2023 - August 13, 2024

\$3.739.00

Fall Rate: August 14, 2024 - January 23, 2024

\$1,665.18

Spring rate: January 24, 2024 - August 13, 2024

\$2,073.82

Rates pending state approval

For more details regarding the Purchase College Student Health Insurance Program please visit:

> www.haylor.com/suny-purchase 866.535.0456 student@haylor.com





STATE UNIVERSITY OF NEW YORK

What does the plan feature?

The Student Health Insurance Plan offers you:

- · Affordable, comprehensive insurance benefits
- Platinum level plan that is ACA Compliant (Affordable Care Act)
- Plan includes: Emergency Medical Evacuation, Repatriation of Remains, Security and Political Evacuation, National Disaster Evacuation, and Travel Assistance Services
- · Low prescription costs
- · Mental Health Care Services
- Access to Aetna's nationwide network of health care professionals, including primary care, specialists and mental health services at www.aetna.com/docfind



This plan is underwritten by Aetna Student Health. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms, please refer to the Certificate of Coverage, available at: www.haylor.com/suny-purchase

2023-2024 Purchase College Summary of Benefits

Benefit	In-Network	Out-of-Network
Deductible	\$150	\$350
Coinsurance	20% Coinsurance	50% Coinsurance
Out-of-pocket Maximum	\$8,700	\$10,000
Office Visit	\$30 Copay then 20% coinsurance after deductible	50% Coinsurance after deductible
Specialist Copay	\$30 Copay then 20% Coinsurance after deductible	50% Coinsurance after deductible
Preventative Care	Covered in full	30% Coinsurance after deductible
Urgent Care Center	20% Coinsurance after deductible	50% Coinsurance after deductible
Emergency Department	\$100 Copay then 20% coinsurance after deductible	\$100 Copay then 20% coinsurance after deductible
Prescription Drug Coverage - 30 Day Supply	Tier 1: \$30 Copayment Tier 2: \$60 Copayment Tier 3: \$125 Copayment	Tier 1: \$30 Copayment, then you pay 30% Tier 2: \$60 Copayment, then you pay 30% Tier 3: \$125 Copayment, then you pay 30%

Annual Deductible: An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services.

Annual Out of Pocket Maximum: The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount.

Copay: A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Coinsurance: Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance **plus** any deductibles you owe.