cigna healthcare

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Student Policy

Cigna StudyWell Plan Overview

	Base Plan	Buy-Up Plan
Insurer	Cigna StudyWell	Cigna StudyWell
Plan	Global Medical	Global Medical **Plus**
Medical Network	PPO	PPO
Policy Year Maximum	$500,000	$500,000
Lifetime Maximum	$1,000,000	$1,000,000
Deductible	$100 Per Year	$100 Per Year
Co-insurance	100% / 100% of the Allowed Amount	100% / 100% of the Allowed Amount
Network Services	In Network / Out of Network	In Network / Out of Network
Physician Office Visit	100% after deductible / 100% after deductible	100% after deductible / 100% after deductible
Routine Preventative Care	Not Covered	$250 Per Year
Travel Immunizations	Not Covered	100% not subject to deductible
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	Not Covered	100% not subject to deductible
Urgent Care	100% after deductible / 100% after deductible	100% after deductible / 100% after deductible
Emergency Room	100% after deductible / 100% after deductible	100% after deductible / 100% after deductible
Hospitalization (Limited to Semi-Private Room Rate)	100% after deductible / 100% after deductible	100% after deductible / 100% after deductible
Surgery	100% after deductible / 100% after deductible	100% after deductible / 100% after deductible
Laboratory	100% after deductible / 100% after deductible	100% after deductible / 100% after deductible
Accidents/Sickness	100% after deductible / 100% after deductible	100% after deductible / 100% after deductible
Pre-existing Conditions	100% after deductible / 100% after deductible	100% after deductible / 100% after deductible

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	Base Plan	Buy-Up Plan
Prescription Drugs	50% to a Maximum of $2,000 per Year (In-network coverage only)	100% after copay of $10 (generic), $20 (preferred), $40 (non-pref.) to a Max of $2,000 per Year (In-network coverage only)
Outpatient Mental/Nervous/Substance Use Disorders	100% after deductible / 100% after deductible (max for both: $1,000)	100% after deductible / 100% after deductible (max for both: $1,000)
Local Ambulance	100% after deductible / 100% after deductible	100% after deductible / 100% after deductible
Outpatient Therapy Includes: *Cardiac and Pulmonary Rehab, Speech, Occupational, Cognitive, and Physical Therapy/Physio.*	100% after deductible / 100% after deductible (Up to 20 visits for all therapies combined)	100% after deductible / 100% after deductible (Up to 20 visits for all therapies combined)
Chiropractic Care	100% after deductible / 100% after deductible (Up to 20 visits)	100% after deductible / 100% after deductible (Up to 20 visits)
Acupuncture	100% after deductible / 100% after deductible (Up to 10 visits)	100% after deductible / 100% after deductible (Up to 10 visits)
Interscholastic & Intramural Sports	100% after deductible / 100% after deductible	100% after deductible / 100% after deductible
Emergency Dental	100% after deductible / 100% after deductible (max of $1,000)	100% after deductible / 100% after deductible (max of $1,000)
Emergency Medial Evacuation	$100,000	$100,000
Repatriation of Remains	$50,000	$50,000
Emergency Reunion	Roundtrip Economy Airfare for 1 Family member when Hospitalized for more than 7 days	Roundtrip Economy Airfare for 1 Family member when Hospitalized for more than 7 days
AD&D	$25,000	$25,000
Daily Premium and Administrative Service Fee Cost	**USD $4.34**	**USD $6.03**

* Reimbursement of out-of-network providers will be based on a percentage of a fee schedule developed by Cigna using a methodology similar to that used by Medicare to determine the allowable fee for services. Any charge above 150% of the Medicare-based fee schedule will not be covered by the benefit plan.

Please refer to the Policy Certificate for full terms, conditions and other details regarding the benefits, limitations, eligibility, and exclusions outlined in the summary. The Certificate Wording prevails over any information provided in this summary and is available upon request.

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