Dear Student, Parent, or Guardian:

We are pleased to provide you with this overview of the Stetson University – Deland/Celebration Campus Student Health Insurance Plan (SHIP).

Your ACA-compliant plan includes:
- Coverage while at school and at home.
- Comprehensive coverage both for emergency and non-emergency situations.
- Access to the Cigna PPO network.

Your plan also offers the following value-added services:
- Vision Discount Program
- Medical Travel Assistance
- 24/7 toll-free nurse hotline

### Stetson University – Deland/Celebration Campus Insurance Requirements

Eligibility: All registered degree seeking students actively attending classes on campus at Stetson University are required to enroll in the Student Health Insurance Plan on a voluntary basis. (Home study, correspondence, and online courses do not fulfill the eligibility requirements.) All international students attending Stetson University are required to purchase this plan unless proof of comparable coverage is furnished. Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased.

Go to [www.chpstudent.com](http://www.chpstudent.com) for more information.

**Fall & Annual enrollment deadline: September 12, 2015.**

### How to Enroll:

- Go to [www.chpstudent.com](http://www.chpstudent.com);
- Welcome to CHP Student Health Plans Web Pages.
- Please start by selecting “Stetson University–Deland/Celebration Campus” from the drop down box;
- Next click on the “Enroll” tab;
- Enter the information into the online form;
- Click “Continue”; and
- Proceed as directed.

### BENEFIT SUMMARY*

<table>
<thead>
<tr>
<th>Policy Year Maximum Benefit</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$150</td>
<td>$400</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$3,500 per covered person</td>
<td>$12,700 per covered person</td>
</tr>
<tr>
<td>Preventive/Wellness &amp; Immunization Services</td>
<td>100% of PA (Waiver of Deductible)</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Inpatient Services</td>
<td>80% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Physician’s Office Visit</td>
<td>80% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Emergency Room Expense</td>
<td>80% of PA</td>
<td>80% of R&amp;C</td>
</tr>
<tr>
<td>X-Ray and Laboratory Expenses</td>
<td>80% of PA</td>
<td>60% of R&amp;C</td>
</tr>
</tbody>
</table>

**Prescription Drug Expense** (annual deductible does not apply)
- Only a thirty (30) day supply can be dispensed at any time.
- One (1) copayment per thirty (30) day supply.
- Copaysments apply to the out-of-pocket.
- Prescriptions must be filled at a Catamaran Scripts Pharmacy.

- $0 Co-pay for generic contraceptives;
- $15 Co-pay for other generic prescriptions;
- $40 Co-pay for any brand name prescription or
- $40 Co-pay for any non-preferred brand name drugs

PA = Preferred Allowance  
R&C = Reasonable & Customary

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*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.

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### Cost and Period of Coverage

<table>
<thead>
<tr>
<th></th>
<th>Annual*</th>
<th>Fall*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/12/15-8/11/16</td>
<td>8/12/15-1/6/16</td>
</tr>
<tr>
<td>Student</td>
<td>$2,590</td>
<td>$1,047</td>
</tr>
</tbody>
</table>

*Premiums include an administrative fee.

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Consolidated Health Plans
2077 Roosevelt Avenue
Springfield, MA 01104
(800) 633-7867
[www.chpstudent.com](http://www.chpstudent.com)

Find a Provider
Consolidated Health Plans or [www.cigna.com](http://www.cigna.com)

Find a Prescription Drug Provider
Catamaran
(800) 633-7867
[www.mycatamaranrx.com](http://www.mycatamaranrx.com)