Hamilton College

2024 - 2025 Student Health <u>Insurance</u>

Who is eligible?

Hamilton College requires that all enrolled students carry valid health insurance coverage. Students who enroll at Hamilton will be billed an annual premium for the Hamilton College Student Health Insurance Plan unless they submit an online waiver and provide proof of alternate coverage. Students can be excused from the insurance if they have equal or better health coverage from another US-based company. In order to waive the insurance, students must fill out a waiver form online at www.haylor.com/hamilton by the waiver deadline date:

Fall deadline: September 1, 2024 Spring deadline: February 1, 2025

Annual:

August 13, 2024 - August 12, 2025 \$3,170.66

Spring/Summer:

January 1, 2025 - August 12, 2025 \$1,849.54

Rates pending state approval

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

www.haylor.com/hamilton 866.535.0456 student@haylor.com



Hamilton

What does the plan feature?

The Student Health Insurance Plan offers you:

- · Affordable, comprehensive insurance benefits
- Access to MVP's nationwide network of health care professionals, including primary care, specialists and mental health at

www.mvphealthcare.com

- Plan includes: Emergency Medical Evacuation, and Travel Assistance Services
- · Visit www.mvphealthcare.com to download a copy of your ID card, access to providers, claims, deductibles & limits and member details or through the myMVP Mobile App, available on the App Store or Google Play



For further details of the coverage including cost, benefits, exclusions, and reductions or limitations and the terms under which the policy may be continued in force, please refer to the overview policy.

2024-2025 Hamilton College Summary of Benefits

Benefit	In-Network	Out-of-Network
Deductible	\$0	\$500
Coinsurance	10% Coinsurance	30% Coinsurance
Out-of-pocket Maximum	\$5,000	\$10,000
Office Visit	\$25 Copay	30% Coinsurance after deductible
Specialist Copay	\$25 Copay	30% Coinsurance after deductible
Preventative Care	Covered in full	Covered in full
Urgent Care Center	\$25 Copay	\$25 Copay
Emergency Department	\$100 Copay	\$100 Copay
Prescription Drug Coverage - 30 Day Supply	Tier 1: \$10 Copayment Tier 2: \$45 Copayment Tier 3: \$75 Copayment	See Rider

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.