

Daemen Student Health Insurance Plan Highlights



Eligibility

Students taking 6 or more credits are eligible to enroll in the student health insurance plan.

Dependent coverage is available for eligible students who enroll.

Enroll Online

Visit: haylor.com/daemenuniversity, select academic status and follow the prompts to enroll today!

The enrollment portal opens each Summer and Spring, ahead of the upcoming semester.

Payment

The insurance premium (cost of coverage) is added to a student's bill.

Coverage & Rates*

Annual Coverage (FA & SP):	August 1, 2022 - July 31, 2023
Undergraduate Student Rate:	\$2687.00
Graduate Student Rate:	\$3,923.00
International Student Rate:	\$2,687.00
Spring Only Coverage:	January 1, 2023 - July 31, 2023
Undergraduate Student Rate:	\$1,561.00
Graduate Student Rate:	\$2,278.00
International Student Rate:	\$1,561.00

**Please note: rates are subject to change per New York State approval.*

Plan Benefits

ACA Compliant (Affordable Care Act) Insurance Plan with affordable, comprehensive insurance benefits. Enrollees gain access to a nationwide network of health care professionals (primary care, specialists and mental health services) and low prescription costs.

Plan Enhancements



NurseLine (talk with registered nurses)

HealthiestYou (licensed physicians 24/7)

BetterHelp (licensed counselors 24/7)

Discounts on dental, vision and more!

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Insurance Term Glossary*



Deductible

The amount a patient must pay before the insurance company will start paying.

In-Network

Provider has negotiated a contract with the health insurance company.

Out-of-Network

Provider does NOT have a negotiated contract with the health insurance company.

Out-of-pocket max

The most a patient must pay for covered services during a plan year. Once the max is reached, the insurance company will pay 100% cost of covered benefits.

Co-payment

A fixed amount the patient pays to the provider before services can be provided.

Coinsurance

The patient's share of the cost of covered services required to pay to a provider.

Tier (prescriptions)

Prescription groups that range from generic to brand name medications.

*Benefits outlined represent a summary of what is included in this plan. Additional Schedule of Medical Expense Benefits/ Limitations are specified in the Master Policy.

Deductible: \$250 In-network, \$600 Out-of-network

Out-of-Pocket Max: \$7,500 In-network, \$15,000 Out-of-network

Patient Care & Services

In-Network Cost

Out-of-Network Cost

**Provider Visits:
Primary & Specialty Care**

\$25 co-payment,
\$0 Coinsurance

50% coinsurance
after \$600 deductible

**Preventive Care:
Physical, Well-Visits, etc.**

Covered in full,
\$0 cost to patient

50% coinsurance
after \$600 deductible

Emergency Ambulance Transport

20% coinsurance
after \$250 deductible

50% coinsurance
after \$600 deductible

Medical Emergency (ER visit)

20% coinsurance
after \$150 deductible

50% coinsurance
after \$150 deductible

Urgent Care Services

20% coinsurance
after \$50 co-payment

50% coinsurance
after \$50 co-payment

**Hospital Surgery:
Inpatient and Outpatient**

20% coinsurance
after \$250 deductible

50% coinsurance
after \$600 deductible

Additional benefits outlined on page 2.

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Patient Care & Services	In-Network Cost	Out-of-Network Cost
Mental Health Care: Inpatient	20% coinsurance after \$250 deductible	50% coinsurance after \$600 deductible
Mental Health Care: Outpatient	\$25 co-payment, \$0 Coinsurance	50% coinsurance after \$600 deductible
Rehabilitation Services: PT, OT & Speech Therapy	20% coinsurance after \$250 deductible	50% coinsurance after \$600 deductible
Laboratory Procedures: Office & Outpatient	20% coinsurance after \$250 deductible	50% coinsurance after \$600 deductible
Allergy Testing & Treatment: Primary & Specialty Care	\$25 co-payment, \$0 coinsurance	50% coinsurance after \$600 deductible
Advanced Imaging Services: CAT, MRI & PET scans	20% coinsurance after \$250 deductible	50% coinsurance after \$600 deductible
Diabetic Equipment, Supplies & Insulin (up to 90 day supply)	20% coinsurance after \$250 deductible	50% coinsurance after \$600 deductible
Prescription Drugs (30 day supply)	Tiers 1, 2 & 3: \$20, \$60 & \$75 co-pay	Generic: \$20 copay Brand: \$75 copay

For more details regarding this plan please visit: www.haylor.com/daemenuniversity
Haylor, Freyer & Coon: 866-535-0456 or email student@haylor.com
Daemen Health Services: 716-839-7380 or email health@daemen.edu

