

# Nova Southeastern University—Voluntary Affordable Health Insurance Options

This program only available to students attending the following campuses:

Palm Beach, Kendal and Davie

## Option 1—

**No Maximum Lifetime Benefit (Annual Benefit \$25,000)**

Age	Monthly Rate
0-25	\$79.00
26-35	\$89.35
36-45	\$100.90
46-55	\$120.05

### Outpatient Benefits Only:

	Co-Pay	
PCP/Pediatrician	\$10	<ul style="list-style-type: none"> <li>Includes immunizations and vaccines recommended by Advisory Committee on Immunization practices, American Academy of Pediatrics and the American Academy of Family Physicians, except those related to occupation or travel.</li> </ul>
Allergy Treatment (injections/testing/therapy)	\$15	<ul style="list-style-type: none"> <li>In addition to office visit co-pay if performed in a PCP or Specialist office</li> <li>\$1200 per year maximum benefit (excludes co-pay, no carry over)</li> <li>Maximum Plan Payment \$100 per Month (excludes co-pay, no carry over)</li> </ul>
Specialists	\$25	<ul style="list-style-type: none"> <li>Includes Obstetrician visits for pre/post-natal care. Obstetrical delivery and Hospital care or Birthing Center excluded.</li> </ul>
Mental Health Services—Group or individual	\$10/ \$25	<ul style="list-style-type: none"> <li>20 visits per contract year</li> </ul>
Routine Radiology Services	\$15	<ul style="list-style-type: none"> <li>In addition to office visit co-pay if performed in a PCP or Specialist Office</li> </ul>
High-tech Radiology Services	\$50	<ul style="list-style-type: none"> <li>Including but not limited to: Bone Scan, CT Scan, MRI, and Nuclear Medicine</li> </ul>
Laboratory Services	\$0	
Home Health Care Services	\$10	<ul style="list-style-type: none"> <li>30 visits per contract year limit</li> </ul>
Prescription Drugs Generic Non-Generic	\$7 \$25	<ul style="list-style-type: none"> <li>\$1200 per year maximum benefit (Excludes co-pay, no carry over)</li> <li>Maximum Plan Payment \$100 Per Month (Excludes co-pay, no carry over).</li> <li>Coverage includes Oral Contraceptive under generic copay only</li> <li>Requires a prescription from a contracted provider or as a result of an out-of-area Urgent Care visit and Pharmacist will dispense generic counterpart, unless there is no generic counter part to brand name drug formulary.</li> </ul>
Non-Pharmacy Drugs	\$0	<ul style="list-style-type: none"> <li>Injectibles, intravenous medications and any other non-pharmacy drugs and non-pharmacy medications.</li> <li>\$1200 per year maximum benefit. (excluded co-pay, no carry over)</li> <li>Maximum Plan Payment \$100 per month (excludes co-pay, no carry over)</li> <li>Immunizations and vaccines addressed under PCP/Pediatrician above not subject to this maximum benefit</li> </ul>
Chiropractic Services	\$25	
Ambulatory Surgical Center (ASC)	\$100	<ul style="list-style-type: none"> <li>Surgical procedures performed in a contracted ASC are covered medical benefits</li> <li>Maximum plan payment (after copay): \$750 per episode —excluding physician charges</li> </ul>
Urgent Care Center (Outside the Hospital) Convenient Care/Mini-Clinic	\$25 \$15	<ul style="list-style-type: none"> <li>Requires notification to the Health Plan within 24 –48 hours of Urgent Care visit</li> </ul>
Out-of-Area Urgent Care (Outside the Hospital)	\$50	<ul style="list-style-type: none"> <li>Requires notification to the Health Plan within 24-48 hours of Urgent Care visit</li> <li>Rendered outside of the service area by a non-contracted provider</li> <li>Maximum Plan Payment (after co-pay): \$100 per episode</li> </ul>
Eye Examination/Refraction (Optometrist)	\$25	<ul style="list-style-type: none"> <li>1 per contract year limit</li> </ul>
Vision Services (Glasses or Contacts)	\$0	<ul style="list-style-type: none"> <li>1 per contract year limit</li> <li>After 6 months of continuous coverage maximum</li> <li>Plan Payment: \$100 per year</li> </ul>
Hearing Services	\$25	<ul style="list-style-type: none"> <li>1 per contract year limit</li> </ul>
Hearing Aids	\$0	<ul style="list-style-type: none"> <li>After 6 months of continuous coverage</li> <li>Limit 1 every 2 years</li> <li>Adult: Maximum Plan Payment:\$100 per year</li> <li>Pediatric: Maximum Plan Payment: \$200 per year</li> </ul>
Rehabilitative Services (Physical or Occupational or Speech Therapy)	\$25	<ul style="list-style-type: none"> <li>30 visits per Contract Year limit</li> </ul>
Durable Medical Equipment	\$10	<ul style="list-style-type: none"> <li>Co-pay is payable upon delivery and subsequently, if monthly maintenance is required</li> </ul>

- Licensed health Plan—not a discount card
- Provides comprehensive care outside the hospital
- Large Network of Primary Care Physicians, Specialists, Urgent Care Centers, Diagnostic Facilities and other health care providers
- Prescription Drug Benefit
- Vision and Hearing Benefit
- No Deductibles
- Low Cost Hospital Indemnity Supplemental plan available
- Rates Exclusive for your students and their dependents

To enroll in this plan, visit [www.mycareaccess.com](http://www.mycareaccess.com)

For questions please call, 800-922-3420

### Quick Facts

- ⇒ Available to any college student and their dependents
- ⇒ Dependent rates the same as the student
- ⇒ Monthly, semester and annual payment options available
- ⇒ No pre-existing condition exclusion. Plan does have qualifying question application. The following conditions exclude participation in the plan: active HIV Aids, Hep B, Hep C,. Active cancer, existing cancer.
- ⇒ Benefits are payable to the provider
- ⇒ Benefits payable per the schedule of benefits when services are rendered in the county where the school is located. Benefits are also payable in the state of Florida if the student is travelling or visiting a friend. Additional coverage can be purchased to cover students while on break or vacation period and also to cover them while they are outside of the state of Florida, for a slight additional premium.