

Student Health Insurance Plan (SHIP) coverage

The following SHIP information pertains to off campus care.

	SHIP (Mega) \$898.00
Well Visits	Not Covered *
Specialist Visits	80 or 100% coverage with \$100. deductible* \$2000. max per illness
Consultant (2nd Opinions)	80 or 100% coverage \$100. max
Emergency Room	80 or 100% coverage with \$100 deductible*
Prescriptions	\$5. for Generic, \$15 for Brand Names \$1000. max
Laboratory Testing	80 or 100% coverage with \$100. deductible* \$2000. max per illness
Out Patient Surgery	80 or 100% coverage with \$100. deductible*
Hospitalization	80 or 100% coverage with \$100. deductible* \$100,000.00 max
Mental Health Biological Inpatient	80 or 100% coverage \$100,000.00 max
Biological Outpatient	80 or 100% coverage with \$100. deductible* \$2000 max per illness
Non Biological Inpatient	60 days per year
Non Biological Outpatient	24 visits
Vision Care	Discount at participating EyeMed offices
Dental Care	Not a covered service for routine care. \$500. for injured teeth
High Cost Procedures	80 or 100% coverage \$2000. max per illness
Prosthetic appliance and Orthotic devise	80 or 100% coverage with \$100. deductible* \$2000. max per illness

* \$100.00 will be waived if seen and referred by Health Center.