

# The Juilliard School

## Student Health Insurance Plan



Underwritten by Tufts Insurance Company.  
Policy Number: SP100112



# 2016 - 2017

# Useful contact info:

Christie Student Health Customer Care: (866) 639-3629

CVS Health (Prescription Drug Information): (866) 760-4274

24 Hour Nurse Line: (866) 201-7919

Europ Assistance: (866) 296-7069

Mail claims to: Cigna  
PO Box 188061  
Chattanooga, TN 37422-8061

Christie Student Health Website: [www.christiestudenthealth.com/juilliard](http://www.christiestudenthealth.com/juilliard)

Search for a provider: [www.christiestudenthealth.com/juilliard/tools-resources](http://www.christiestudenthealth.com/juilliard/tools-resources)

Health Services: [www.juilliard.edu/campus-life/health-counseling-services](http://www.juilliard.edu/campus-life/health-counseling-services)

## Top 5 Things You Need To Know

**#1** The Student Health Insurance Plan provides coverage for basic care and prescription drugs which includes, but is not limited to the following:

- Primary Care
- Care from many specialists
- Emergency Medical Care



- Mental and behavioral health care/counseling
- Lab testing and screenings

**#2** The Student Health Insurance Plan provides nationwide coverage with access to over 840,000 providers and 6,000 hospitals.

**#3** Your Student Health Insurance Plan also includes worldwide travel assistance. For more details, visit [christiestudenthealth.com/juilliard](http://christiestudenthealth.com/juilliard)

**#4** This Plan has a Referral Requirement. When in the NYC area, your first stop should be Juilliard Health and Counseling Services. Go to page 4 to learn more.

**#5** Once registered, you can access all of the tools the Student Portal has to offer, including accessing a copy of your ID card. [Click here](#) to access Christie Student Health Student Portal.



## Online Tools

Our Student Portal provides students with one central location for all of your student health insurance needs, including getting a copy of your ID card, viewing claims, searching for a provider or hospital, comparing plans using our Decision Guide and viewing eligibility details and benefit documents.

# A Message from Juilliard

Dear Full-Time Student:

While you are a student at The Juilliard School, your health is one of our foremost priorities. As a performing artist, you have unique physical and emotional health concerns. We strive to ensure the delivery of excellent health care for our students, all of whom use their bodies as vital instruments, whether in the concert hall, on the stage or in the dance studio. Further, we recognize that the cost of medical care in New York City can be quite high, and we want to be sure that you have adequate insurance protection and access to good health care. Towards that end, The Juilliard School offers on-campus Health and Counseling Services. Additionally, we have endeavored to provide student health insurance that is affordable and which offers excellent benefits.

1. Juilliard offers coverage under the Student Health Insurance Plan in compliance with New York insurance regulations and meets or exceeds the minimum insurance standards for student health insurance plans as established by the Affordable Care Act. The plan provides unlimited medical expense benefits for all covered injuries or sicknesses per coverage year. In addition, a prescription drug benefit is included. A \$1,001 charge for the Student Health Insurance Plan has been added to your Fall and Spring Semester's tuition bills.
2. US citizens and permanent residents may waive enrollment in the Student Health Insurance Plan by providing documentation of other health insurance coverage, including Medicaid. The coverage provided by the alternative policy should be equal or greater to the coverage provided by the Student Health Insurance Plan as listed on the waiver form. Determination of adequacy of other coverage is the responsibility of the student or the Parent/Guardian of a minor student.
  - a.) Complete the Student Health Insurance waiver form.
  - b.) Return the Student Health Insurance waiver form to the Student Accounts Office at Juilliard with a copy of the front and back of the health insurance card from the alternative source. The form can be mailed with your Fall Semester tuition payment, but it must be received by the Student Accounts Office at Juilliard no later than August 15, 2016.
  - c.) Enrollment is mandatory for all international students, including students from Canada. International students may not waive the Student Health Insurance Plan.
3. **IMPORTANT LIMITATION NOTICE:** When at school, in the absence of a Medical Emergency, and during Juilliard Health Services' normal business hours, the student's *first* visit for each condition *must* be to Health Services. A clinician there will provide a referral to an outside provider when deemed medically necessary. Students need new referrals every academic year. Expenses incurred for medical treatment received without the requisite referral may be covered at the non-preferred level of benefits.
4. Persons insured under this plan may choose to be treated within or outside of the Cigna/Tufts Health Plan Network. The network consists of hospitals, physicians, and other health care providers organized in a network for the purpose of delivering quality health care at affordable rates. In order to use the services of a participating provider, you must present the identification card that is mailed to all Insured Students and be referred by Health Services as explained in 3. above.
5. Juilliard Health Services will make every effort to refer you to a provider who is in the school insurance network. However, such a referral does not guarantee that all treatments, tests or medications you might receive from the provider are covered under the school insurance policy. If the outside provider advises you that tests and special treatments or surgery are warranted to diagnose and/or treat you, you should call the claim administrator, Christie Student Health Plans, at (866) 639-3629 to clarify any coverage limitations. Juilliard Health Services makes no representation about coverage under any health insurance policy by referring you to an outside provider.
6. Your insurance ID card will be mailed directly to your student box. Please watch for it and after you receive it, keep it with you at all times. You can print your card online at [www.christiestudenthealth.com/juilliard](http://www.christiestudenthealth.com/juilliard).

Please feel free to contact Juilliard Health Services at (212) 799-5000 ext. 282 with any questions or concerns.

Sincerely,

Juilliard Health and Counseling Services

# The Juilliard School Student Health Insurance

The Juilliard School Student Health Insurance Plan is a fully insured student health insurance plan underwritten by Tufts Insurance Company (“TIC”), and administered by Christie Student Health.

Your Plan is a Preferred Provider Organization or “PPO” Plan. It provides you with a higher level of coverage when you receive covered medical expenses from providers who are part of the Plan’s network referred to as “Participating Providers”. The participating providers participate in the Cigna network outside of MA and RI, and in the Tufts Health Plan network in MA and RI.

The Plan also provides coverage when you obtain Covered Medical Expenses from providers who are not part of the Plan’s network, referred to as “Non-Participating Providers”.

The premium rates and the list of Covered Services are illustrated in the table below and on pages 5 and 6. Please contact Christie Student Health Customer Care at (866) 639-3629 with any questions you may have about the Plan.

## Member Rates

	Annual Coverage 09/1/16 – 08/31/17	Per Semester Charge*
Student	\$2,002	\$1,001

*Rates above include both premium and administrative fees.*

\*For Students, one-half of the Annual premium (\$1,001) will be billed on the Fall semester tuition bill; the balance (\$1,001) will be billed on the Spring/Summer semester tuition bill. Should a Covered Student withdraw from the University, the insurance under the Plan shall remain in effect until the end of the period for which the premium has been paid.

## Did you know?

Our Decision Guide allows you to compare two plans to help you decide which is the best for you. Visit [christiestudenthealth.com](http://christiestudenthealth.com) to learn more.

## Eligibility and Enrollment Details

All full-time students are automatically enrolled in the Juilliard Student Health Insurance Plan (“the Plan”). All students are strongly encouraged to remain enrolled in the Student Health Insurance Plan.

Domestic students who are enrolled in 6 or more credits while at The Juilliard School will be automatically enrolled in and charged premium for the Plan. Students who are currently insured under a comparable U.S. health insurance plan, including Medicaid, may waive coverage under the Plan with proof of such existing coverage. The comparable U.S. health insurance plan must include coverage for medical services in New York City. The premium for coverage will be added to the student’s tuition bill and will remain unless a successful waiver is completed by the waiver deadline of August 15, 2016. The waiver form is available on WebAdvisor.

International students who are enrolled in 6 or more credits while at The Juilliard School will be automatically enrolled in and charged premium for the Juilliard School Student Health Insurance Plan (“the Plan”). The plan benefits meet the medical insurance requirements for international students holding “J” visas. Enrollment is mandatory for all international students, including students from Canada. The premium for coverage will be added to the student’s tuition bill and coverage may not be waived under any circumstances.

# Juilliard Health & Counseling Services

Juilliard Health and Counseling Services provides free primary health care and psychological services to all enrolled undergraduate and graduate students at the School. We offer the highest quality of primary care with an emphasis on teaching illness/injury prevention and health promotion. We also try to prepare our students for entering the complex world of health care by educating them to be well-informed consumers.

Health Services provides medical treatment and preventative care, as well as providing Physical Therapy, Occupational Therapy, and Nutrition services to aid students in performing at their best. Counseling Services provides supportive psychotherapy to assist students in meeting their emotional, psychological, and mental health needs.

Health and Counseling Services is located on the 22nd floor of the Meredith Willson Residence Hall. Health Services is equipped with three private exam rooms, a laboratory and a state-of-the-art physical therapy and occupational therapy facility.

For more information about our services, office hours and contact information please see the Health and Counseling web page: [www.juilliard.edu/campus-life/health-counseling-services](http://www.juilliard.edu/campus-life/health-counseling-services)

## Did you know?

The cost of The Juilliard School Student Health Insurance Plan may be less expensive than coverage as a dependent under your parent's Plan.

## Referral Requirement

This Plan requires that Health Services act as a Primary Care Physician. You do need a written referral from Health Services before receiving care from a Participating Provider. If you obtain a written referral, your Cost-Sharing may be lower. This means you will pay less money if you get a referral to a Participating Provider.

### Services Not Requiring a Referral from Health Services

Health Services is responsible for determining the most appropriate treatment for Your health care needs. You do not need a Referral from Health Services to a Participating Provider for the following services:

- Primary and preventive obstetric and gynecological services including annual examinations, care resulting from such annual examinations, treatment of acute gynecologic conditions, or for any care related to a pregnancy from a qualified Participating Provider of such services
- Emergency Services
- Maternal depression screening
- Pre-Hospital Emergency Medical Services and emergency ambulance transportation
- When Health Services is closed
- When outside of New York City



This plan is underwritten by Tufts Insurance Company (TIC), and administered by Christie Student Health Plans LLC (CSHP). Christie Student Health is the brand name for the student health products and services provided by TIC and CSHP.

# Covered Services

**Metallic Level: Platinum/Tested at 91.09%**

<b>Annual Deductible</b>	<b>Weill Cornell Medicine Preferred Network Member Responsibility:</b>	<b>\$0 per member</b>
	<b>Participating Provider Member Responsibility:</b>	<b>\$0 per member</b>
	<b>Non-Participating Provider Member Responsibility:</b>	<b>\$100 per member</b>
<b>Annual Out of Pocket Maximum</b>	<b>Participating Provider (Including Weill Cornell Medicine):</b>	<b>\$5,000 per member</b>
	<b>Non-Participating Provider:</b>	<b>\$10,000 per member</b>
<b>Plan Maximum</b>	<b>Unlimited</b>	

Commonly Used Benefits			
Benefit type	Weill Cornell Medicine Preferred Network Member Responsibility	Participating Provider Member Responsibility	Non-Participating Provider Member Responsibility
Physician Office Visit Expense (including Consultant)	Covered in full	\$10 copay per visit; 10% of allowed amount	\$10 copay per visit; 25% of reasonable charges after deductible
Outpatient Mental Health Expense	Covered in full	\$10 copay per visit; 10% of allowed amount	\$10 copay per visit; 25% of reasonable charges after deductible
Emergency Room Expense	10% of allowed amount	10% of allowed amount	10% of reasonable charges*
Urgent Care Expense	10% of allowed amount	10% of allowed amount	25% of reasonable charges after deductible
Ambulance Service Expense	10% of allowed amount	10% of allowed amount	10% of reasonable charges
Diagnostic Labs & Radiology	10% of allowed amount	\$10 copay per visit; 10% of allowed amount	\$10 copay per visit; 25% of reasonable charges after deductible
High-Tech Imaging (including MRI, CT Scan) Expense	10% of allowed amount	\$10 copay per visit; 10% of allowed amount	\$10 copay per visit; 25% of reasonable charges after deductible
Routine Physical Exams Expense	Covered in full	Covered in full	\$10 copay per visit; 25% of reasonable charges after deductible
Routine Pap Smears Expense	Covered in full	Covered in full	\$10 copay per visit; 25% of reasonable charges after deductible
Prescription Drugs	N/A	Covered in full following: \$10 copay for Generic drugs \$25 copay for Brand Name drugs	Covered in full following:*\n\$10 copay for Generic drugs \$25 copay for Brand Name drugs

Continued on next page.

# Covered Services, cont.

Additional Benefits			
Benefit Type	Weill Cornell Medicine Preferred Network Member Responsibility	Participating Provider Member Responsibility	Non-Participating Provider Member Responsibility
Inpatient Miscellaneous Expense	10% of allowed amount	10% of allowed amount	25% of reasonable charges after deductible
Inpatient Mental Health Expense	10% of allowed amount	10% of allowed amount	25% of reasonable charges after deductible
Surgical Expense (Inpatient and Outpatient)	Covered in full	10% of allowed amount	25% of reasonable charges after deductible
Anesthesia Expense (Inpatient and Outpatient)	Covered in full	10% of allowed amount	25% of reasonable charges after deductible
Assistant Surgeon Expense (Inpatient and Outpatient)	Covered in full	10% of allowed amount	25% of reasonable charges after deductible
Ambulatory Surgical Expense	10% of allowed amount	10% of allowed amount	25% of reasonable charges after deductible
Skilled Nursing Facility Expense	10% of allowed amount	10% of allowed amount	25% of reasonable charges after deductible
Rehabilitation Facility Expense	10% of allowed amount	10% of allowed amount	25% of reasonable charges after deductible
Inpatient Substance Abuse Expense	10% of allowed amount	10% of allowed amount	25% of reasonable charges after deductible
Outpatient Substance Abuse Expense	Covered in full	\$10 copay per visit; 10% of allowed amount	\$10 copay per visit; 25% of reasonable charges after deductible
Inpatient Hospital Expense (including Intensive Care Unit)	10% of allowed amount	10% of allowed amount	25% of reasonable charges after deductible
Physical, Speech and Occupational Therapy Expense	Covered in full	\$10 copay per visit; 10% of allowed amount	\$10 copay per visit; 25% of reasonable charges after deductible
Chiropractic Therapy Expense	Covered in full	10% of allowed amount	25% of reasonable charges after deductible
Durable Medical Equipment Expense	10% of allowed amount	10% of allowed amount	25% of reasonable charges after deductible
Mammogram Expense	Covered in full	Covered in full	\$10 copay per visit; 25% of reasonable charges after deductible
Immunizations Expense Includes Hepatitis A & B, Typhoid & Yellow Fever	Covered in full	<b>Routine Immunizations:</b> Covered in full <b>Travel Immunizations:</b> 10% of allowed amount	\$10 copay per visit; 25% of reasonable charges after deductible
Home Health Care Expense	10% of allowed amount	10% of allowed amount	25% of reasonable charges after deductible

\*The annual deductible for these services is waived.

# Commonly Used terms

**Claim:** A request for payment that is submitted to your health insurance company for services received.

**Co-insurance:** Your share of the costs of covered health care services calculated as a percent (for example, 20%) of the allowed amount for the service.

**Copayment (copay):** The fixed amount you pay for a certain covered health care services, paid at the time of service.

**Deductible:** The amount you pay for Covered Services before any payments will be made by your insurance company.

**Eligibility:** Terms of an insurance policy that define the requirements to become a member on the insurance plan.

**Exclusions:** Expenses for which the plan does not cover nor provide benefits for.

**In-Network:** Refers to a provider or facility that has a contract with your health insurance company or plan to provide services to you at a discount.

**Inpatient Care:** Medical services provided after a patient is admitted to a facility such as a hospital.

**Out-of-Network:** Refers to a provider or facility that does not have a contract with your health insurance company and therefore you may incur higher costs.

**Out-of-Pocket Maximum:** The maximum amount that you pay during your plan's policy period before your health insurance company will pay 100% of the allowed amount.

**Negotiated Rate:** An agreed upon amount between the insurance company and in-network providers and facilities for covered services. The Negotiated Rate is used to determine the allowed amount.

**Premium:** The amount you pay to purchase your health insurance plan.

**Primary Care Physician (PCP):** A general or family practitioner who provides and manages your care and refers you to specialists.

**Reasonable Charge:** The lesser of the amount charged by the Non-Network Provider; or the amount paid for a medical service in a geographic area based on nationally accepted means and amounts of claims payment. The Reasonable Charge amount is used to determine the allowed amount.

**Waiver:** Showing proof of adequate health care coverage in order to opt-out of the student health plan.

# Exclusions

Certain services are not covered under this plan including:

**Aviation.** We do not cover services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.

**Convalescent and Custodial Care.** We do not cover services related to rest cures, custodial care and transportation. Custodial care means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered services determined to be Medically Necessary.

**Cosmetic Services.** We do not Cover cosmetic services, Prescription Drugs, or surgery except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect. We also cover services in connection with reconstructive surgery following a mastectomy, as provided elsewhere in your Certificate. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (for example, certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process of your Certificate.

**Dental Services.** We do not cover dental services except for: care or treatment due to accidental injury to sound natural teeth within 12 months of the accident; dental care or treatment necessary due to congenital disease or anomaly; or except as specifically stated in the oral surgery or pediatric dental care section of your Certificate.

**Experimental or Investigational Treatment.** We do not cover any health care service, procedure, treatment, device, or Prescription Drug that is experimental or investigational. However, we will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials we will not cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under your Certificate for non-investigational treatments. See your Certificate for a further explanation of Your Appeal rights.

**Foot Care.** We do not cover foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet, except as specifically listed in your Certificate. For foot care related to diabetes, see your Certificate.

**Government Facility.** We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.

**Medically Necessary.** In general, we will not Cover any health care service, procedure, treatment, device or Prescription Drug that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns our denial, however, We will Cover the procedure, treatment, service, or Prescription Drug for which Coverage has been denied, to the extent that such procedure, treatment, service, or Prescription Drug is otherwise Covered under the terms of your Certificate.

**Medicare or Other Governmental Program.** We do not cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).

**Military Service.** We do not cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.

**No-Fault Automobile Insurance.** We do not cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if you do not make a proper or timely claim for the benefits available to you under a mandatory no-fault policy.

**Services Provided by a Family Member.** We do not cover services performed by a member of the Covered person's immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister, or brother of you or your spouse.

**Services With No Charge.** We do not cover services for which no charge is normally made.

**Services not Listed.** We do not cover services that are not listed in your Certificate as being covered.

**Vision Services.** We do not cover the examination or fitting of eyeglasses or contact lenses, except as specifically stated in your Certificate.

**Workers' Compensation.** We do not cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

If there is a conflict between this overview and the PPO Certificate, the PPO Certificate is the governing document. If you have questions, please contact Christie Student Health Customer Care: (866) 639-3629

# Your plan also includes

## Worldwide Assistance

Your Plan includes worldwide travel assistance through Europ Assistance (including medical evacuation and repatriation coverage). Whether you are studying abroad or traveling on vacation, you can have the comfort of knowing that help is only a phone call away. If you have questions regarding travel assistance through EA, please call (866) 296-7069.

## 24 Hour Nurse Help Line

**Nurse24** will provide participants with immediate and reliable health advice and information. Registered nurses are available 24 hours a day, 7 days a week to answer any health questions. You can contact your 24 hour nurseline at (866) 201-7919.

# Member Perks

## Discounts at Jenny Craig

When you're ready to lose weight, Jenny Craig makes it simple. 50% off Jenny Craig All Access Enrollment plus 5% off All Jenny Craig Food.\*



\*50% discount on \$99 enrollment fee. Plus the cost of food. Plus the cost of shipping if applicable. Member is responsible for all payments for the Jenny Craig Program.

## Discount on Glasses & Eye Care

You are eligible for discounts on vision correction services and eyewear from participating EyeMed providers.

[Click here for more information](#)



## Exercise Facility Reimbursement

To encourage you to get fit and stay healthy, Christie Student Health will reimbursement you up to \$200 for Exercise Fees at qualified fitness centers. To learn more, view the Fitness Reimbursement Form at [www.christiestudenthealth.com/juilliard/tools-resources/](http://www.christiestudenthealth.com/juilliard/tools-resources/)



# Careington Dental Discounts Program

The Careington dental discounts program is available to you on a voluntary basis to provide access to quality dental care at reduced rates. Save 20% to 50% on most dental procedures including routine oral exams, unlimited cleanings and major work such as dentures, root canals and crowns at over 200,000 dental access points through Careington and DenteMax.

	Annual Rates 9/1/16-8/31/17
<b>Individual and family rate:</b>	\$15 per year

To enroll in the Careington Dental Discounts Program, please visit [christiestudenthealth.com/juilliard](http://christiestudenthealth.com/juilliard). If you have questions regarding the program, please call Careington Dental Customer Service at (800) 290-0523.