

# Clark University Student Health Insurance Information

Coverage Period	Annual
	8/15/22 – 8/14/23
Student Premium Charge:	\$2,345

The 2022-2023 Clark University Student Health Insurance Plan (SHIP) is provided by Blue Cross Blue Shield of Massachusetts. The plan is ACA compliant and includes access to Blue Cross Blue Shield's national PPO network of providers. Coverage is available worldwide.

- Visit [www.universityhealthplans.com/clark](http://www.universityhealthplans.com/clark) and familiarize yourself with your **Benefit Information**. The **Summary of Benefits & Coverage**, **Plan Highlights**, and **Subscriber Certificate** provide details about the plan. The plan documents will outline what you will pay for different services.
- **Access your Insurance ID Card digitally**. You can access your online ID Card using the **Insurance ID Card link** at [www.universityhealthplans.com/clark](http://www.universityhealthplans.com/clark). You can also download the mobile app (MYBLUE) for easy access.
- **Show your Insurance ID Card**. You will need to provide your Insurance ID card each time you use your plan.

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## WHERE TO GO IF YOU ARE SICK OR INJURED:

- If you have a **Medical Emergency** and you are on campus, contact Campus Police at 1-508-793-7575. **If you are off campus, call 911**. Clark recommends *UMass Memorial* if you are in the area and need emergency treatment.
- **Clark University Health Services** is open Monday through Friday from 9 a.m. to 5 p.m. Please call 1-508-793-7467 to schedule an appointment. Please note that due to COVID restrictions, they do not take walk-ins. Friends may not accompany you into Health Services during your visit.
- If you are exhibiting symptoms of COVID-19, please call (do **NOT** visit) Health Services at 1-508-793-7467. For a list of typical COVID-19 symptoms, please see the Centers for Disease Control website.
- If your doctor prescribes you medication, you will need to pick it up at the pharmacy. ***There are many pharmacies near Clark University located on Park Ave, May Ave, Southbridge St.***

HOW TO USE YOUR PLAN: **Show your ID card** when you use the plan. If your services require a **copayment**, you will pay this at the time of service. The doctor will bill the insurance company for your services. You will receive an **Explanation of Benefits** from the insurance company. *This is not a bill*. This is a summary of the charges, network discount, what the insurance company paid and what you owe. If you owe additional money, **your doctor will send you an invoice** for any amount owed as outlined in your explanation of benefits. **You pay your doctor** directly for any outstanding cost, Blue Cross Blue Shield will not bill you.

WHO CAN I CONTACT WITH QUESTIONS: Membership information, coverage dates or general plan information is available at [www.universityhealthplans.com/clark](http://www.universityhealthplans.com/clark) **University Health Plans** is available by phone or email at 833-251-1733 or [info@univhealthplans.com](mailto:info@univhealthplans.com)

## **Questions about a bill you received?**

If your bill matches the insurance company explanation of benefits, you should pay the provider the amount on the bill.

If you have questions about the amount you have to pay, you should contact Blue Cross Blue Shield of Massachusetts at 888-753-6615. If you still have concerns, please contact University Health Plans at 833-251-1733.

## EMERGENCY NUMBERS:

Campus Police: 1-508-793-7575

Clark University Health Services: 1-508-793-7467

Hahnemann Family Health Center: 1-508-334-8830

Worcester Emergency: 911

Mental Health Resource Line: 1-508-334-2551

Campus Counseling: 1-508-793-7678.

**CLARK UNIVERSITY  
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS  
BLUE CARE ELECT PREFERRED STUDENT HEALTH PLAN**

**SUMMARY OF BENEFITS**

To view the full brochure and subscriber certificate, please go to: [www.universityhealthplans.com/Clark](http://www.universityhealthplans.com/Clark)

**Your Medical Benefits**

Plan Specifics	In-Network	Out-of-Network
Plan Maximum	None	None
Plan-year deductible	\$0	\$250
Plan-year out-of-pocket maximum	\$4,000 per member, for in-network and out-of-network services combined. \$2,000 for prescriptions	
Are referrals required to see a specialist	No	
Benefit Levels:	You receive the highest level of benefits under your health care plan when you obtain covered services from an <b>in-network provider</b> . When you see an <b>out-of-network provider</b> , you will be responsible for any difference between the allowed charge and the provider's actual billed charge, in addition to your deductible and/or your co-insurance.	
Covered Services	Your Cost In-Network	Your Cost Out-of-Network
<b>Preventive Care</b>		
Routine adult physical exams, including related tests, for members age 19 or older ( <i>one per calendar year</i> )	Nothing	20% co-insurance after deductible
Well-child care exams, including routine tests, according to age-based schedule	Nothing	20% co-insurance after deductible
Routine GYN exams, including related lab tests ( <i>one per calendar year</i> )	Nothing	20% co-insurance after deductible
Routine vision exams ( <i>one every 24 months</i> )	Nothing	20% co-insurance after deductible
<b>Outpatient Care</b>		
Specialists, podiatrists', and chiropractors' office visits; clinic visits; urgent care	\$30 per visit	20% co-insurance after deductible
Diagnostic tests (blood work) (x-ray)	Nothing	20% co-insurance after deductible
Imaging (CT scans, MRIs, and PET scans)	\$100	20% co-insurance after deductible
Emergency room visits	\$100 per visit, no deductible ( <i>waived if admitted or for observation stay</i> )	\$100 per visit, no deductible ( <i>waived if admitted or for observation stay</i> )
Emergency ambulance	Nothing	Nothing
Primary Care to treat a sickness or injury	\$25 per visit	20% co-insurance after deductible
Surgery and related anesthesia <ul style="list-style-type: none"> <li>• Office setting</li> <li>• Ambulatory surgical facility, hospital, or surgical day care unit</li> </ul>	<ul style="list-style-type: none"> <li>• \$30 per visit</li> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• 20% co-insurance after deductible</li> <li>• 20% co-insurance after deductible</li> </ul>
<b>Inpatient Care</b>		
General Hospital charges including Room & Board, ICU and Special Services	Nothing	20% co-insurance after deductible
Physician Services (not related to surgery)	Nothing	20% co-insurance after deductible
Surgeon's Fees	Nothing	20% co-insurance after deductible
Assistant Surgeon and Anesthetist	Same as Surgeon.	
<b>Mental Health and Substance Abuse Treatment</b>		
<ul style="list-style-type: none"> <li>• Inpatient admissions in a general hospital, mental hospital, or substance abuse facility</li> <li>• Outpatient visits</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> <li>• \$30 per visit</li> </ul>	<ul style="list-style-type: none"> <li>• 20% co-insurance after deductible</li> <li>• 20% co-insurance after deductible</li> </ul>
<b>Prescription Drug Benefits</b>		
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	\$20 for Tier 1 \$40 for Tier 2 \$60 for Tier 3 \$90 for Tier 4 \$120 for Tier 5	Not covered
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	\$40 for Tier 1 \$80 for Tier 2 \$120 for Tier 3 Not Covered for Tier 4 and Tier 5	Not covered
<b>Healthy Blue Programs</b>		
Members have access to certain discount and savings programs. Refer to your subscriber certificate for details as discounts vary or call 1-888-753-6615 to receive your Healthy Blue booklet which outlines these special programs. <ul style="list-style-type: none"> <li>- Fitness Benefits towards membership at a health club (see your subscriber certificate for details)</li> <li>- Reimbursement for BCBSMA designated weight loss program</li> <li>- Discounts on safety home safety items, alternative medicines services, vision services (frames, lenses, etc.)</li> </ul>		

**Limitations and Exclusions:** This page summarizes the benefits of the Clark University Blue Cross Blue Shield Blue Care Elect Preferred (PPO) health care plan. The subscriber certificate and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the subscriber certificate and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; hearing aids; most dental care; any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your subscriber certificate and riders.