

**Lehigh University
2023-2024
Student Health Insurance Plan (SHIP)
Overview**

General SHIP Information

- Insurance Company: Wellfleet Insurance Company
- Annual Premium: \$2,452
- Policy Period: 8/15 – 8/14 for annual coverage
 - *Students who do not plan to attend Lehigh for Spring 2024 are eligible to enroll in Fall Only coverage.*
- Graduate Eligibility: Graduate students enrolled in a degree seeking on-campus based program and registered for nine (9) or more credits and Graduate students with certified-full time status registered for (1) or more credits.
- All students who meet the eligibility requirement are eligible to enroll and are required by Lehigh University to have Health Insurance. If you are planning to opt out of the SHIP, it is recommended to compare benefits as many commercial plans have high deductibles and coinsurance provisions not found in the student plan.
- Student only plan
 - Dependents can shop for coverage via healthcare.gov
- Information about the plan: www.universityhealthplans.com/lehigh

Insurance Terms and Definitions

- **Deductible:** The cost you may have to pay for certain covered services you receive during your annual coverage period before benefits are paid by the health plan.
 - **SHIP Deductible*:** \$50 In-Network, \$50 Out-of-Network
 - * waived for services rendered at the Student Health Center and services referred by the Student Health Center
- **Copay:** The fixed dollar amount you may have to pay for a covered service, usually when you receive the covered service.
 - **SHIP Prescription Drug Copays:** \$10/\$20/\$20
- **Coinsurance:** The percentage you may have to pay for a covered service.
 - **SHIP coinsurance:** In general, the student is responsible for 5% of the negotiated charges for services when seeing an In-Network provider and 15% of the usual and customary charges for services when seeing an Out-of-Network provider.
- **Out-of-Pocket Maximum:** Your out-of-pocket maximum is the most that you could pay during a plan year for deductible, copayments, and coinsurance for covered services.
 - **SHIP In-Network Out-of-Pocket Maximum:** \$1,500

Benefit Summary

	In-Network	Out-of-Network
Deductible	\$50*	\$50
Out of Pocket Maximum	\$1,500	N/A
Services at the Health Center	No Charge	
Preventative Care/Immunizations	No Charge	15% Coinsurance
Office Visits	5% Coinsurance	15% Coinsurance
ER Visit	5% Coinsurance	5% Coinsurance
Outpatient Surgery	5% Coinsurance	15% Coinsurance
Diagnostic Tests and Imaging	No Charge	15% Coinsurance
Prescription Drugs	\$10/\$20/\$20 deductible does not apply	Not Covered

In-network deductible is waived for services rendered at the Student Health Center and services referred by the Student Health Center

Voluntary Dental and Vision Insurance

- Students are not enrolled unless form and payment submitted online
- Dental Insurance
 - Insurance Company: United Concordia Flex PPO Dental
 - Annual Coverage Period: 9/1/23-8/31/24
 - Annual Premium: \$500 for student, \$1,409 for student + 1 or more dependents
 - Annual Deadline to Enroll: 9/15/23
- Vision Insurance
 - Insurance Company: VSP Vision Care
 - Annual Coverage Period: 10/1/23-8/31/24
 - Annual Premium: \$183 for student, \$516 for student + 1 or more dependents
 - Annual Deadline to Enroll: 9/15/23
- More information can be found at www.universityhealthplans.com/Lehigh

Online Resources

- www.universityhealthplans.com/Lehigh
- The webpage for the Lehigh Student Health Insurance Plan provides access to the following:
 - Contact Information
 - Wellfleet Covid-19 Updates
 - Frequently Asked Questions
 - Benefit Information
 - CareConnect – Behavioral Health Hotline
 - Search for a provider
 - Claim Form
 - Prescription Information
 - Insurance ID Card and Wellfleet Student Login
 - Insurance Mobile App
 - Optional Plans: Dental, Dorm and Renters Insurance
 - Information for Graduating Students and Dependents