MANDATORY PLAN – Washington Square

Eligibility – All students enrolled in a degree-granting, advanced certificate or postgraduate certificate program and registered for one (1) or more credits or maintaining matriculation, are enrolled automatically in the Mandatory Plan. This plan cannot be waived. Students’ spouses/domestic partners and dependents electing coverage under the Basic, Comprehensive or GSHIP Plans will also be insured under this plan automatically.

BENEFITS

• Emergency Room Treatment and Follow-up Care:

  Limit: $2,500 maximum per condition per policy year

  Deductible: $100 per condition per policy year

  This plan covers outpatient treatment initiated in a hospital emergency room for:
  • Accidental injuries (not sickness or dental injuries)
  • Mental health emergencies
  • Chemical abuse emergencies
  • Ambulance transport

  Benefits are as follows:
  - In-Network Care: 100% of the allowable charge
  - Out-of-Network Care: 100% of the reasonable and customary charge

  Referral Requirement for a Student’s Follow-up Care after Emergency Room Treatment

  After the covered student has received initial treatment for accidental Injury in an emergency room, the student may be required to seek additional treatment or evaluation.

  1. Prior to follow-up medical care in Manhattan, the student must contact New York University Student Health Center at (212) 443-1000. **SHC may require that students seek follow-up care through SHC.**

     Note: Students on an approved leave of absence and students enrolled in the continuation option do not have access to SHC and therefore are not required to obtain a referral.

  2. The Student Health Insurance Program will deny benefits to any Covered Student or to the provider if the student fails to receive proper authorization from SHC before receiving additional medical care.

     **Note:** Referrals cannot be granted after treatment has been rendered.

• Outpatient Mental Health

  This plan covers mental health outpatient visits as follows:
  - In-Network Care: 80% of the negotiated charge
  - Out-of-Network Care: 50% of the reasonable and customary charge

  Benefit Maximum (In and Out-of-Network Combined):
  - Biologically Based Conditions: Policy Limit
  - Non-Biologically Based Conditions: 30 visits per policy year

• Dental Injuries

  The Mandatory Plan does not cover emergency treatment for dental injuries.