

# **Student Health Insurance Plan**

## **Norwich University**



### Rates & Dates



Annual Enroll/Waive Deadline: Monday, August 1, 2023

Annual Coverage Period: August 10, 2023 to August 9, 2024

**Annual Premium:** \$1,500

## **Login Online**



- Visit sso.norwich.edu and login with your Norwich username and password. You will be directed to the MyApps page.
- Locate the Student Health Insurance icon and double click on it and you will now be directed to your profile on the Gallagher site.
- Click on either the Enroll or Waive button in the Plan Summary for the 2023-2024 plan.

#### Find a Doctor



The Provider network for this plan is Cigna Preferred Provider Network. You may choose any physician or hospital; however, using providers that are part of the network may decrease your share of the costs. For a complete listing of network providers, click "Find a Doctor" at www.gallagherstudent.com/Norwich.

## **Prescription Drugs**



To fill a prescription visit any in-network pharmacy and pay the copay. Participating pharmacies can be found online, click "Pharmacy Program" www.gallagherstudent.com/Norwich

#### Did you know i

Student Health Insurance Plans are generally less expensive and have better coverage. Most plans are PPO's (Preferred Provider Networks), which means easy access to providers near campus or anywhere you may live or travel.

|                             | In Network               | Out of Network                        |
|-----------------------------|--------------------------|---------------------------------------|
| Deductible                  | \$50 per Person          | \$50 per Person                       |
| Coverage Percentage         | 90% of Negotiated Charge | 80% of Usual & Customary Charge (U&C) |
|                             | (NC)                     |                                       |
| Office Visit Copay          | 90% of NC                | 80% of U&C                            |
| <b>Emergency Room Copay</b> | 90% of NC                | 90% of NC                             |
| Prescription Drug Copay     | Tier 1 \$10 copayment    | Not covered                           |
|                             | Tier 2 \$20 copayment    |                                       |
|                             | Tier 3 \$20 copayment    |                                       |
|                             | Tier 4 \$20 copayment    |                                       |