

PLEASE NOTE:

**THIS DOCUMENT HAS
CHANGED. PLEASE SEE THE
BACK COVER FOR DETAILS**

2016–2017 Blanket Student Injury and Sickness Insurance Plan for Ohio University International Students



Who is eligible to enroll?

International students taking 1 or more Athens campus credit hours are automatically enrolled in the plan upon registration; Dependents of international students (including Domestic Partners) living in the United States in F2 or J2 status are required to enroll in the plan upon arrival in the United States.

Special Categories: International visiting instructors/Research scholars with J1 Visa status and their dependents (including Domestic Partners) are also eligible on a voluntary basis if all requirements outlined in the Special Category Enrollment Forms are met.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse (husband or wife) or Domestic Partner and dependent children under 26 years of age, or 28 years under certain circumstances. See the Definitions section of the Brochure for the specific requirements needed to meet Domestic Partner and dependent child eligibility.

Where can I get more information about the benefits available?

Please read the plan brochure to determine whether this plan is right before you enroll. The plan brochure provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the plan brochure are available and may be viewed at www.uhcsr.com/ohio.

Who can answer questions I have about the plan?

If you have questions please contact UHCSR Customer Service at 1-800-767-0700 or customerservice@uhcsr.com, or the Ohio University Student Health Insurance Administrator at 1-740-593-1931 or studentinsurance@ohio.edu.

What important dates or deadlines should I be aware of?

Fall Semester 2016 Waiver Deadline: September 09, 2016. Completing a waiver for Fall semester will waive the insurance policy for Fall 2016, Spring and Summer 2017 semesters.

Spring Semester 2017 Waiver Deadline: January 27, 2017. Completing a waiver for Spring semester will waive the insurance policy for Spring and Summer 2017 semesters.

Summer Semester 2017 Waiver Deadline: May 26, 2017. Completing a waiver for Summer semester will waive the insurance policy only for Summer semester 2017.

Students wishing to enroll on a voluntary basis must complete enrollment forms prior to the waiver deadlines listed above.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2016-1103-4.

The Policy is a Non-Renewable One-Year Term Policy.

How much does the plan cost?

Rates	Fall 8/16/16 – 2/14/17	Spring 1 2/15/17 – 8/15/17	Spring 2 1/01/17 – 8/15/17	Summer 5/1/17 – 8/15/17
Student	\$988.00	\$988.00	\$1,225.00	\$578.00
Spouse	\$988.00	\$988.00	\$1,225.00	\$578.00
One Child	\$988.00	\$988.00	\$1,225.00	\$578.00
Two or more Children	\$1,976.00	\$1,976.00	\$2,450.00	\$1,156.00

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this health plan.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources

METALLIC LEVEL- PLATINUM ITH ACTUARIAL VALUE OF 89.187%

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	\$150 Per Insured Person, Per Policy Year and \$300 For all Insureds in a Family, Per Policy Year	\$300 Per Insured Person, Per Policy Year and \$600 For all Insureds in a Family, Per Policy Year
Out-of-Pocket Maximum <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan brochure for details about how the Out-of-Pocket Maximum applies.</i>	\$1,500 Per Insured Person, Per Policy Year and \$3,000 For all Insureds in a Family, Per Policy Year	\$3,000 Per Insured Person, Per Policy Year and \$6,000 For all Insureds in a Family, Per Policy Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan brochure.</i>	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs <i>(OUCC - \$5 Copay per Tier 1, \$20 Copay per Tier 2 and \$35 Copay per Tier 3, up to a 31 day supply per prescription) Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.</i>	\$15 Copay for Tier 1 \$30 Copay for Tier 2 \$45 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	60% of Usual and Customary Charges \$15 Deductible for generic drugs \$30 Deductible for brand name drugs Up to a 31-day supply per prescription
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Please see www.healthcare.gov/preventive-care-benefits/ for complete details of the services provided for specific age and risk groups.</i>	100% of Preferred Allowance	60% of Usual and Customary Charges
The following services have per Service Copays/Deductibles <i>This list is not all inclusive. Please read the plan brochure for complete listing of Copays/Deductibles.</i>	Physician's Visits: \$25 Medical Emergency: \$250 (The Copay will be waived if admitted to the Hospital.)	Medical Emergency: \$250 (The per visit Deductible will be waived if admitted to the Hospital.)
Pediatric Dental and Vision Benefits	Refer to the plan brochure for details (age limits apply).	

Preferred Providers

The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: <http://www.uhcsr.com/lookupredirect.aspx?delsys=52>

Online Services

UnitedHealthcare **StudentResources** Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to *My Account* at www.uhcsr.com/myaccount. To create an online account, select the "create My Account Now" link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and Apple's App Store.

Other Coverage

Also available for Ohio University students is a UnitedHealthcare Insurance Company fully insured Dental plan. To enroll go to www.uhcsr.com/ohio.

Healthiest You: National Telehealth Service

Starting on the effective date of your policy, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service. By calling the toll-free number listed on the front of your medical ID card or visiting www.telehealth4students.com, you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor's office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor's office, urgent care facility, or emergency room. As an insured with **StudentResources**, there is no consultation fee for this service.* Every call with a HealthiestYou doctor is covered 100% during your policy period.

This service is meant to compliment your Student Health Center. If possible, we encourage you to visit your SHC first before using this service.

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Not available in Arkansas; limited services in California, Idaho, Iowa, Louisiana, and Texas.

*If you are an Insured under this insurance Plan, and you call prior to the plan effective date, you will be charged a \$40 service fee before being connected to a board-certified physician.

Student Assistance

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA's and Certified Financial Planners offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount.

Exclusions and Limitations:

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Acupuncture.
2. Cosmetic procedures. Cosmetic procedures are primarily intended to preserve, change, or improve the Insured Person's appearance, including surgery or treatments to change the size, shape, or appearance of facial or body features (such as the Insured's skin, nose, eyes, ears, cheeks, chin, chest, or breasts).
This exclusion does not apply to:
 - Benefits specifically provided in the policy for Reconstructive Procedures.
 - Myocardial infarction.
 - Pulmonary embolism.
 - Thrombophlebitis.
 - Exacerbations of co-morbid conditions.
3. Custodial Care.
 - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
 - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
4. Any Dental treatment not specifically provided for in the policy.
5. Elective Surgery or Elective Treatment.
6. Elective abortion. This exclusion does not apply to therapeutic abortions as specified under Maternity Benefits.*
7. Examinations related to research screenings.
8. Foot care for the following:
 - Flat foot conditions.
 - Supportive devices for the foot, except custom made orthotic shoe inserts.
 - Subluxations of the foot.
 - Fallen arches.
 - Weak feet.
 - Chronic foot strain.
 - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).
9. Health spa or similar facilities. Strengthening programs.
10. Hearing aids or exams to prescribe or fit them.
11. Hypnosis.
12. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
13. Investigational services.
14. Marital counseling.
15. Voluntary participation in a riot or civil disorder. Commission of or attempt to commit a felony.
16. Physical exams and immunizations required for enrollment in any insurance program, as a condition of employment, or for licensing.
17. Prescription Drugs, services or supplies as follows:
 - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy.
 - Immunization agents, except as specifically provided under Preventive Care Services.
 - Biological sera. Blood or blood products administered on an outpatient basis.
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
 - Products used for cosmetic purposes.
 - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
 - Anorectics - drugs used for the purpose of weight control.
 - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
 - Growth hormones for children born small for gestational age.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
18. Reconstructive procedures, except as specifically provided in the policy benefits for Reconstructive Procedures.
19. Reproductive/Infertility services including but not limited to the following:
 - Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Fertility tests.
 - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.

- Impotence, organic or otherwise.
 - Reversal of sterilization procedures.
 - Sexual reassignment surgery.*
20. When the Policyholder has a Student Health Center, services provided by the Student Health Center for which the Insured Person has no legal obligation to pay.
 21. Naturopathic services.
 22. Surgical treatment of gynecomastia.
 23. Services provided by any governmental unit, unless otherwise required by law or regulation.
 24. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).
 25. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the policy benefits for Preventive Care Services.

*This exclusion/provision has been modified by an endorsement attached to the policy. Please refer to the policy endorsement for the revised text.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.





POLICY NUMBER: 2016-1103-4

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC#1 8/2/2016

Summary Brochure:

Added an asterisk to any exclusion or provision that is impacted by a non-EHB endorsement revision.

Add the following footnote: *This exclusion/provision has been modified by an endorsement attached to the policy. Please refer to the policy endorsement for the revised text.