



Student Injury and Sickness Insurance Plan



OHIO
UNIVERSITY

2016–2017

This document is for information purposes only.
Please see your certificate of coverage for the terms and conditions of coverage of the SHIP.





Dear Student:

Welcome Ohio University Students for the 2016–2017 student insurance plan year! Domestic Undergraduate, Graduate, Masters, Medical and Doctoral students taking five or more Athens Campus credit hours are automatically enrolled in this insurance Plan at registration, unless proof of comparable coverage is furnished. Students that are eligible to waive the insurance may do so online through their MyOhio account prior to the posted deadline.

Regional Campuses: Students taking one or more credit hours at one of the regional campuses are eligible to purchase this plan on a voluntary basis during enrollment periods each semester.

Eligible dependents including domestic partners of enrolled students may participate on a voluntary basis.

International students taking one 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.

If you have questions regarding the Student Injury and Sickness Insurance Plan, please contact UnitedHealthcare **StudentResources** at 800-767-0700, Monday through Friday, from 7:00AM to 7:00PM CST.

Sincerely,
Ohio University



OHIO
UNIVERSITY

Take the Test

Does your health insurance cover everything you need?

1. The claims administrator is based in the United States and has a US telephone number and address for submission of claims.
2. The plan provides both emergency and non-emergency health care in the Athens area for an entire academic year.
3. The plan provides benefits for the treatment of biologically based mental disorders the same as any other Sickness.
4. The plan has local participating hospitals, physicians, pharmacies, and mental health care providers in the Athens area.
5. The plan has no overall maximum dollar limit per insured person per policy year.
6. The student is not excluded from benefits for a pre-existing condition.
7. If the plan has a deductible in excess of \$150 per insured person, the student has adequate financial resources available to pay for expenses subject to the deductible.
8. If the student will be traveling abroad, the plan has medical evacuation and repatriation coverage. This requirement may also be fulfilled by purchasing separate medical evacuation and repatriation coverage.
9. The plan provides coverage for prescription medications.

Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a detailed copy of our privacy practices by calling us toll-free at 1-800-767-0700 or visiting our website at www.UHCSR.com/ohio.



Plan Benefit Highlights

Ohio University gives you the freedom to choose any doctor or other health care provider when you need it and where you need it—and still receive benefits under the Plan. Please note that your level of coverage is greater if you choose a provider that is in-network, i.e., “preferred provider.” To search for a UnitedHealthcare preferred provider go to www.uhcsr.com/ohio, and select the UnitedHealthcare Choice Plus Network link under Locate a Provider.* Here’s a brief description of the plan**:

Maximum Benefit	
Maximum Benefit:	No Overall Maximum Dollar Limit
Prescription Drug Copays/Deductibles	
Ohio University Campus Care (OUCC)	The Deductible will be waived and benefits paid at 100% after a \$15 Copay per visit for Covered Medical Expenses when treatment is rendered at the OUCC. Prescription Drugs dispensed at OUCC - \$5 Copay Tier 1; \$20 Copay Tier 2 and \$35 Copay Tier 3; up to a 31-day supply per prescription.
UnitedHealthcare Pharmacy (UHCP)	\$15 Copay per prescription for Tier 1; \$30 Copay per prescription for Tier 2; \$45 Copay per prescription for Tier 3 up to a 31-day supply per prescription
Out-of-Network Pharmacy (Prescription Drugs covered under the Preventive Care Services benefit will be paid at the benefit levels shown under Preventive Care Services).	60% of Usual and Customary Charges; \$30 Deductible for each Brand-Name Prescription Drug or a \$15 Deductible for each Generic Prescription Drug; up to a 31-day supply per prescription
Deductible, Coinsurance, and Covered Medical Expenses	
Deductible per Insured Person, per Policy Year	\$150 for Preferred Provider / \$300 for Out-of-Network
Deductible for all Insureds in a Family, per Policy Year	\$300 for Preferred Provider / \$600 for Out-of-Network
Coinsurance (after Deductible) Preferred Provider	Company pays 80% of Preferred Allowance
Coinsurance (after Deductible) Out-of-Network	Company pays 60% of Usual and Customary Charges
Out-of-Pocket Maximum Preferred Provider	\$1,500 per Insured Person per Policy Year, \$3,000 for all Insureds in a Family per Policy Year
Out-of-Pocket Maximum Out-of-Network	\$3,000 per Insured Person per Policy Year, \$6,000 for all Insureds in a Family per Policy Year
Inpatient Hospitalization	Covered at the Coinsurance level above
Outpatient Physician’s Visits Preferred Provider	Company pays 80% of Preferred Allowance after Insured pays \$25 Copay per visit
Outpatient Physician’s Visits Out-of-Network	Company pays 60% of Usual and Customary Charges
Outpatient Medical Emergency Preferred Provider***	Company pays 80% of Preferred Allowance after Insured pays \$250 Copay per visit
Outpatient Medical Emergency Out-of-Network***	Company pays 80% of Usual and Customary Charges after Insured pays \$250 Deductible per visit
X-ray and Lab	Covered at the Coinsurance level above
Pediatric Dental and Vision Benefits	Refer to Plan Certificate for Details, Age limits apply

The Ohio University Student Injury and Sickness Insurance Plan may not cover all your health care expenses. The plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the Student Injury and Sickness Insurance Plan brochure carefully (available at www.uhcsr.com/ohio) before deciding whether this plan is right for you. If you have any questions about the plan, please call UnitedHealthcare StudentResources at 800-767-0700. Customer Service Representatives are available Monday through Friday, from 7:00AM to 7:00PM, Central Standard Time.

Where Can I Go for Service? First Stop, Ohio University Campus Care.

When you need care, make Ohio University Campus Care (OUCC) as your first stop. They can provide many of the routine health services you need. You also may visit any licensed health care provider directly for covered

services in UnitedHealthcare’s Preferred Provider* network (doctors, specialists, facilities), after receiving a referral, subject to any specific Plan restrictions that may apply. Expenses incurred for medical treatment rendered outside the OUCC for which no prior approval or referral is obtained will be subject to an additional \$150 deductible (refer to your plan brochure for exceptions to this). However, when you visit OUCC first, you’ll generally pay less out of your own pocket for your care. To learn more about Preferred Providers, visit www.uhcsr.com/ohio. Campus Care is located in Hudson Hall (Building 35 on the Campus Map). Call them at 740-593-1660.

*Providers are independent contractors and are not agents of UnitedHealthcare. Provider participation may change without notice. UnitedHealthcare does not provide care or guarantee access to health services.

**This chart provides a brief summary of some of the benefits available under the plan. Refer to the plan brochure at www.uhcsr.com/ohio for a full description of benefits. Limitations and exclusions apply.

***Treatment must be rendered within 72 hours from the time of Injury or first onset of Sickness.

Exclusions and Limitations

This Exclusions and Limitations section of the policy describes items which are excluded from coverage and are not considered to be Covered Medical Expenses.

Read the Definitions section and the Schedule of Benefits sections carefully. Refer to the Medical Expense Benefits section for benefit specific limitations.

No benefits will be paid for services designated as “No Benefits” in the Schedule of Benefits or for procedures, equipment, services, supplies, or charges which the Company determines are not Medically Necessary or do not meet the Company’s medical policy, clinical coverage guidelines, or benefit policy guidelines.

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 has been modified by an endorsement attached to the policy. Please refer to the policy endorsement for the revised text.

Medical Plan Rates

Actuarial Value: 89.187%

Metallic Level: Platinum

Coverage	Fall 8/16/16– 2/14/17	Spring1 2/15/17– 8/15/17	Spring2 1/1/17– 8/15/17	Summer 5/1/17– 8/15/17
Student*	\$988	\$988	\$1,225	\$578
Spouse	\$988	\$988	\$1,225	\$578
1 Child	\$988	\$988	\$1,225	\$578
2 or More Children	\$1,976	\$1,976	\$2,450	\$1,156
Spouse and 2 or More Children	\$2,964	\$2,964	\$3,675	\$1,734

*The rate above includes both the premium for the student insurance plan underwritten by UnitedHealthcare Insurance Company, as well as Ohio University's administrative fee.

How and When Do I Enroll in the Plan?

Ohio University requires all Domestic Undergraduate, Graduate, Masters, Medical and Doctoral students taking five or more Athens campus credit hours carry adequate medical insurance while attending Ohio University. These students must either enroll in the Student Injury and Sickness Insurance Plan or waive participation by providing proof of alternative adequate coverage.

Students eligible to waive the insurance may do so online through their MyOhio account prior to the waiver enrollment deadline of September 9, 2016. Eligible students who fail to either enroll in the Plan or waive by the deadline will be automatically enrolled and the premium for the Plan added to your tuition bill.

Waiver submissions may be audited by Ohio University, UnitedHealthcare **Student**Resources, and/or their contractors or representatives. You may be required to provide, upon request, any coverage documents and/or other records demonstrating you meet the school's requirements for waiving the student insurance plan. By submitting the waiver request, you agree your current insurance plan may be contacted for confirmation that your coverage is in force for the applicable policy year and that it meets the school's waiver requirements.

Students taking one or more credit hours at one of the Regional campuses (Cleveland, Dublin, Ironton, St. Clairsville, Lancaster, Zanesville, Chillicothe, Cambridge, Circleville, Pickerington, and Proctorville, and Other) are eligible to purchase this plan on a voluntary basis during open enrollment periods each semester.

An enrollment form for these students may be found at our website, www.uhcsr.com/ohio and submitted to the Ohio University Student Health Insurance Administrator with payment.

Eligible Dependents, including Domestic Partners of enrolled students, may participate on a voluntary basis. An enrollment form for Dependents of Domestic students may be found at www.uhcsr.com/ohio and is to be submitted to the Ohio University Student Health Insurance Administrator with payment.

International students taking one or more Athens campus credit hours are automatically enrolled in this insurance Plan at 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. An enrollment form for Dependents of International students may be found at www.uhcsr.com/ohio and is to be submitted to the Ohio University Student Health Insurance Administrator with payment.

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.

Waiver/Enrollment Information

Students eligible to waive the health insurance policy must complete a waiver online through their MyOhio account prior to the posted deadlines.

Fall Semester 2016 Waiver Deadline: September 9, 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 27, 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.

Included in the Student Insurance Plan

The Ohio University Student Insurance Plan offers more than just injury and sickness coverage. It also offers access to these important programs and services:

- **Student Assistance Program** This program coordinates services using a network of resources. Services available include financial and legal advice, as well as mediation. Counseling is also available by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Translation services are available in over 170 languages for most services.
- **HealthiestYou** This program allows you to connect with a physician via phone and/or video chat** 24/7. During a physician consult, you will be able to speak to a physician for diagnosis and treatment of many different acute illnesses.

***When services are obtained during the policy effective dates. Telephone services and/or video chat availability is determined by state requirements.*

- **LiveandWorkWell.com** This secure, confidential website provides students with a wealth of information, including thousands of articles, interactive learning tools, cognitive behavioral therapy modules, searchable databases, financial calculators, and helpful resources for students to use to develop their own self-improvement strategies. Accredited by NCQA and URAC.
- **UnitedHealth Allies®** This program saves members between 5%–50% on many health and wellness products and services, including dental and vision services. Students may save on the things traditional health insurance doesn't cover, like gym memberships, fitness equipment, McGraw-Hill Professional titles, smoking cessation, and weight loss services.**
- **UnitedHealth Global** Insured Students are eligible for 24/7 global emergency medical assistance services when traveling 100 miles or more from home or campus. Insured International Students are covered worldwide except in their home country.

******The UnitedHealth Allies Discount Program is administered by HealthAllies® Inc., a discount medical plan organization. This discount program is not a qualified health plan under the Affordable Care Act. **UnitedHealth Allies discount plan is NOT insurance.** UnitedHealth Allies provides discounts at certain health care providers for medical services. UnitedHealth Allies does not make payments directly to the providers of medical services. The program member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. HealthAllies, Inc., is located at MN 103-0550; PO Box 1459; Minneapolis, MN 55414; 800-860-8773; www.UnitedHealthAllies.com, uhacustomer@optum.com.

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Fully Insured Dental Plan available:

You don't have to participate in the Ohio University Student Injury and Sickness Insurance Plan to enroll in the insured Dental Plan!

Enroll online in minutes at www.uhcsr.com/ohio.

With the Dental Indemnity insurance plan, you can choose to visit a participating or non-participating dentist for care.

What the Plan Offers

- Preventive care: exam, cleaning, x-rays and more
- Basic care: fillings, simple extractions, root canals, basic restorative work and more
- Significant savings on fillings, caps, and other restorative services
- Substantial savings on services from network dentists
- Non-network reimbursement
- Access to myuhc.com, where you can find a local dentist, get plan information and more

Plan Type	Annual Rate
Student Only	\$666.55
Student + Spouse	\$1,332.97
Student + Child(ren)	\$1,743.33
Student + Family	\$2,512.28

The material contained in the above table is for informational purposes only and is not an offer of coverage. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or UnitedHealthcare Insurance Company. UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX and associated COC form number DCOC.CER.06. Plans sold in Virginia use policy form number DPOL.06.VA and associated COC form number DCOC.CER.06.VA.

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.

Manage your account... at your convenience!

Once you're a member of the Plan, you have access to *My Account*, your secure self-service member website. It gives you the information and tools you need to make good decisions about your health care. To create your *My Account*, go to www.uhcsr.com/ohio.

After creating your *My Account* you can:

- Print or download your ID card
- Review Message Center electronic notifications
- Check on claims status and Explanations of Benefits
- Review Claims letters
- Update personal information
- Look up a network provider
- Provide other insurance information, accident details, or Personal Representative Appointment
- Link to the UnitedHealth Allies website for a full listing of discounts available

**Download our free Mobile App
from GooglePlay or the AppStore
with the links on www.uhcsr.com.**

**Learn More!
Go to www.uhcsr.com/ohio
or call 800-767-0700**

The injury and sickness insurance plan is underwritten by UnitedHealthcare Insurance Company and is based on policy numbers 2016-1103-2 and 2016-1103-4. This document provides a brief summary of the benefits available under the insurance plan. For a full description of coverage, including costs, benefits, exclusions, any reductions and limitations, and the terms under which coverage may remain in force, please refer to www.uhcsr.com/ohio.

