



2024-2025 Student Health Insurance Plan: Ohio University

Who can enroll?

Automatic Enrollment:

Domestic Undergraduate, Graduate, Masters, Medical and Doctoral students taking five or more Athens credit hours, and International students taking 1/2 or more Athens credit hours (Includes Athens online courses; Excludes eCampus courses) will be automatically enrolled in this insurance plan at registration. This includes Dublin and Cleveland HCOM students. Students that are eligible to waive the student insurance may complete the online waiver application through their MyOhio account prior to posted deadline.

Voluntary Enrollment:

Athens Campus: Domestic students enrolled in 1/2 - four Athens credit hours are eligible to purchase this plan on a voluntary basis during open enrollment periods each semester.

Regional Campuses/Centers/Satellite Locations/eCampus: Students taking five or more credit hours at one of the regional campuses, (Cleveland, Dublin, Ironton, St. Clairsville, Lancaster, Zanesville, Chillicothe, Pickerington, and Proctorville), eCampus students, and Eligible Dependents including Domestic Partners of enrolled students may participate in the plan on a voluntary basis. Voluntary enrollment does not automatically continue. Enrollment forms must be submitted during Open Enrollment periods each semester.

Students doing OPT or internships prior to graduation, as well as their dependents, may enroll on a voluntary basis. International visiting instructors/Research scholars with J1 Visa status and their Dependents including Domestic Partners are also eligible to enroll on a voluntary basis.

If the plan includes Dependent coverage, then eligible students who do enroll may also insure their Dependents.

When the policy includes Dependent coverage, eligible Dependents include:

1. The Insured Person's legal spouse.
2. The Insured Person's Domestic Partner, if Domestic Partner is included as a "Class of Person to be Insured" as specified in the Policyholder Application.
3. Dependent children up to age 26.
4. Disabled children beyond age 26 if the child is:
 - a. Incapable of self-sustaining employment by reason of intellectual disability or physical handicap.
 - b. Chiefly dependent upon the Insured Person for support and maintenance.
5. Children for whom the parent is required by court or administrative order to provide coverage.

The student (Named Insured, as defined in this Certificate) must actively attend classes (includes Online courses) for at least the first 31 days after the date for which coverage is purchased. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

When the Policy includes Dependent coverage, the eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
 - a. On the date the Named Insured acquires a legal spouse or a Domestic Partner who meets the specific requirements set forth in the Definitions section of the Certificate.
 - b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Coverage availability is guaranteed for all individuals who meet the eligibility requirements specified above.

Plan resources at your fingertips

| | |
|---|--|
| Enroll or Waive coverage | www.ohio.edu/student-insurance/forms-brochures |
| View benefits, submit a claim and download your ID card via My Account | uhcsr.com/myaccount |
| Find an in-network provider | Choice Plus |
| Find a prescription drug provider | Optum Rx |
| Value-added benefits and services (Student Assist ¹ , HealthiestYou ² , UHC Global ³) | uhcsr.com/myaccount |

Coverage periods, Premiums, and deadline dates

| | Fall | Spring 1 | Spring 2 | Summer |
|--------------------------------|-----------------------|-----------------------|----------------------|----------------------|
| Open Enrollment & Waiver dates | 9/13/2024 | 1/31/2025 | 1/31/2025 | 5/30/2025 |
| Coverage dates | 8/20/2024 – 2/19/2025 | 2/20/2025 – 8/19/2025 | 1/1/2025 – 8/19/2025 | 5/1/2025 – 8/19/2025 |
| Student | \$1,448.00 | \$1,447.00 | \$1,838.00 | \$880.00 |
| Spouse | \$1,448.00 | \$1,447.00 | \$1,838.00 | \$880.00 |
| One Child | \$1,448.00 | \$1,447.00 | \$1,838.00 | \$880.00 |
| Two or More Children | \$2,896.00 | \$2,894.00 | \$3,676.00 | \$1,760.00 |

Rates are subject to regulatory approval and may change.

Plan highlights

Metallic Level: Platinum with actuarial value of 88.300%

Ohio University Campus Care: The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center, Ohio University Campus Care.

| Benefits | Preferred Providers | Out-of-Network Providers |
|---|--|--|
| Overall Plan Maximum | There is no overall maximum dollar limit on the Policy | |
| Plan Deductible | \$250 Per Insured Person, per Policy Year \$500 For all Insureds in a Family, Per Policy Year | \$5,000 Per Insured Person, per Policy Year \$10,000 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 certificate for details about how the Out-of-Pocket Maximum applies.</i> | \$5,000 Per Insured Person, Per Policy Year \$10,000 For all Insureds in a Family, Per Policy Year | \$10,000 Per Insured Person, Per Policy Year \$15,000 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 certificate.</i> | 80% of Allowed Amount for Covered Medical Expenses | 60% of Allowed Amount for Covered Medical Expenses |
| Prescription Drugs <i>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.</i> | \$0 Copay for Tier 1 \$10 Copay for Tier 2 \$20 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy Not subject to Deductible | \$15 Copay for generic drugs \$30 Copay for brand name drugs Up to a 31-day supply per prescription 60% of billed charge not subject to Deductible |
| Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.</i> | 100% of Allowed Amount | 60% of Allowed Amount after Deductible |
| The following services have per service copays <i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i> | Physician's Visits: \$25 not subject to Deductible Medical Emergency: \$250 not subject to Deductible The Copay will be waived if admitted to the Hospital | Medical Emergency: \$250 not subject to Deductible The Copay will be waived if admitted to the Hospital |

Questions about your plan?

Contact Customer Service at **1-888-799-7716**
or at customerservice@uhcsr.com

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ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

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