



Student Health Insurance Plan Description



2011 / 12

Print Your Personalized Student Health Insurance ID

To print your personalized Student Health Insurance identification card, please go to www.uc.edu/uhs/studenthealthinsurance/ and then click the link “log in for your personalized 2011-12 Student Health Insurance ID card.”

This Plan does not include dental insurance.

Students:

It is your responsibility to read and familiarize yourself with the information contained in this booklet.

Questions?

Call

(513) 556-6868

or

Email

studins@ucmail.uc.edu

Policy Number: [CUH201916](#) *(internal use only)*

Knowing the terms of your coverage is your responsibility and not that of the health care provider. If you have questions regarding coverage and benefits, contact the UC Student Health Insurance Office at (513) 556-6868.

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HOW TO GET THE MOST FROM YOUR STUDENT HEALTH INSURANCE BENEFITS

- Contact the UC Student Health Insurance (SHI) Office concerning any questions about the Plan at (513) 556-6868 or visit www.uc.edu/uhs.
- For non-emergency health care needs, first seek care at University Health Services (UHS).
- After getting a referral from UHS, obtain health care services beyond those available at the UHS from University Hospital, Christ Hospital, St. Elizabeth Healthcare, West Chester Hospital, UC Health Surgical Hospital, and UC Health specialists when seeking health care within 50 miles of UC.
- Comply with the hospital pre-certification requirements by calling 1-800-525-8548.
- When outside the Cincinnati area, use a Beech Street provider by calling 1-800-233-2478 or 1-800-432-1776 or visit www.beechstreet.com.
- File claims with Klais promptly (1867 West Market Street, Akron, OH 44313). If you have questions, please call 1-800-331-1096.

PREFACE

ABOUT YOUR PLAN

Carefully review the benefits and cost of the University of Cincinnati (UC) Student Health Insurance Plan (Plan). It was specifically designed to provide benefits for medical expenses resulting from Sickness or Injury. Primary care rendered at University Health Services (UHS) is no charge. Coverage is in effect 24 hours a day and is worldwide.

Insured Persons receive higher benefit payments and lower out-of-pocket expenses if they are referred by UHS to In-Network specialists and In-Network hospitals for their non-emergency health care needs.

This Plan provides comprehensive coverage at an affordable cost with significant benefits for using UHS facilities. To obtain the highest level of benefits available, We encourage Insured Persons to utilize the care available at the two UHS facilities. This provides advantages such as:

- no charges/fees for primary care and ancillary services such as lab work, specialty clinics (some limits apply), and x-rays when rendered by the UHS facilities;
- the convenience of the UHS medical facilities on both the main campus and the medical campus;
- in most cases, the benefit of seeing a medical provider on the same day;
- 24-hours-a-day telephone consultation with UHS providers for urgent after-hours needs;
- referral access to UC Health specialists, University Hospital, Christ Hospital, St. Elizabeth Healthcare, West Chester Hospital and UC Health Surgical Hospital;
- lower Coinsurance payments due to In-Network discounts;
- specialized patient care programs;
- \$500,000 Lifetime Aggregate Maximum Benefit (some limits apply); and
- \$300 annual (academic year) deductible.

The cost of Student Health Insurance (SHI) for Autumn, Winter, and Spring terms is \$529 per term; and \$794 per semester for Autumn and Spring semesters;

The cost of coverage includes the following components:

- medical services at UHS on-campus facilities;
- up to 45% discount on most dental care when using Basix plan providers;
- medical services other than those provided by UHS are underwritten by Combined Insurance Company of America;
- Medical Evacuation and Repatriation coverage;
- Emergency Travel Assistance; and
- Bloodborne Pathogen Exposure Coverage.

The UC Student Health Insurance Committee welcomes comments regarding this insurance program. Submit suggestions to studins@ucmail.uc.edu.

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BOOKLET INTRODUCTION

This booklet contains a description of the benefits and related enrollment and eligibility conditions under the UC SHI Plan.

Combined Insurance Company of America (the Company) is the health insurance carrier for this Plan. Combined Insurance Company of America provides health insurance coverage for services other than those provided by the UHS.

Klais & Company, Inc. (Klais) is the claims administrator of the Plan. Klais administers the Plan for UC. Subject to the payment of premium in accordance with the Plan, all students who have satisfied the eligibility conditions and enrollment requirements set forth in this Booklet and for this Plan; and who have been approved by the Company, are covered by this Plan.

IMPORTANT POINTS TO CONSIDER

- Students are required by UC to have health insurance with coverage equal to or greater than the coverage offered by the UC SHI Plan. Students should carefully review the enrollment and waiver processes described in this Plan.
- Most services at UHS are no charge for students insured by this Plan. All Insured Persons receive a higher level of benefits when they are referred by the UHS and receive medical services from UC Health specialists, University Hospital, Christ Hospital, St. Elizabeth Healthcare, West Chester Hospital, and UC Health Surgical Hospital or when they use Beech Street providers when 50 or more miles from UC (*no referral required*). (***Original referrals must be obtained from a UHS Provider and renewed every Plan Year.***)
- Many parents' employer group health insurance plans do not cover part-time college students and/or they contain age limits for college students. Each year, students should evaluate the limitations before assuming they are covered by their parents' policy.
- If students declare financial independence to obtain financial aid, they may no longer be eligible for coverage under their parents' policy. Students should inquire about eligibility regarding their financial independence under their parents' policy.
- Persons who have health insurance through a Health Maintenance Organization (HMO) should inquire about the level of benefits payable for medical services rendered in the Cincinnati area. The HMO may not cover students for non-emergency medical care in the Cincinnati area.
- Very few insurance plans cover all medical expenses. Due to Deductibles and Coinsurance, students may incur out-of-pocket expenses under another insurance plan and may want to consider supplementing or replacing that type of policy with the SHI Plan.

HOW TO OBTAIN ASSISTANCE

Questions regarding this Plan should be directed to the UC SHI Office at 513-556-6868. ***The UC SHI Office does not guarantee benefits or acceptance of claims on behalf of UC or the Company.***

SPECIAL BENEFITS AT UHS, UCP SPECIALISTS, UNIVERSITY HOSPITAL, CHRIST HOSPITAL, ST. ELIZABETH HEALTHCARE, WEST CHESTER HOSPITAL & OTHER IN-NETWORK PROVIDERS

The UHS acts as this Plan's primary care provider. When necessary, UHS providers refer Insured Persons to UC Health specialists, UC Physicians, or other specialists and community health care providers for medical diagnosis and/or care. **Referrals for ongoing conditions must be renewed each Plan Year. No retroactive referrals are provided. A written referral from a UHS provider is required to maintain the highest level of benefits available under this Plan.**

Insured Student Services

To obtain the maximum benefits available through the UC Plan, Insured Persons are encouraged to:

- seek non-emergency medical care at the UHS first; and/or
- obtain emergency medical care at University Hospital, Christ Hospital, St. Elizabeth Healthcare, or West Chester Hospital.

Please note the prescription benefit available at the UHS Pharmacy (see "Schedule of Benefits").

UHS clinics are located on West Campus on the 300 level of the Lindner Center and on East Campus on the first floor in Holmes.

COVERAGE REQUIREMENTS, COST & DATES

UNIVERSITY REQUIREMENT FOR HEALTH INSURANCE COVERAGE

UC requires all students who register for six (6) credit hours or more and Co-op students to be covered by a health insurance policy which is equal to or better than this Plan or to have coverage under this Plan. There is an additional special requirement for International Students with F or J visas. *Please refer to the section, "Coverage Requirement for International Students," for details on waiver of the UC SHI Plan.*

Please Note: Students enrolled in the following programs are not eligible to enroll under the Student Health Insurance Plan: Distance Learning, Senior Audit, Professional Development, Dual Enrollment, and the Greater Cincinnati Consortium of Colleges and Universities.

COST OF COVERAGE BY TERM

- Student Coverage – \$529 per term*

Students who purchase spring term coverage are covered through the summer term with no additional premium due and no credit hour requirement

Coverage Dates by Term

Autumn 2011	9/19/11 – 1/2/12
Winter 2012	1/3/12– 3/25/12
Spring 2012	3/26/12– 9/18/12
Summer 2012	6/18/12– 9/18/12**

Enrollment/Waiver Deadlines per Term

Autumn 2011	October 7, 2011
Winter 2012	January 20, 2012
Spring 2012	April 13, 2012
Summer 2012	July 6, 2012

Coverage Dates by Medical Student Term

Autumn 2011	8/13/11 – 1/2/12
Winter 2012	1/3/12– 3/25/12
Spring 2012	3/26/12– 8/12/12
Summer 2012	6/18/12– 8/12/12

Enrollment/Waiver Deadlines per Medical Term

Autumn 2011	September 2, 2011
Winter 2012	January 20, 2012
Spring 2012	April 13, 2012
Summer 2012	July 6, 2012

* A portion of the cost of coverage is retained by UC to pre-fund UHS care and pay for the Plan-operating expenses.

** International students who are required to arrive between 8/22/11 – 9/18/11 for the 2011–12 academic year, coverage begins on the date they are required to be on campus at no additional charge.

COVERAGE DURING THE SUMMER TERM

Eligible students with coverage on the last day of spring term are automatically covered through the summer term and will not be charged an additional premium for summer coverage regardless of graduation or registration status. Students who enroll for six (6) or more credit hours during the summer term, and were not covered under the Plan during the spring term/semester of that same academic year are not automatically enrolled for coverage. Newly registered students who meet eligibility requirements and wish to be covered under the Plan beginning in summer term, must submit an official SHI Enrollment Form prior to the summer enrollment deadline.

COST OF COVERAGE BY SEMESTER (Law Students Only)

- Student Coverage – \$794 per semester*

Coverage Dates by Semester

Fall 2011	8/13/11 – 1/8/12
Spring 2012	1/9/12 – 8/12/12

Enrollment/Waiver Semester Deadlines

Fall 2011	September 2, 2011
Spring 2012	January 27, 2012

ADDITIONAL DEADLINE INFORMATION FOR VA MEDICAL CENTER (VAMC) ONLY

Enrollment Forms and Waiver Forms must be received by the SHI Office no later than the published term/semester deadlines. The Enrollment/Waiver submittal deadline is the third Friday of each term/semester.

Students who are eligible for medical services at the VAMC and who wish to waive SHI with that information must contact the ROI Department at the VAMC and sign a release and obtain a letter stating that they are eligible to receive medical services at the VAMC.

Once obtained, students must complete an official 2011-12 paper waiver or call 513-556-6868 to obtain the waiver. Prior to the then current term's deadline, students must either fax (513-556-6655) the waiver or bring the waiver—accompanied by the eligibility letter—to the Student Health Insurance Office, located in Suite 334, The Lindner Center. A VAMC is located at 3200 Vine Street; the ROI Department is located in Room A47. Please call 513-861-3100 for directions to the ROI Department.

Insurance Waiver Forms (*for VAMC only*), Enrollment Forms, and information concerning costs of this Plan are available online at **www.uc.edu/uhs/studenthealthinsurance** or at the UC SHI Office, Suite 334, The Lindner Center (513-556-6868).

* A portion of the cost of coverage is retained by UC to pre-fund UHS care and pay for the Plan-operating expenses.

ENROLLMENT & ELIGIBILITY

STUDENT ENROLLMENT & STUDENT ELIGIBILITY

The students described in this section are considered to be Eligible Students (“Eligible Students”). *Students must be an Eligible Student to be enrolled under this Plan.*

Students (including Co-op students) – All students who register for six (6) or more credit hours and/or Co-op are automatically enrolled for coverage each term/semester and are automatically charged a Plan premium (*with the exception of Summer Term*) on their UC tuition bill. Students who successfully waive the coverage prior to the then current deadlines are neither automatically enrolled for the coverage nor charged a Plan premium on their UC bill for the remainder of that academic year (*unless an audit reveals non-compliance of Waiver regulations*). Refer to “Coverage during the Summer Term” and “Insurance Waiver Process and Late Enrollment” for additional information.

If students drop below the minimum credit hours following the then current waiver/enrollment deadline, they may remain enrolled (account is reviewed) under the SHI Plan and thusly may be responsible for reimbursing the University for the Plan premium.

Part-time Graduate Students – Students who are registered as Graduate Students with fewer than six (6) credit hours are not automatically charged or enrolled for coverage. Such students are eligible to enroll for coverage provided that they are registered for a minimum of one (1) graduate credit **each term** for which they desire coverage (the credit hour must be toward the student’s degree and the student must be matriculated into a graduate program). An Insurance Enrollment Form must be received by the SHI Office each term for which the coverage is desired and no later than the then current Enrollment Deadline.

COVERAGE REQUIREMENT FOR INTERNATIONAL STUDENTS

International students with F and J visas must be covered by a health insurance policy containing Medical Evacuation and Repatriation. *Refer to the Medical Evacuation and Repatriation section of this booklet for further explanation.*

To be approved to waive coverage, students must be covered by an active medical insurance policy with a U.S. company including a U.S. underwriter as well as a U.S. claims administrator. The insurance policy must contain benefits equal to or greater than the benefits provided by the UC SHI Plan (*Individual insurance plans which are not required to meet State and Federal benefit mandates are not considered comparable coverage*). Upon approval by the UC SHI Office, students are permitted to waive coverage under the waiver conditions set forth in the “Insurance Waiver Process” section of this booklet.

If at any time while registered for classes, international students change their F or J visa status; register for classes from outside the United States; or transfer to another institution; they must contact the UC SHI Office **immediately**. *Failure to do so results in their responsibility to reimburse the University for the SHI premium.*

Incoming international students have different Coverage Dates than other UC students. If international students incur medical expenses prior to the Effective Date specified in this Plan, they must provide proper documentation of the date they are required to be on campus—including verification by the International Student Services Office. All other benefits and provisions for international students remain as set forth in this Plan.

ENROLLMENT DEADLINE & STUDENT EFFECTIVE DATE

The Enrollment Deadline for each term/semester is the third Friday of that same term/semester. This is the Enrollment Deadline for each period of coverage. The Insurance Enrollment Form must be received by the SHI Office no later than the Enrollment Deadline. Except as described in the section, “Late Enrollment,” failure to submit an Insurance Enrollment Form by the Enrollment Deadline will result in an automatic denial of coverage.

Coverage is effective on the first day of the then current term/semester for students who are automatically enrolled under the Plan or for eligible students who enroll for coverage by submitting an Insurance Enrollment Form prior to the term/semester deadline. For international students who are required to arrive on campus prior to the first day of the fall term/semester, coverage will be effective as set forth in the section, “Coverage Requirements, Cost & Dates.”

INELIGIBLE STUDENTS

Students enrolled in the following programs are not eligible to enroll under the Student Health Insurance Plan: Distance Learning, Senior Audit, Professional Development, Dual Enrollment, and the Greater Cincinnati Consortium of Colleges and Universities.

INSURANCE WAIVER PROCESS

Health insurance policies covering students who wish to waive must:

- contain no more than a \$1,500 deductible;
- contain at least a \$500,000 lifetime maximum;
- not contain a per incident or event maximum;
- not contain a per day policy maximum;
- not contain an inpatient or outpatient maximum;
- allow at least twenty (20) mental health visits per year and at least \$15,000 for inpatient mental health care per year;
- contain only less restrictive limitations than the UC SHI Plan;
- be through a U.S.-based insurance company employing a U.S.-based claims administrator and underwriter; and
- be active the entire time for which students are enrolled in classes.

Insurance Waiver Process – Students with insurance coverage equal to or better than the coverage offered by the University of Cincinnati may apply for a waiver of coverage under this Plan. To waive coverage, log onto www.onestop.uc.edu and select the link, “waive my health insurance.” **Do not write a note or call a UC office to waive coverage.** To avoid problems, properly complete the online waiver and submit prior to the deadline. Students who lose eligibility under their then current policy and who submitted a waiver with that policy’s information, must immediately inform the SHI Office of such.

University of Cincinnati

Students who are eligible to receive medical services at the VA Medical Center and wish to waive with that information may not waive online. See page 6 of this booklet for instructions or call the SHI Office (513-556-6868) for details on how to waive.

Those students who fail to waive, who are discovered to be uninsured, who are not covered by a policy equal to or greater than UC's Plan, or who do not waive properly, will be automatically enrolled in the UC SHI Program.

The Waiver Deadline is the third Friday of each term/semester.

Waivers are accepted on or before the Waiver Deadline. Students waiving enrollment under this Plan are not permitted to reapply for coverage until the following term/semester at which time a SHI Enrollment Form must be received by the UC SHI Office by the corresponding term or semester's Enrollment Deadline.

Students who successfully waive coverage for the then current fall term/semester are—for the remainder of the academic year—neither enrolled for coverage automatically (*unless the waiver is later audited and declined*) nor charged for SHI on their UC tuition bill. It is the student's responsibility to ensure the charge is removed from the UC bill no later than the Waiver Deadline. Students who desire coverage but have previously waived coverage during the then current academic year must submit an Insurance Enrollment Form prior to the term/semester deadline for which they wish to enroll for coverage.

LATE ENROLLMENT

Students who waive coverage in accordance with this Plan are permitted to submit an Insurance Enrollment Form requesting coverage after the Enrollment Deadline only if the student has involuntarily lost eligibility under the former group insurance plan. In this event, the Insurance Enrollment Form and evidence of involuntary termination must be received by the SHI Office no later than 31 days following the termination from the former group insurance plan. Provided students are eligible (*Refer to Enrollment and Eligibility Section of the booklet for requirements*) for coverage under this Plan, coverage becomes effective the date the Insurance Enrollment Form and proof of involuntary termination are received by the SHI Office. The coverage premiums are not prorated. As used in this paragraph, "group insurance plan" includes, but is not limited to, an employer-sponsored insurance plan.

REFUNDS AFTER THE ENROLLMENT DEADLINE

Insured Persons who withdraw from UC due to entry into the armed forces of any country are eligible to receive a premium refund. Refunds are returned to such students upon their request, upon confirmation that services were not billed to Klais or rendered by UHS, and upon receipt of proof that such students have entered the military.

All premium refund requests must be submitted to the SHI Office. Should Insured Persons withdraw from UC and subsequently receive premium refunds, the Company has the right to recover benefit payments made in connection with expenses incurred during the period for which the Insured Persons were covered and after Insured

Persons' dates of termination under this Plan. See the "Termination of Coverage" section. No other refunds are allowed.

DEDUCTIBLE, COINSURANCE, OUT-OF-POCKET MAXIMUM & LIFETIME AGGREGATE MAXIMUM BENEFITS

Benefit payments are based on the Reasonable and Customary Expense or the actual charge, whichever is less. Benefit payments are subject to applicable Deductible, Coinsurance, Out-of-Pocket Maximum, Lifetime Aggregate Maximum Benefits and any other limitations of this Plan.

Deductible – "Deductible" means the amount of Expenses for Covered Services and supplies that must be incurred by the Insured Person before specified benefits become payable. Copies of all medical bills and itemized prescription receipts must be submitted to Klais for consideration, including those used to meet the Deductible.

The Deductible is applied on a Plan Year basis; one Deductible per Insured Person for each Plan Year. The Plan does not require payment of a separate Deductible for each Sickness and/or Injury.

Only Eligible Expenses may be used to satisfy the Deductible. Expenses not billed to the Insured Person cannot be applied to the Deductible or Coinsurance.

Coinsurance – Coinsurance means the percentage of maximum allowable charges for which the Insured Person is responsible for covered services.

Copayment – A specified dollar amount an Insured Person must pay for specified charges. The Copayment is separate from and not a part of the Deductible or Coinsurance.

Lifetime Aggregate Maximum Benefits – "Lifetime Aggregate Maximum" means the total amount of benefits payable for an Injury and/or Sickness under the Student Health Insurance Plan.

Network Providers – Doctors, Hospitals, and other healthcare providers who contract to provide specific medical care at negotiated prices.

Non-Network Providers – Providers who have not agreed to any pre-arranged fee schedules and if Covered Services are rendered by them, benefits for those services are decreased.

Out-of-Pocket Maximum – The Out-of-Pocket Maximum means the dollar amount an Insured Person is responsible to pay during a Plan Year, as shown in the Schedule of Benefits. After an Insured Person has reached the Out-of-Pocket Maximum, We cover most benefits at 100% of the Reasonable and Customary Expense or Preferred Allowance for the remainder of the Plan Year. Some benefits, however, always remain payable at the percentage shown in the Schedule of Benefits. The Out-of-Pocket Maximum is met by accumulated Deductible and Coinsurance. *Amounts above the Reasonable and Customary Expense do not count toward the Out-of-Pocket Maximum.*

MAXIMUMS PAYABLE BY THE PLAN

LIFETIME AGGREGATE MAXIMUM

- \$500,000 per Insured Person's Lifetime

ANNUAL OUT-OF-POCKET MAXIMUMS

IN-NETWORK

\$4,000 per Plan Year (includes Deductible) per Insured Person

- All applicable services rendered at UHS
- Covered Services rendered at UHS, University Hospital, Christ Hospital, St. Elizabeth Healthcare, West Chester Hospital, UC Health Surgical Hospital, the Counseling Center, Central Clinic, Crossroads Center, Drake Center, UCP Specialists, UC Health, and Beech Street providers
- All medical emergencies (*referral from UHS not required*)
Follow-up care after initial emergency must be referred by UHS if rendered in the Cincinnati area
- All Covered Services if medical care is rendered outside the Cincinnati area, which includes the following zipcode prefixes: 410, 450, 451, 452, and 470 (*referral from UHS not required*)
- All other non-emergency Covered Services inside the Cincinnati area for which prior referral from UHS is not obtained

OUT-OF-NETWORK

\$4,000 per Plan Year (includes Deductible) per Insured Person

- All Covered Services for which prior referral from UHS is not obtained
- All Covered Services if medical care is rendered outside the Cincinnati area from a provider outside the Beech Street network; Cincinnati area includes the following zipcode prefixes: 410, 450, 451, 452, and 470 (*referral from UHS not required*)

Person's Primary Care expenses incurred at UHS cannot be used to meet Person's Out-of-Pocket Maximum.

SCHEDULE OF BENEFITS

IN-NETWORK PROVIDERS

Services rendered at UHS, University Hospital, Christ Hospital, Drake Center, St. Elizabeth Healthcare, West Chester Hospital, UC Surgical Hospital, the Counseling Center, Central Clinic, Crossroads Center, UC Health Specialists & Beech Street providers

Note: Medical Services rendered at University Hospital are not free.

DEDUCTIBLE & COINSURANCE (percentages listed)

1. Primary care services rendered by UHS (Lindner Center & Holmes facilities only)	\$300 Deductible Waived 0%
2. Medical Emergencies	\$300 Deductible Applies 20%
3. Covered non-emergency services ordered or rendered by any of the 12 UCP providers listed above when referred by UHS	\$300 Deductible Applies 20%
4. Medical Services rendered outside the Cincinnati area by a Beech Street provider. This area includes zipcode prefixes: 410, 450, 451, 452, and 470 (referral from UHS not required).*	\$300 Deductible Applies 20%
5. Outpatient mental health at UHS, Central Clinic, or the Counseling Center**	\$300 Deductible Waived Insurance pays up to \$48; Student's co-pay is any remaining cost above \$48
6. Outpatient substance abuse group therapy at Crossroads Center; coverage is approved at 75% of Covered Charges, up to a combined (individual and group) maximum of \$75 per week	\$300 Deductible Waived 25%
7. Outpatient substance abuse individual therapy at Crossroads Center; coverage is approved at 50% of Covered Charges, up to a combined (individual and group) maximum of \$75 per week	\$300 Deductible Waived 50%

* The most efficient and accurate way to identify In-Network Providers who are in the nationwide Beech Street Providers Network is to call their toll-free number (800-432-1776) or visit their website (www.beechstreet.com).

** Maximum number of visits is 30 per academic year.

Important Notice

In-Network Hospitals may be staffed with Out-of-Network Providers. Receiving services while at an In-Network Hospital does not guarantee that all charges are paid at the In-Network Provider level of benefits.

YOUR COPAYMENT WITH PRESCRIPTION DRUGS

For Outpatient prescriptions (including contraceptives) on the UHS pharmacy formulary only and filled at UHS Lindner Center Pharmacy only, the Plan pays 100% of the cost of the prescription subject to:

- \$10 co-pay for generic drugs;
- \$30 co-pay for brand-name drugs;
- \$1,500 Plan Year maximum; and
- maximum supply of 34 days for each prescription

Students pay only the copay for their drugs when using the Lindner Center Pharmacy unless they have a tuition balance in which case they pay the full amount up front and submit a claim form for reimbursement. A claim form must be submitted with each prescription. Pick up claim forms in the Student Health Insurance Office. Prescriptions filled in other facilities are subject to the Deductible, appropriate level of Coinsurance, and annual maximums.

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SCHEDULE OF BENEFITS

OUT-OF-NETWORK PROVIDERS

Services rendered outside UHS, University Hospital, Christ Hospital, Drake Center, St. Elizabeth Healthcare, West Chester Hospital, UC Surgical Hospital, the Counseling Center, Central Clinic, Crossroads Center, UC Health Specialists & Beech Street providers

Note: Medical Services rendered at University Hospital are not free.

DEDUCTIBLE & COINSURANCE (percentages listed)

1. Covered non-emergency services (referral from UHS not required)	\$300 Deductible Applies 40%
2. Medical emergencies	\$300 Deductible Applies 20%
3. All other covered services	\$300 Deductible Applies 40%
4. Medical services, supplies, and medications rendered outside the United States	\$300 Deductible Applies 40%
5. Mental health Regardless of the cost of a mental health visit, up to \$60 of eligible charges will be applied to the \$300 Deductible per visit until the Deductible has been met. Once the Deductible has been satisfied, the Plan will pay up to 60% of \$60 or up to \$36 of eligible expenses.*	\$300 Deductible Applies 40% of up to \$60 Insurance pays up to \$36; Student's co-pay is any remaining cost above \$36.

* Maximum number of visits is 30 per academic year.

Outside the Cincinnati Area Network

Beech Street Providers

This national network is the preferred provider when services are rendered outside the Cincinnati area, which includes zipcode prefixes 410, 450, 451, 452, and 470 (*referral from UHS not required*). These providers can be identified by calling 1-800-432-1776 (M-F; 9 am – 5 pm) or by visiting their website at www.beechstreet.com.

KEY

Deductible	An annual, one-time amount of \$300 that Insured Persons must pay for Eligible Expenses incurred during the Plan Year before the Plan begins paying benefits. The Deductible can be satisfied either through a combination of Eligible Expenses incurred for separate Sicknesses or Injuries and/or a combination of Eligible Expense incurred either In-Network or Out-of-Network.
SHI	Student Health Insurance
UHS	University Health Services
VAMC	VA Medical Center

UTILIZATION REVIEW

CERTIFICATION OF HOSPITAL ADMISSIONS & MANAGED CARE

Pre-admission Certification – *Pre-admission Certification must be obtained for every Hospital admission, with the exception of maternity and Medical Emergency admissions. These admissions have separate certification requirements. All Plan provisions apply. Pre-certification does not guarantee benefits. Refer to the subsequent sections.*

Insured Persons are responsible for obtaining Pre-admission Certification. Insured Persons are responsible for informing the Hospital or other Doctor that the SHI Plan requires Pre-admission Certification.

Pre-admission certification may be obtained by calling the following telephone number:

1-800-525-8548

- Provide Advocare with information necessary to make decisions regarding the Medical Necessity of the admissions; and
- Contact Advocare no less than forty-eight (48) hours prior to Hospital admissions. This does not apply to Medical Emergency admissions. Refer to the following section for descriptions of the certification provisions for Medical Emergency admissions. Notice may be given to Advocare by the Hospital, the admitting Doctors, the Insured Person or family members of the Insured Person.

Notice may be given by calling the following telephone number:

1-800-525-8548

The following information is requested by Advocare in order to evaluate planned Hospital admissions:

- Student's name, UCID, age, and name of the university [University of Cincinnati];
- Scheduled date of admission; and
- Names and telephone numbers of admitting Doctors and Hospitals.

When Pre-admission Certification is provided to Insured Persons, a certain number of inpatient Hospital days for the stays are assigned. If Advocare is not informed of admissions within the required period of time, payment of benefits for admitting Doctors' and Hospitals' charges are reduced by 20% to a maximum of \$500. This is referred to as a "penalty." *This penalty may not be applied toward any Deductible, Coinsurance or the Out-of-Pocket Maximum.*

Certification of Maternity Admissions – Anticipated maternity admissions must be reported to Advocare during the first three (3) months of the pregnancy. Maternity patients are admitted to Hospitals expressly for giving birth, when the Insured Person is actually admitted to the Hospital. Notify Advocare of admissions no later than one (1) day following the admission date. Advocare may be notified by Hospitals, admitting Doctors, the Insured Person or family members of the Insured Person.

Notice may be given by calling the following telephone number:
1-800-525-8548

If Advocare is not informed of maternity admissions within the required period of time, payment of benefits for admitting Doctors' and Hospitals' charges are reduced by 20% up to a maximum of \$500. This is referred to as a "penalty." This penalty may not be applied toward any Deductible, Coinsurance or the Out-of-Pocket Maximum.

If the admission and discharge dates are the same or if the Insured Person is discharged on the day following the admission date, it is not necessary to notify Advocare of the maternity admission following the admission date. All home health care following a maternity admission must be pre-certified by Advocare.

Certification of Medical Emergency Admissions – If the Insured Person is admitted to a Hospital for a Medical Emergency admission, inform Advocare no later than one (1) day following the date of the admission. Such notice may be given to Advocare by the Hospital, the admitting Doctor, the Insured Person or family members of the Insured Person.

Notice may be given by calling the following telephone number:
1-800-525-8548

Advocare reviews cases within one (1) working day of the date they are informed of the admissions. The reviews are performed with Insured Persons' Doctors to determine if continued Hospital stays are Medically Necessary. If Advocare is not informed of Medical Emergencies within the required period of time, payment of benefits for admitting Doctors' and Hospitals' charges are reduced by 20% up to a maximum of \$500. This is referred to as a "penalty." *This penalty may not be applied toward any Coinsurance or the Out-of-Pocket Maximum.*

As used in this section, Medical Emergency admissions are defined as admissions to Hospitals through the emergency rooms of those facilities for treatment of a life-threatening Sickness or Injury. Medical Emergency admissions are unplanned admissions or admissions scheduled less than 48 hours prior to the admission, for conditions requiring prompt medical attention.

It is not necessary to pre-certify hospital admissions which occur outside the United States. Covered Services received outside the United States are covered at 60% (subject to the Deductible and medical necessity).

The Insured Person must pay for medical services upon receipt, ensure that bills are translated to English and converted to U.S. currency, and file a claim for each different condition.

Additional Hospitalization Reviews – Additional Hospitalization reviews include:

- During the Insured Person's Hospital stay, Advocare continues to review the Hospital stay. (This does not apply to maternity admissions.) The purpose of continued reviews is to obtain updates regarding the Insured Person's progress and, if necessary, to enable Advocare to reevaluate the Medical Necessity of continued Hospital stay.
- All weekend (Friday and Saturday) Hospital admissions are reviewed. Coverage is limited to Medically Necessary admissions.
- Review for discharge planning is also conducted. Discharge planning identifies patients who require extended care following a discharge. Discharge planning also determines the most appropriate setting for continued care. All home health care following a maternity admission must be pre-certified by Advocare.

Individual Benefits Management – Individual Benefits Management is a voluntary program. It is designed to inform patients of more cost-effective settings for treatment. On an exception basis, and subject to the approval by Advocare and the Company, benefits may be provided for settings and/or procedures not expressly provided for, but not prohibited by law, rule or policy. All requests for managed care are individually reviewed by Advocare.

Advocare has the right to deny an extension of benefits under the Individual Benefits Management provision. Advocare also has the right to administer benefits pursuant to the terms of this Plan, exclusive of this provision. *In each instance, actual application of this managed care benefit must be approved by the Insured Person.*

COVERED SERVICES

Covered Services are listed below. For these services and supplies to be considered Covered Services, they must be:

- Authorized by Doctors and Nurse Practitioners;
- Rendered and billed by providers; and
- Medically Necessary.

Refer to the "Schedule of Benefits" for the applicable Deductible, Coinsurance, Out-of-Pocket Maximum and all Maximum Benefit Limitations.

The Insured Person should be aware that Network Provider Hospitals may be staffed with Non-Network Providers. Receiving services from a Network Provider does not guarantee that all charges will be paid at the Network Provider level of benefits.

Insured Persons must verify that their Doctors are Network Providers each time they call for appointments or at the time of service.

INPATIENT HOSPITAL EXPENSE BENEFITS: The following inpatient Hospital services are covered:

- **Hospital Room and Board Expense Benefit:** We pay the Covered Percentage of the Covered Charges incurred, as shown in the Schedule of Benefits, for a semi-private room containing two or more beds including meals, special diets and nursing services incurred for the period of such Hospital Confinement. Coverage includes a bed in a special care unit.
- **Miscellaneous Hospital Expense Benefit:** We pay the Covered Percentage of the Covered Charges incurred, as shown in the Schedule of Benefits for the following Miscellaneous Hospital Expenses:
 - (a) anesthesia, anesthesia supplies and services;
 - (b) operating, delivery, and treatment rooms and equipment;
 - (c) diagnostic x-ray and laboratory tests;
 - (d) oxygen tent;
 - (e) blood and blood services;
 - (f) prescribed drugs and medicines;
 - (g) medical and surgical dressings, supplies, casts and splints;
 - (h) radiation therapy, intravenous chemotherapy, kidney, dialysis, and inhalation therapy;
 - (i) physical and occupational therapy; and
 - (j) other necessary and prescribed Hospital expenses.
- **In Hospital Doctors' Fees and Medical Expense Benefit:** When, by reason of Injury or Sickness, an Insured Person who is confined as a resident bed-patient in a Hospital and requires the services of a Doctor, who may or may not have performed the surgery on the Insured Person, We pay the Covered Percentage of the Covered Charge incurred for such services, as shown in the Schedule of Benefits. The following medical services performed by a Doctor are covered on an inpatient basis: (a) limited to one (1) Doctor visit per day; (b) constant care and treatment while an Insured Person

is confined in an intensive care unit; (c) care by two (2) or more Doctors during one (1) Hospital stay when the Insured Person's condition requires the skill of separate Doctors; and (d) consultation by another Doctor when requested by the Insured Person's Doctor. Coverage is limited to one (1) consultation per admission.

- **Pre-Admission Tests Expense Benefit:** The Plan provides reimbursement of charges made by a Hospital for use of its outpatient facilities for tests ordered by a Doctor. The tests must be performed as a planned preliminary to the Insured Person's surgery admission in that same Hospital. However: (a) the test must be necessary for, and consistent with, the diagnosis and treatment of the condition for which surgery is to be performed; (b) reservations for a Hospital bed and for an operating room must be made prior to the date the tests are done; (c) the surgery actually takes place within seven (7) days of pre-surgical tests; and (d) the Insured Person is physically present at the Hospital for the tests. *The Covered Percentage We pay is shown in the Schedule of Benefits.*
- **Consultant Expense Benefit:** If by reason of Injury or Sickness an Insured Person requires the service of a consultant for the purpose of confirming a diagnosis, We pay the Covered Percentage of the Covered Charges incurred as shown in the Schedule of Benefits.

SURGICAL EXPENSE BENEFITS: The following Surgical Services performed by a Doctor are covered on an inpatient or outpatient basis.

- **Surgery Expense Benefit:** When by reason of Injury or Sickness an Insured Person requires an inpatient or outpatient surgery, We pay the Covered Percentage of the Covered Charges incurred for the Surgical Expense in connection with any one (1) surgical procedure as shown in the Schedule of Benefits. Surgical Expense means charges by a Doctor for: (a) a surgical procedure; (b) necessary pre-operative treatment during a Hospital stay in connection with such procedure; and (c) usual post-operative treatment.
- **Multiple Surgical Procedure Expense Benefit:** When multiple procedures are performed through the same incision, We will pay the Covered Charges of the most expensive procedure being performed. When multiple incisions are made, We will pay 50% of the Covered Charges of the most expensive procedure performed through each additional incision.
- **Anesthesia Expense Benefit:** If in connection with such operation the Insured Person requires the services of an anesthetist, We pay the Expenses incurred; but We do not pay more than the Covered Percentage of the Covered Charges incurred as shown in the Schedule of Benefits.
- **Assistant Surgeon Expense Benefit:** If in connection with such operation the Insured Person requires the services of an Assistant Surgeon, We pay the Expense incurred; but We do not pay more than the Covered Percentage of the Covered Charges incurred as shown in the Schedule of Benefits.

OUTPATIENT EXPENSE BENEFIT: If by reason of Injury or Sickness an Insured Person incurs expenses in a Doctor's office, Hospital outpatient department, emergency room, clinical lab, radiological facility, or other similar facility licensed by the state, We pay the Covered Percentage of the Covered Charges incurred for Outpatient Services as shown in the Schedule of Benefits.

Covered Charges for Outpatient Services includes the following services:

- (a) a Doctor's office, while not Hospital Confined;
- (b) chiropractic care;
- (c) dermatology;
- (d) a Hospital outpatient department or emergency room;
- (e) diagnostic x-ray and laboratory testing;
- (f) allergy treatments;
- (g) blood and blood services, if provided and billed by a Hospital or other facility;
- (h) physical and occupational therapy;
- (i) radiation therapy, intravenous chemotherapy, kidney dialysis, inhalation therapy, biofeedback; or
- (j) radiological lab or other similar facility licensed by the state.

MENTAL HEALTH EXPENSE BENEFIT: If an Insured Person requires treatment for a Mental or Nervous Condition, We pay for such treatment as follows:

■ **Benefits for Inpatient Hospital Confinement**

When the Insured Person requires Hospital Confinement for treatment of a Mental or Nervous Condition, We pay the Covered Percentage of the Covered Charges incurred for such Hospital Confinement. Such confinement must be in a licensed or certified facility, including a Hospital. The Covered Percentage We pay is shown in the Schedule of Benefits.

■ **Benefits for Outpatient Services**

We pay the Covered Percentage of the Covered Charges incurred as shown in the Schedule of Benefits for Covered Outpatient Services for the treatment of Mental and Nervous Conditions. The Mental and Nervous Condition must, in the professional judgement of health care providers, be treatable, and the treatment must be Medically Necessary. Outpatient Treatment and Doctors' services include charges made by an outpatient treatment department of a Hospital or community mental health facility or charges made for services rendered in a Doctor's office. Treatment may be provided by any properly licensed Doctor, psychologist or other provider as required by law. The Covered Percentage We pay is shown in the Schedule of Benefits.

The Deductible is waived for all outpatient mental health services received at the UHS, Counseling Center at UC, Central Clinic, and Professional Psychiatric Service, Inc. (PPSI). *PPSI requires a referral from UHS.*

ACCIDENTAL DENTAL EXPENSE BENEFIT: When an Insured Person incurs expenses for dental treatment as a result of Injury to sound natural teeth, We pay the Covered Percentage of the Covered Charges incurred as shown in the Schedule of Benefits.

AMBULANCE EXPENSE BENEFIT: When by reason of Injury or Sickness an Insured Person requires the use of a community or Hospital ambulance in a Medical Emergency, We pay the Covered Percentage of the Covered Charges incurred as shown in the Schedule of Benefits.

Ambulance Service means transportation by a vehicle designed, equipped and used only to transport the sick and injured from home, the scene of an accident or Medical Emergency to a Hospital or between Hospitals. Surface trips must be to the closest local facility which can provide the covered services appropriate to the condition. If there is no such facility available, coverage is for trips to the closest facility outside the local area. Air transportation is covered when Medically Necessary because of a life threatening Injury or Sickness. Air ambulance means air transportation by a vehicle designed, equipped and used only to transport the sick and injured to and from a Hospital for inpatient care.

BLOODBORNE PATHOGEN EXPOSURE: UC provides immediate evaluation of and treatment for students who are studying in the health professions and have been exposed to blood or body fluids (*i.e.*, needle sticks). *Students with possible exposure to HIV or hepatitis are urged to seek evaluation immediately since early prophylaxis may be indicated.* The prophylaxis anti-HIV medication is covered for thirty (30) days immediately following the exposure (deductible is waived) if the recommendation for use is obtained from UHS or a covered emergency room. The closest emergency room may evaluate students when the UHS is closed; however, all follow-ups must be performed by the UHS.

CONTRACEPTIVE BENEFIT: We pay the Covered Percentage of the Covered Charges for contraceptive drugs and devices. Such drugs and devices must be approved by the U.S. Food and Drug Administration and prescribed legally by an authorized health care provider. Covered Services are subject to applicable co-payments and maximum as shown in the Schedule of Benefits.

CYTOLOGIC SCREENING (PAP SMEAR) EXPENSE BENEFIT: If an Insured Person requires a Cytologic Screening (Pap smear), We pay the Covered Percentage of the Covered Charges incurred for one (1) Cytologic Screening every 365 days. Such benefit includes the examination, laboratory fee and the Doctor's interpretation of the laboratory results. The Covered Percentage We pay is shown in the Schedule of Benefits.

DIABETES TREATMENT EXPENSE BENEFIT: We cover charges for Medically Necessary diabetes equipment, diabetes supplies and diabetes self-management training and educational services, including medical nutrition therapy which the Insured Person's treating Doctor or other licensed health care provider, or a Doctor who specializes in the treatment of diabetes, certifies are necessary for the treatment of:

- (a) insulin-using diabetes;
- (b) non-insulin-using diabetes; or
- (c) elevated blood glucose levels induced by pregnancy. Diabetes outpatient self-management training and educational services, including medical nutrition therapy, shall be provided through a program supervised by an appropriately licensed, registered or certified health care provider whose scope of practice includes diabetes education or management. We cover such charges the same way We treat Covered Charges for any other Sickness. The Covered Percentage We pay is shown in the Schedule of Benefits.

DURABLE MEDICAL EQUIPMENT EXPENSE BENEFIT: If by reason of Injury or Sickness an Insured Person requires the use of Durable Medical Equipment, We pay the Covered Percentage of the Covered Charges incurred by the Insured Person for such Durable Medical Equipment, as shown in the Schedule of Benefits. We pay the Covered Charges incurred by the Insured Person for the purchase of such Durable Medical Equipment when the purchase price is expected to be less costly than rental. Replacement of Durable Medical Equipment is not covered.

HOME HEALTH CARE EXPENSE BENEFIT: We cover charges for part-time Home Health Care Services furnished to an Insured Person on the same basis as any other Injury or Sickness. We pay the Covered Percentage of the Covered Charges incurred up to a maximum of forty (40) visits per Plan Year.

Covered Services include:

- (a) skilled nursing services;
- (b) medical social services;
- (c) nutritional guidance;
- (d) home health aide services that have been pre-certified by Advocare, including one (1) or two (2) visits following a maternity admission;
- (e) diagnostic services; and
- (f) physical, occupational and speech therapy.

Each visit by a member of a home health care team or a home health aide is considered one home health care visit.

HOSPICE EXPENSE BENEFIT: If an Insured Person is terminally ill and requires a coordinated plan of home and inpatient care, We cover charges for hospice services furnished to the Insured Person on the same basis as any other Sickness. The services must be under active management through a licensed hospice and approved by Us.

Covered Services includes:

- (a) part-time intermittent home nursing care by or under the direction of a graduate Registered Nurse;
- (b) medical supplies, equipment, and medication required to manage the pain and maintain the comfort of the terminally ill Insured Person;
- (c) counseling, including dietary counseling, for the terminally ill Insured Person;

Covered Services

- (d) family counseling for the immediate family and the family caregiver before the death of the terminally ill Insured Person;
- (e) bereavement counseling for the immediate family or family caregiver of the Insured for at least the six-month period following the Insured Person's death or 15 visits, whichever occurs first. The Covered Percentage We pay is shown in the Schedule of Benefits.

MAMMOGRAPHIC EXAMINATION EXPENSE BENEFIT: We pay the Covered Percentage of the Covered Charges incurred for a mammographic exam. The charges must be incurred while the Insured Person is active under the Plan. Benefits are paid for mammographic exam charges incurred for the following:

- (1) one (1) baseline Mammogram for any woman thirty-five (35) through thirty-nine years (39) of age, inclusive;
- (2) a Mammogram every other year for any woman forty (40) through forty-nine (49) years of age, inclusive, or more frequently upon recommendation of a Doctor; or
- (3) a Mammogram every year for any woman fifty (50) years of age or older.

We cover such charges the same way We treat Covered Charges for any other Sickness. The Covered Percentage We pay is shown in the Schedule of Benefits.

MATERNITY EXPENSE BENEFIT: We pay benefits for an Insured Person's Covered Charges for maternity care, including Hospital, surgical and medical care. We cover charges for a minimum of 48 hours of inpatient care following an uncomplicated vaginal delivery and a minimum of 96 hours of inpatient care following an uncomplicated cesarean section for a mother and her newborn child in a health care facility, unless the attending Doctor through consultation with the mother, makes a decision for an earlier discharge from the Hospital. For a mother and newborn child who remain in the Hospital for the minimum length of time stated above, We pay for one home health care visit if prescribed by the attending Doctor. For a mother and newborn child who have a shorter Hospital stay, We pay for one home health care visit scheduled within 24 hours after Hospital discharge; and an additional home visit if prescribed by an attending provider. Charges for home visits are not subject to any Deductible, Coinsurance or Copayments.

DEPENDENT ELIGIBILITY

A child born to a mother who is an Insured Person while this Plan is in force will be covered by this Plan. Coverage for such newborn children will consist of coverage for Sickness or Accident, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth. The newborn is covered for dependent benefits for the first 31 days from the moment of birth. *Klais must be notified of the newborn's birth within 31 days of the birth.* Covered services may be provided by a certified nurse-midwife under qualified medical direction if he/she is affiliated, or practicing in conjunction, with a licensed facility. We cover such charges the same way We treat Covered Charges for any other Sickness.

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PRESCRIPTION DRUG EXPENSE BENEFIT: If by reason of Injury or Sickness, an Insured Person requires drugs, We pay the Covered Percentage of the Covered Charges incurred by the Insured Person for such drugs.

The drugs must be prescribed by a Doctor. We only cover drugs approved by the Food and Drug Administration for the treatment of the Insured Person's Injury or Sickness. We also cover a drug prescribed for a treatment for which it has not been approved by the Food and Drug Administration, if the drug is recognized as being medically appropriate for the specific treatment for which the drug has been prescribed in one of the following established reference compendia:

- (a) the American Medical Association Drug Evaluations;
- (b) the American Hospital Formulary Service Drug Information;
- (c) the U.S. Pharmacopoeia Drug Information; or
- (d) it is recommended by a clinical study or review article in a major peer-reviewed professional journal.

However, Covered Charges do not include experimental or investigational drugs or any drug, which the Food and Drug Administration has determined to be contraindicated for the specific treatment for which the drug has been prescribed.

This benefit does not provide coverage for the administration of any drug or for syringes, except as prescribed for insulin.

See Schedule of Benefits for the annual Prescription maximum.

RECONSTRUCTIVE BREAST SURGERY EXPENSE BENEFIT: We cover charges following a Covered mastectomy for the following services:

(a) reconstruction of the breast on which the mastectomy has been performed; (b) surgery and reconstruction of the nondiseased breast to produce a symmetrical appearance; and (c) prostheses and treatment of physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes). We cover such charges the same way We treat Covered Charges for any other Sickness. What We pay is shown in the Plan of Insurance.

SICKNESS DENTAL EXPENSE BENEFIT: If by reason of Sickness an Insured Person requires treatment for impacted wisdom teeth or dental abscesses, We pay the Covered Percentage of the Covered Charges incurred.

SKILLED NURSING FACILITY EXPENSE BENEFIT: If an Insured Person requires continuing treatment in a Skilled Nursing Facility following hospitalization, We pay the Covered Percentage of the Covered Charges incurred by the Insured Person for treatment in such Skilled Nursing Facility. The services must be Medically Necessary as a continuation of treatment for the condition for which the Insured Person was previously hospitalized. The Insured Person must be admitted to the Skilled Nursing Facility within 24 hours following a Medically Necessary Hospital stay. We cover such charges the same way We treat Covered Charges for any Hospital Confinement. The Covered Percentage We pay is shown in the Schedule of Benefits.

SMOKING CESSATION BENEFIT: This benefit applies toward the Prescription maximum (*see Schedule of Benefits for annual Prescription maximum*).

SUBSTANCE ABUSE EXPENSE BENEFIT: If an Insured Person requires treatment on account of alcoholism, alcohol abuse, drug abuse, or drug dependency, We pay for such treatment as follows:

■ **Benefits for Inpatient Hospital Confinement**

When the Insured Person is confined as an inpatient in:

- (a) a Hospital; or
- (b) a Detoxification Facility for the treatment of alcoholism, alcohol abuse, drug abuse, or drug dependency, We pay the Covered Percentage of the Covered Charges incurred for such Hospital Confinement.

Such confinement must be in licensed or certified facilities, including Hospitals. The Covered Percentage We pay is shown in the Schedule of Benefits.

■ **Benefits for Outpatient Services**

We pay the Covered Percentage of the Covered Charges incurred as shown in the Schedule of Benefits for Covered Outpatient Services for the treatment of alcoholism, alcohol abuse, drug abuse, or drug dependency.

Outpatient Treatment and Doctors' services include charges for services rendered in a Doctor's office or by an outpatient treatment department of a Hospital, community mental health facility or alcoholism treatment facility, provided that the Hospital, community mental health facility or alcoholism treatment facility is approved by The Joint Commission on the accreditation of hospitals or certified by the Department of Health. The services must be legally performed by or under the clinical supervision of a licensed Doctor or a licensed psychologist who certifies every three (3) months that the Insured Person needs to continue such treatment. The Covered Percentage We pay is shown in the Schedule of Benefits.

The Deductible is waived for all outpatient mental health services received at the Crossroads Center.

WEIGHT MANAGEMENT/DIETICIAN BENEFIT: We cover charges for weight management/dietician services from a licensed nutritionist/dietician when recommended by a physician and in conjunction with the treatment of another covered medical condition.

EXCLUSIONS

The Plan does not cover nor provide benefits for:

1. Services normally provided without charge by this Planholder's health service, infirmary, Hospital, or by Health Care Providers employed by this Planholder;
2. Preventative medicines, services, or vaccine procedures, except as specifically provided;
3. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the pro-rata premium to such Insured Person;
4. Illness, accident, treatment or medical condition arising out of the play or practice of intercollegiate sports;
5. Injury resulting from motor vehicle accidents to the extent that benefits are payable under any automobile medical expense insurance or automobile no-fault plans;
6. Cosmetic surgery, except as the result of a covered Injury occurring while this Plan is in force for the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part;
7. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
8. Services incurred prior to the Insured Person's Effective Date or during Hospital Confinement in one or more facilities which began prior to the Insured Person's Effective Date;
9. Expenses incurred as the result of Dental treatment, except as specified in the Sickness Dental Expense Benefit, if included in this Plan. This exclusion does not apply to treatment resulting from Injury to sound, natural teeth;
10. Expense incurred for treatment of temporomandibular joint (TMJ) dysfunction and associated myofacial pain;
11. Expense incurred after the date insurance terminates for an Insured Person except as specified in the Extension of Benefits Provision, when applicable;
12. Experimental or investigative charges;
13. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
14. Charges for which the Insured Person has no legal obligation to pay in absence of this or like coverage;
15. Court-ordered psychological counseling or court-ordered diversion program;
16. Expenses as a result of participation in a felony;

17. Services rendered by a Doctor who is a close relative to the Insured Person. By "close relative" We mean a Student's spouse, children, parents, brothers and/or sisters;
18. Personal hygiene/convenience items, telephone consultations, missed appointments, photocopies of medical records, completion of claim forms, expenses incurred for custodial care or services not needed to diagnose or treat an Injury or Sickness, including but not limited to services related to the activities of daily living;
19. Services, supplies or treatment—including any period of Hospital Confinement—which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses non-medical in nature;
20. Foot care only to improve comfort or appearance such as care for flat feet, subluxation, corns, calluses, routine care of toenails, and the like, except for treatment of bunions, capsular or bone surgery, and infected and impacted toenails, which are covered when Medically Necessary;
21. Screening examinations, including X-ray examinations made without film, except digital X-rays and as specifically provided;
22. Expenses incurred in connection with the enhancement of fertility or the correction of infertility, and artificial insemination;
23. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
24. Inpatient charges for physical therapy or diagnostic services if physical therapy and diagnostic services are available on an outpatient basis;
25. Treatment of obesity or morbid obesity, including any care which is primarily dieting or exercise for weight loss, except as specifically provided;
26. Expenses incurred for transsexual surgery or any treatment leading to or in connection with transsexual surgery;
27. Services or supplies primarily for educational, vocational or training purposes, except the initial visit to diagnose and determine if a medical condition is causing a learning disability;
28. Expenses incurred for eye examinations, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), including eye refractions, multiphasic testing, and radial keratotomy, and hearing aids or supplies related thereto except as required for repair caused by a covered Injury;
29. Well-baby care, including routine exams and immunizations, except as specifically provided;
30. Routine periodical physical examinations, except as specifically provided;
31. Treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of Insurance;

- 32. Expenses for any service or supplies not specified in this Plan as a Covered Service;
- 33. An amount of a charge in excess of the Reasonable and Customary Expense;
- 34. Services not Medically Necessary;
- 35. Blood or blood plasma replaced by or for the patient;
- 36. Expenses for emergency room treatment for an Injury or Sickness which is not a Medical Emergency as defined in the Plan; and
- 37. Voluntary or elective abortion.

TRADE OR ECONOMIC SANCTIONS

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the Policy remain unchanged.

MEDICAL EVACUATION AND REPATRIATION

The UC SHI Plan provides medical evacuation and repatriation coverage as well as emergency travel assistance for all Insured Persons either domestic or international. The coverage maximum is up to \$50,000 for either medical evacuation or repatriation.

TRAVEL ASSISTANCE

Included in this health insurance program is access to a 24-hour worldwide assistance network for emergency assistance. To receive the highest possible benefits from the Plan when 50 miles or more from the University of Cincinnati, use the Beech Street network of providers at **www.beechstreet.com**.

In a emergency, you may be seen at any hospital emergency room. To continue receiving the best possible benefits, return to the UHS for a referral for follow-up care. To receive the highest level of benefits, hospital admissions must be pre-certified with a telephone call. Call the assistance center collect. The multi-lingual staff answers calls and provides reliable, professional, and thorough assistance.

The following services are included in this Plan:

- 24-Hour emergency travel arrangements;
- Lost luggage locating assistance;
- Emergency travel funds;
- Credit card/travelers checks/airline ticket replacement;
- Prescription replacement or renewal assistance;
- Lost eyeglass replacement assistance;
- Legal referral;
- Nationwide bail bonds referrals;
- Return of automobile assistance;
- Urgent message relay between family, friends, personal physician, school, and Insured Person;
- Guarantee of payment to Provider and assistance in coordinating insurance benefits;
- Referral to the nearest, most appropriate medical facility, and/or Provider;
- Medical monitoring by board-certified U.S. emergency physicians.

Contact On Call International for any of these services:

U.S. and Canada Toll-Free: **1-800-850-4556** or **800-407-7307**

Direct Dial or Collect: **1-603-328-1713**

Or Visit: **www.oncallinternational.com**

PLAN ADMINISTRATION

CLAIMS FILING INFORMATION

How To Obtain Benefits – After receiving Covered Services outside the UHS (*i.e.*, care received in Hospitals or private Doctors' offices), an Insured Person may have to file claims to obtain benefits. If an Insured Person submits a claim, he/she should use a claim form. In most cases, providers file claims for an Insured Person. It is in the Insured Person's best interest to ask the Provider to file claims.

Claim Forms – Claim forms are available in the SHI Office or online at www.klais.com.

If an Insured Person requests claim forms but does not receive them within fifteen (15) days, she/he may submit written notices of claims without claim forms. **The following claim information must be provided in written notices of claims:**

- name of patient;
- Insured Person's identification number;
- date, type and place of service;
- Insured Person's signature and Provider's signature; and
- itemized bill and/or receipt.

Proof of Loss – Written proof of Loss must be submitted to Klais within ninety (90) days after the date of such Loss. Failure to provide such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to submit proof within such time. However, proof must be submitted as soon as reasonably possible and in no event later than one (1) year.

Send all claim forms to:

Klais & Company, Inc.
1867 West Market Street
Akron, OH 44313
(1-800-331-1096)

Payment of Benefits – Payment for Covered Services are made within thirty (30) days after receipt of the completed claim. Although Insured Persons may request that payment be made directly to a Provider, the Company reserves the right to have payment made to Providers or directly to Insured Persons. However, Insured Persons cannot request that payment be directed to anyone else. Once Providers render Covered Services, Insured Persons may not request that payment be withheld.

If payments of benefits are owed to Insured Persons when they are not able to handle their affairs, payments may be made to relatives by blood or marriage. This occurs if Insured Persons die or become mentally incompetent. Payment of benefits is paid to relatives who are entitled in fairness to the money. Any such payment discharges the Company's obligation to the extent of payment.

APPEAL PROCEDURES

If a claim is wholly or partially denied, a written notice containing the reason for the denial will be sent to the Insured Person. The notice will include a reference to the Provision of the Plan description and a description of any additional information which might be necessary for reconsideration of the claim. The notice will also describe the right to appeal. A written appeal, along with any additional information or comments, may be sent to Klais within ninety (90) days after notice of denial. In preparing appeals, the Insured Person, or his or her representative, may review all documents related to the claim and submit written comments and issues related to the denials. After the written notice is filed and all relevant information is presented, the claim will be reviewed and a final decision will be sent within sixty (60) days after receipt of the notice of the appeal. Under special circumstances, an extension for further review will be granted, but not for longer than sixty (60) additional days.

OTHER COVERAGE

Coordination of Benefits

Ohio State Law permits Coordination of Benefits when an Insured Person is covered under more than one valid and collectible health insurance plan.

Right to Subrogation

After payments have been made under this Plan, any person has the right to recover damages from a responsible third party. Our right will be subrogated to that person's right to recover. The Insured Person will do whatever is necessary to enable Us to exercise Our right and will do nothing after loss to prejudice it. If We are precluded from exercising Our Right to Subrogation, We may exercise Our Right to Reimbursement.

Right to Reimbursement

If benefits are paid under this Plan and any person recovers benefits from a responsible third party by settlement, judgment, or otherwise, We have a right to recover from that person an amount equal to the amount We paid. However, We will reimburse the Insured Person for any charges on a pro-rata basis for any expense incurred in securing the settlement, judgment or otherwise.

Limitation to Our Recovery Rights

We may exercise Our Right to Subrogation against responsible third parties unless We are precluded from enforcing such right where a responsible third party has extinguished its liability or has been relieved of liability by contract or operation of law. If We are precluded from exercising Our Right to Subrogation, We may exercise Our Right to Reimbursement.

We, in exercising Our Right to Subrogation, will not seek to recover more than the amount recovered from a responsible third party.

TERMINATION OF COVERAGE

Coverage ends for all Insured Persons on the date on which the Plan terminates. This Plan shall terminate when:

- UC does not act as agreed in the Plan;
- UC does not pay the premium by the due date;
- this coverage is cancelled by UC; or
- the Plan is not renewed.

Coverage terminates as set forth below for the following Insured Person.

- For the Insured Person who officially withdraws from UC prior to the Enrollment/Waiver Deadline, coverage is terminated.
- For the Insured Person who officially withdraws from UC after the Enrollment/Waiver Deadline, coverage may not terminate until the last day of the coverage period provided that the premium is paid in whole or part.
- For the Insured Person who withdraws from UC due to a temporary leave of absence for medical reasons prior to the Enrollment/Waiver Deadline or after the Enrollment/Waiver Deadline, these students may follow the procedure for Continuation of Coverage as set forth in the section, "Continuation of Coverage."
- For the Insured Person who ceases to be an Eligible Student after the enrollment deadline, coverage may terminate on the last day of the coverage period.*
- For the Insured Person who enters the military service of any country—except for temporary duty of thirty (30) days or less—coverage terminates on the date the Insured Person enters the military service. Premium refund requests must be submitted in writing to the SHI Office within the then current academic year. If the Insured Person who enters the military receives premium refunds, the Company has the right to recover benefit payments made in connection with expenses incurred during the period for which the Insured Person is covered and after the Insured Person's date of termination under this Plan.

EXTENSION OF BENEFITS

If an Insured Person is totally disabled on the date his or her insurance terminates, We will continue to cover such Insured Person for expenses directly related to the condition causing such total disability. Such coverage is not continued for any other condition, Sickness or Injury.

The total disability must be certified as such by a Doctor.

Benefits under this provision shall be provided until the first of the following occur:

- (a) the Insured Person is totally disabled for a maximum of ninety (90) consecutive days;
- (b) the Insured Person's total disability ends;

* Refer to "Refunds After the Enrollment Deadline"

- (c) the Lifetime Aggregate Maximum has been paid; or
- (d) the Insured Person becomes covered without limitation pertaining to the total disability by any other health insurance policy, plan or HMO coverage.

CONTINUATION OF COVERAGE

Continuation of Coverage Due to a Temporary Medical Leave of Absence Occurring Prior to the Insured Person's Then Current Term/Semester Deadline – To continue coverage through the remainder of the current term/semester, an Insured Person must submit a Petition for Continuation of Coverage (PCC) Form. It must accompany a then current SHI Enrollment Form filled out in its entirety and a letter (on formal letterhead) from the Insured Person's doctor. The letter must include the Insured Person's name and date of birth, his/her current medical condition preventing him/her from attending classes/co-op, and the anticipated date of return. Additionally, the Insured Person must be enrolled under UC SHI for at least two (2) terms immediately preceding the term/semester for which he/she is requesting Continuation of Coverage. The PCC Form must be received by SHI no later than two (2) weeks from the official withdrawal from classes. If the Insured Person does not enroll in classes, the aforementioned form must be received no later than two (2) weeks following the first day of the then current term's/semester's classes. The PCC is subject to approval by the department of SHI and any decision made is unanimous and final. The Insured Person must pay the applicable premium. *Temporary medical leave will not be granted more than once per Plan Year or more than twice in an academic career and cannot be consecutive (Plan Year to Plan Year).*

Continuation Plan – Upon termination of coverage under the SHI Plan an Insured Person may request continuation of coverage under a separate plan. The Continuation Plan must be purchased within thirty-one (31) days following the date the Insured Person loses eligibility. This Plan is neither endorsed nor administered by UC. Detailed information—including coverage, benefits, rates, and an application—can be obtained by contacting Gallagher Koster Insurance Agency (1-800-457-5599).

CERTIFICATION OF HEALTH PLAN COVERAGE

If Insured Person is no longer eligible to be insured under this Plan, Insured Person may request a Certification of Health Plan from the SHI Office. Requests may be made by telephone or in writing at least two (2) business days in advance and must include the Insured Person's identification number and the Insured Person's name who is no longer eligible to be insured under this Plan, and whose tuition bill reflects a zero balance.

DEFINITIONS

Whenever used in this Plan:

“Academic Year” means the coverage period of 9/19/11 to 9/18/12 for term students and 8/13/11 to 8/12/12 for both medical term and semester students.

“Accident” means a specific, unforeseen event, which happens while the Insured Person is covered under this Plan and which directly, and from no other cause results in an Injury.

“Complications of Pregnancy” means a condition that requires Hospital stays before the pregnancy ends and whose diagnoses are distinct from but are caused or affected by pregnancy.

These conditions are:

- acute nephritis or nephrosis;
- cardiac decompensation or missed abortion;
- similar medical and surgical conditions of comparable severity;
- non-elective caesarean section;
- termination of an ectopic pregnancy; and/or
- spontaneous termination when a live birth is not possible.

(This does not include voluntary abortion.)

Not included are: (a) false labor, occasional spotting, or Doctor-prescribed rest during the period of pregnancy; (b) morning sickness; (c) hyperemesis gravidarum and preeclampsia; and (d) similar conditions not medically distinct from a difficult pregnancy.

“Co-payment” means the specified dollar amount an Insured Person must pay for specified charges. The Co-payment is separate from and not a part of the Deductible or Coinsurance.

“Covered Charge” or “Expense” as used herein means those charges for any treatment, services or supplies that are: (a) for Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Reasonable and Customary Expense; (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred by the Insured Person while this Plan is in force except with respect to any expense payable under the Extension of Benefits.

“Covered Percentage” means the part of the Covered Charge that is payable by the Company after the Deductible or Co-payment has been met.

“Deductible” means the amount of Expenses for Covered Services and supplies which must be incurred by the Insured Person before specified benefits become payable.

“Doctor” as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state or residence of such practitioner; or (c) a certified nurse midwife while acting within the scope of that certification.

“Elective Treatment” means medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Insured Person’s Effective Date of coverage.

Elective Treatment includes, but is not limited to: breast reduction; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered chronic purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; treatment of infertility and routine physical examinations.

“Experimental or Investigative Care” means a service or supply: (a) that We, in Our discretion, determine is not commonly and customarily recognized as being safe and effective for the particular diagnosis or treatment; and (b) which requires approval by any governmental authority and such approval has not been granted before the service or supply is furnished. We may rely upon the advice of medical consultants and commonly recognized national medical organizations in determining which services or supplies are experimental or investigational.

“Hospital” means a facility which meets **all** of these tests:

- provides inpatient services for the care and treatment of injured and sick people;
- provides room and board services and nursing services 24 hours a day;
- has established facilities for diagnosis and major surgery;
- is supervised by a Doctor; and
- is run as a Hospital under the laws of jurisdiction in which it is located.

Hospital does not include a place run mainly: (a) for alcoholics or drug addicts; (b) as a convalescent home; (c) as a nursing or rest home; and/or (d) as a hospice facility.

“Hospital Confinement” means a stay of 18 or more consecutive hours as a resident bed-patient in a Hospital.

“Injury” means bodily injury caused by an Accident that is the sole cause of the Loss. All injuries due to the same or a related cause are considered one Injury.

“Insured Person” means an Insured Student while insured under this Plan.

“International Students” means students holding visa types: “F” (Student), “J” (Exchange Visitor), “B” (Tourist), or “A” (Diplomat).

“Lifetime Aggregate Maximum” means the total amount of benefits payable for all Injuries and Sicknesses combined under this Student Health Insurance Policy or Policies issued to this Policyholder immediately before this Policy.

“Loss” means medical expense covered by this Plan as a result of Injury or Sickness as defined in this Plan.

“Medical Emergency” means the unexpected onset of an Injury or Sickness that requires immediate or urgent medical attention which, if not provided, could result in a loss of life or serious permanent

damage to a limb or organ or pain sufficient to warrant immediate care. A Medical Emergency does not include elective or routine care.

“Medically Necessary” means that a service, drug or supply is needed for the diagnosis or treatment of an Injury or Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided. A service, drug or supply shall be considered “needed” if it: (a) is ordered by a licensed Doctor; and (b) is commonly and customarily recognized through the medical profession as appropriate for the particular Injury or Sickness for which it was ordered. A service, drug or supply shall not be considered Medically Necessary if it is investigational, experimental, or educational.

“Network Providers” means Doctors, Hospitals, and other health care provider who have contracted to provide specific medical care at negotiated prices.

“Non-Network Providers” means Doctors, Hospitals, and other health care provider who have not agreed to any pre-arranged fee schedules.

“Out-of-Pocket Maximum” means the dollar limit of Coinsurance amounts an Insured Person is responsible to pay during a Plan Year, as shown in the Schedule of Benefits. After an Insured Person has reached the Out-of-Pocket Maximum, We cover most benefits at 100% for the remainder of the Plan Year. Some benefits, however, will always remain payable at the percentage shown in the Schedule of Benefits. The Out-of-Pocket Maximum is met by accumulated Deductible and Coinsurance. Amounts above the Reasonable and Customary Expense are not applicable toward the Out-of-Pocket Maximum.

“Policy Effective Date” means the date the Policy takes effect as shown in the Plan of Insurance.

“Policyholder” means the institution indicated on the face of this Policy.

“Policy Termination Date” means the date the Policy ends as shown in the Plan of Insurance.

“Policy Year” means the 12-month period beginning on the Policy Effective Date.

“Reasonable and Customary Expense” means fees and prices generally charged within the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature.

“Sickness” means Sickness or disease which is the sole cause of the Loss. Sickness includes both normal pregnancy and complications of pregnancy. All Sicknesses due to the same or a related cause are considered one Sickness.

“We,” “Us,” and “Our” mean the Combined Insurance Company of America.

“You” and “Your” mean the Insured Student.

CONTINUOUS INSURANCE PROVISION

This Plan may be replacing a Prior Plan with another insurer. Prior Plan means (a) the Student Health Insurance Plan or Plans issued to this Planholder immediately before this Plan; and (b) other Creditable Coverage as defined in the Plan. "Injury" or "Sickness" shall include an Injury sustained, or a Sickness first manifesting itself, while the Insured Person is continuously insured under the Prior Plan and became insured under this Plan without a break in coverage. But no benefits shall be payable for such Injury or Sickness to the extent that such benefits are payable under the Prior Plan for the same expenses. This will apply even if the Prior Plan stated that it will not duplicate the benefits under another Plan. Also, the total amount of benefits payable for Injury or Sickness under this Plan and the Prior Plan cannot exceed the Lifetime Aggregate Maximum. Nothing contained herein shall be held to vary, alter, waive, or extend any of the provisions, exclusions, and other terms of this Plan, except as provided above.

HIPAA NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION

This notice describes how medical information about You may be used and disclosed and how You can get access to this information. Please review it carefully.

This is Your Health Information Privacy Notice from Combined Insurance Company of America (referred to as We, Our, or Us).
This notice is effective April 14, 2003.

This notice provides You with information about the way in which We protect Personal Health Information ("PHI") that We have about You. PHI includes individually identifiable information which relates to Your past, present or future health, treatment or payment for health care services. This notice also explains Your rights with respect to PHI.

The Health Insurance Portability and Accountability Act ("HIPAA") requires Us to: keep PHI about You private; provide You this notice of Our legal duties and privacy notices with respect to Your PHI; and follow the terms of the notice that are currently in effect.

USE AND DISCLOSURE OF PHI

The Company or Klais has the right to request information needed to determine the patient's eligibility when claims are filed. We obtain PHI in the course of providing and/or administering health insurance benefits for You. In administering Your benefits, We may use and/or disclose PHI about You. The following are some examples, however, not every use or disclosure in a category will be listed:

- **For Health Care Payment Purposes.** For example, We may use and disclose PHI to administer and process payment of benefits under Your insurance coverage, to determine eligibility for coverage, for claims or billing information, to conduct utilization reviews, or to share with another entity or health care provider for its payment purposes.

University of Cincinnati

- **For Health Care Operations Purposes.** For example, We may use and disclose PHI for underwriting and rating of the Plan, audits of Your claims, quality of care reviews, investigation of fraud, care coordination, investigation and response to complaints or appeals, provider treatment review and provision of services.
- **For Treatment Purposes.** For example, We may use and disclose PHI to health care providers to assist in their treatment of You. We do not provide health care treatment to You directly.
- **For Health Services.** For example, We may use Your medical information to contact You to give You information about treatment alternatives or other health-related benefits and services that may be of interest to You as part of large case management or other insurance related services.
- **For Data Aggregation Purposes.** For example, We may combine PHI about many insureds to make plan benefit decisions and to determine the appropriate premium rate to charge.
- **To Business Associates.** For example, We may disclose PHI to administrators who are contracted with Us who may use the PHI to administer health insurance benefits on Our behalf and such administrators may further disclose PHI to their contractors or vendors as necessary for the administration of health insurance benefits.

If Your state has adopted a more stringent standard regarding any of the above uses or disclosures of Your PHI, those standards will be applied.

Additional Uses or Disclosures

We may also disclose PHI about You for the following purposes:

- To comply with legal proceedings, such as a court or administrative order, subpoena or discovery requests;
- To law enforcement officials for limited law enforcement purposes;
- To a family member, friend or other person, for the purpose of helping You with Your health care or with payment for Your health care, if You are in a situation such as a medical emergency and You cannot give Your agreement to the Plan to do this;
- To Your personal representatives appointed by You or designated by applicable law;
- For research in limited circumstances;
- To a coroner, medical examiner, or funeral director about a deceased person;
- To an organ procurement organization in limited circumstances;
- To avert a serious threat to Your health or safety or the health or safety of others;
- To a governmental agency authorized to oversee the health care system or government programs;

- To the Department of Health and Human Services for the investigation of compliance with HIPAA or to fulfill another lawful request;
- To federal officials for lawful intelligence, counterintelligence, national security purposes and to protect the President;
- To public health authorities for public health purposes;
- To appropriate military authorities, if You are a member of the armed forces; and
- In accordance with a valid authorization signed by You.

YOUR RIGHTS REGARDING PHI THAT WE MAINTAIN ABOUT YOU

You have various rights as a consumer under HIPAA concerning Your PHI. You may exercise any of these rights by writing to Us in care of Klais & Co., 1867 West Market Street, Akron, OH 44313, Attention: HIPAA Privacy Office:

- You have the right to inspect and copy Your PHI. If You request a copy of the information, We may charge a fee for the costs of copying, mailing or other supplies associated with Your request.
- You have the right to ask Us to amend the PHI that is contained in a “designated record set,” *e.g.*, information used to make enrollment, eligibility, payment, claims adjudication and other decisions. You have the right to request an amendment for as long as We maintain the PHI. Requests must be made in writing and include the reason for the request. We may deny the request if the PHI is accurate and complete or if We did not create the PHI.
- You have the right to request a list of our disclosures of the PHI. Your request must state a time period, may not include dates before April 14, 2003 and may not exceed a period of six (6) years prior to the date of Your request. If You request more than one list in a year, We may charge You the cost of providing the list. We will notify You of the cost and You may withdraw or modify Your request before any costs are incurred. Any list of disclosures provided by Us will not include disclosures made for payment, treatment or healthcare operations; disclosures made to You or persons involved in Your care; incidental disclosures, authorized disclosures, disclosures for national security or intelligence purposes or disclosures to correctional institutions.
<http://www.combinedinsurance.com/policyholder-center/hipaa-insurance.html>
- You have the right to request to restrict the way We use or disclose Your PHI regarding treatment, payment or health care operations. You also have the right to request to restrict the PHI We disclose about You to someone who is involved in Your care or the payment for Your care. We are not required to agree to Your request. If We do agree, We will comply with Your request unless the information is needed to provide You emergency treatment. *Your request must be in writing and state:* (1) what information You want to restrict; (2) whether You want to restrict our use, disclosure or both; and (3) to whom You want the restrictions to apply.

- Uses and disclosures of Your PHI, other than those listed above, require prior written authorization from You. You may revoke that authorization at any time by writing to Us at the address at the end of this notice.
<http://www.combinedinsurance.com/policyholder-center/hipaa-insurance.html>
- You have the right to request that We communicate personal information to You in a certain way or at a certain location. Your request must specify how or where You wish to be contacted. We will comply with reasonable requests.
- You have the right to a paper copy of this notice. You may ask Us to give You a copy of this notice at any time. Even if You have agreed to receive this notice electronically, You are still entitled to a paper copy of this notice upon request. You may request a paper copy of this notice by submitting the request to the Combined Insurance Company of America, 5050 Broadway, Chicago, IL 60640 Attn: HIPAA Privacy Office or call 1-800-225-4500 or visit **<http://www.combinedinsurance.com/policyholder-center/hipaa-insurance.html>**.

COMPLAINTS

If You believe Your privacy rights have been violated, You may file a complaint with Us. When filing a complaint, include Your name, address and telephone number and We will respond. All complaints must be submitted in writing to Combined Insurance Company of America, 5050 Broadway, Chicago, IL 60640 Attn: HIPAA Privacy Office. You may also contact the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

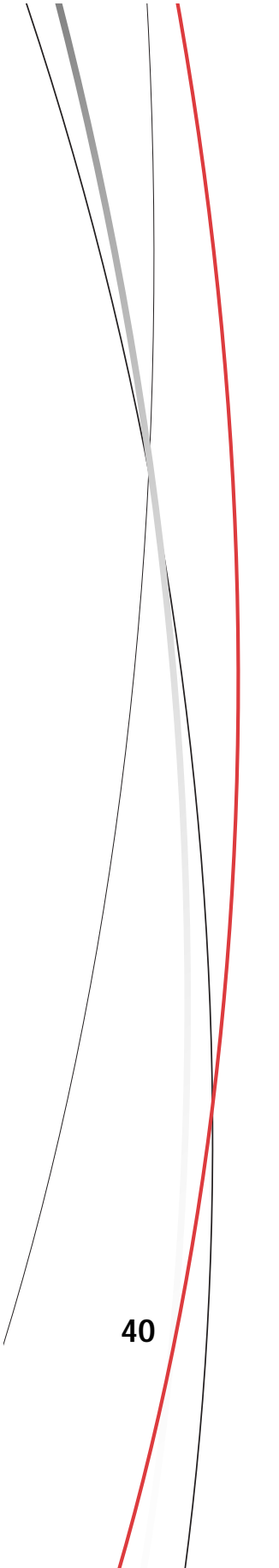
CHANGES TO THIS NOTICE

We reserve the right to modify this Privacy Notice and Our privacy policies at any time. If We make any modifications, the new terms and policies will apply to all PHI before and after the effective date of the modifications that We maintain. If We make material changes, We will send a new notice to insureds.

If You have any questions regarding this notice, please call 1-800-225-4500 or send Your written questions to the address at the end of this notice. Please include Your name, the name of Your insurance plan, Your Plan/ID number or copy of ID card, Your address and telephone number. We will then respond to Your questions.

All questions and requests regarding Your rights under this Notice should be sent to:

Combined Insurance Company of America
C/O Klais & Co.
1867 West Market Street
Akron, OH 44313
Attention: HIPAA Privacy Office



NOTES

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The UC Student Health Insurance Plan
is underwritten by:



To verify coverage, call: (513) 556-6868

To pre-certify hospital admission, call:

1-800-525-8548

Policy Number: CUH201916 (*internal use only*)

Please send claims to:

Klais & Company, Inc.
1867 West Market Street
Akron, OH 44313

To download a claim form or view a claim
online go to: www.klais.com or email at:

Klaisclaims@Klais.com

For claims inquiries, call: 1.800.331.1096

EDI Payor #34145

October 2011

Print Your Personalized Student Health Insurance ID

To print your personalized Student Health Insurance identification card, please go to www.uc.edu/uhs/studenthealthinsurance/ and then click the link "log in for your personalized 2011-12 Student Health Insurance ID card."

Group Numbers

SH403W1 = Law Students (Semester)
SH403X1 = Medical Students (Quarter)
SH403V1 = All Other Students (Quarter)
SH441G1 = Bloodborne Pathogen Exposure Coverage

**For Plan Information, contact the office staff
in person or by telephone:**

Student Health Insurance Office
Suite 334, The Lindner Center
University of Cincinnati
(513) 556-6868

or by mail:

Student Health Insurance Office
University of Cincinnati
PO Box 210010
Cincinnati, Ohio 45221-0010

or you can email us at:

studins@ucmail.uc.edu

or visit our website at:

www.uc.edu/uhs/studenthealthinsurance

