

Student Health Insurance Plan Offers Excellent Protection

Autumn 2011



Students can enjoy the convenience of our on-site, CLIA-approved laboratory.

INSIDE

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Our high-quality insurance helps students get the care they need to maintain their good health and good health is essential for the academic success of our students. Our Plan provides UC students with easy access to health care.

Students enrolled in the Student Health Insurance (SHI) Plan enjoy the convenience of primary medical care at no charge when they visit either of our two University Health Services (UHS) campus locations. If students are ill, they are seen by a UHS physician that same day. Students do not pay for primary care including lab tests and X-rays ordered and rendered by physicians and technicians at the two UHS facilities. The Plan also provides health insurance coverage for specialty care and hospitalization. It is a comprehensive, major medical policy with benefits customized specifically for UC students and thus is considered comparable to, and in many cases, better than group and individual policies.

All students who waive participation in the SHI Plan, will be billed fee-for-service charges for health care services that they receive at the UHS facilities (e.g., office visits and all ancillary services). This includes spouses of students insured under SHI.

Outstanding Health Care

Significant discounts from University Hospital, Christ Hospital, St. Elizabeth Healthcare, West Chester Hospital, UC Health Surgical Hospital, the Counseling Center, Central Clinic, Crossroads, UC Health, and UCP specialists, result into lower premiums and coinsurance payments for all enrollees. The Plan makes full use of the outstanding specialty care and hospitalization

through UC Health providers as well as other community providers.

Additionally, benefits include a nationwide network of providers and facilities and coverage for out-of-network providers and facilities.

Our Convenient Campus Locations

The UHS provides primary care to students at both the West Campus on the third floor of The Lindner Center and the East Campus on the first floor of Holmes. Primary care is no cost to students insured by the SHI Plan.

Specialty Care

For students enrolled under the SHI Plan, gynecology, dermatology (deductible and coinsurance may apply), and sports medicine specialty care are free of charge when received at the UHS. Mental health specialty care is offered at significantly reduced costs when provided by the UHS to students enrolled under the SHI Plan.

Dental Savings & Wellness Support

Students covered by SHI will receive up to a 50% discount on dental care when they visit one of the dental providers participating in the Basix plan. Students also have access to downloadable stationary bike workouts as well as treadmill and walking routines. Students can download mp3 files containing healthy weight maintenance tips, relaxation techniques, and much more. Please visit basixstudent.com for more information.

Underwriting by Combined

Combined Insurance Company of America is the underwriter for the Plan. Klais & Company, Inc. administers all claims. Physicals are not required to sign up for the SHI.

Contact the SHI Office at (513) 556-6868 or visit

www.uc.edu/uhs/studenthealthinsurance

Automatic Enrollment If Waiver Requirements Are Not Met

Students who register for co-op or six (6) or more credit hours at any time during the term or semester, will automatically be charged for UC SHI. The waiver requirements **must** be satisfied by the corresponding published deadline for the charge to be removed. To review the criteria necessary to waive SHI, please visit the OneStop website.

Waive online at www.onestop.uc.edu

Student Health Insurance Office

Office hours: M-F 8:30 am – 4:30 pm

Telephone (513) 556-6868

Email studins@ucmail.uc.edu

Mailing Address:

Student Health Insurance Office

University of Cincinnati

PO Box 210010

Cincinnati OH 45221-0010



Affordable Worldwide Coverage, Offered 24/7

In 1978, the UC Board of Trustees began requiring students to have adequate health insurance. To help students obtain adequate insurance, UC—like many other higher learning institutions—adopted a health insurance requirement.

Check Your Coverage

With your parent or partner, take a moment to review your current health insurance coverage. **You may not be covered.** Listed below are some examples of situations in which you may find that you are not covered.

- ✓ If you are registered for less than twelve (12) credit hours, you may not be covered under a parent's insurance plan.
- ✓ If you are covered by an individual policy or private family policy, your policy may contain limitations and restrictions (*e.g.*, no maternity coverage, prescriptions).
- ✓ If you are an out-of-area student covered by an HMO or other managed care program, you may have limited health benefits in Cincinnati.
- ✓ If you reach a maximum age limit (26), you may not be covered as a dependent under a parent's health insurance plan.
- ✓ If you declare financial independence to gain eligibility for financial aid programs, you may be ineligible for coverage as a dependent under a parent's plan—regardless of your age.

The comprehensive UC SHI Plan was developed by the UC Student Health Insurance Committee and is endorsed by the UC Board of Trustees. It is economical and offers excellent benefits.

The coverage is worldwide, 24 hours a day, and is available year-round. To get the highest possible benefits from the Plan and if you are within 50 miles of UC, first visit one of our UHS facilities to obtain a referral for a specialty services physician. In a medical emergency, you may be seen in any hospital emergency room. To continue receiving the highest possible benefits, return to the UHS for a referral for follow-up care.

Year-round Coverage

To prevent a lapse in summer coverage, the annual premium is divided into three (3) term or two semester payments. Premiums are paid autumn term, winter term, and spring term; or for law students, autumn semester and spring semester. The spring term/semester coverage extends through the summer, *with no credit-hour requirement and no additional premium required.*

Q. Am I eligible for coverage?

- A. Students taking six (6) or more credit hours and co-op students are all eligible for coverage. Graduate students enrolled in less than six (6) credits hours may purchase coverage (information listed below).

Q. How do I get UC Student Health Insurance?

- A. If students register for co-op or six (6) or more credit hours, **they will be automatically charged for UC Student Health Insurance for that term/semester.**

Graduate students enrolled in less than six (6) credit hours are not automatically charged. Each term/semester graduate students desire coverage, they are required to: 1) enroll in one (1) **graduate** credit hour (credit hours must be toward the students' degrees and the students must be matriculated) each term/semester they are requesting insurance; and 2) submit an Insurance Enrollment Form.

All paperwork and registration status must be completed and submitted to the UC SHI Office by the third Friday deadline of each term/semester for which coverage is desired.

Q. What's the deadline to enroll in the SHI Plan?

- A. The enrollment deadline is the third Friday of the term/semester. Enrollment deadlines are listed on page 4 of this newsletter and on the SHI web page at www.uc.edu/uhs/studenthealthinsurance.

How to Get the Most from Your UC SHI Benefits

- ✓ Contact the 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 UHS.
- ✓ Obtain health care services beyond those available at the UHS from in-network hospitals, UC Health providers, and UCP specialists when seeking health care within 50 miles of UC.
- ✓ Comply with the hospital pre-certification requirements for in-patient hospitalization by calling 1-800-525-8548.
- ✓ File claims with Klais & Company, Inc. promptly—1867 W. Market Street, Akron, OH 44313-0977. For questions, call 1-800-331-1096.

In-Network

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, & Beech Street providers

Deductible & Coinsurance

1. Primary care services rendered by UHS (Lindner Center and Holmes facilities only)	Deductible Waived 0%
2. Medical Emergencies	Deductible Applies 20%
3. Non-emergency Services ordered/rendered by any of the 13 UCP providers listed above when referred by UHS	Deductible Applies 20%
4. Services for medical care rendered outside the Cincinnati area by a Beech Street Provider. This area includes zip code prefixes: 410, 450, 451, 452, and 470 (Referral NOT REQUIRED).	Deductible Applies 20%
5. Outpatient Mental Health at UHS, Central Clinic, or the Counseling Center	Deductible Waived Insurance pays \$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	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	Deductible Waived 50%

Your Co-Pay with Prescription Drugs

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

- ✓ \$10 co-pay for generic medications
- ✓ \$30 co-pay for brand-name medications
- ✓ \$1,500 policy year maximum
- ✓ Maximum supply of 34 days for each prescription

Students pay only the co-pay for their medication when using the Lindner Center Pharmacy. A claim form must be submitted with each prescription. Prescriptions filled at other pharmacies are subject to deductible, appropriate level of coinsurance and maximums.

Out-of-Network

Services rendered outside 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, & Beech Street providers

Deductible & Coinsurance

1. Covered Non-Emergency Medical Care (No Referral by UHS)	Deductible Applies 40%
2. Medical Emergencies	Deductible Applies 20%
3. All other Covered Services	Deductible Applies 40%
4. Mental Health Coverage is approved at \$60/session until the \$300 Deductible is met; once the Deductible is satisfied the insurance pays as follows (next column):	Deductible Applies 40% of \$60 Insurance pays \$36; Student is responsible for all charges above \$36

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). To confirm preferred providers, call 1-800-877-1444 (M-F; 9 am – 5 pm), email Coordinator@multiplan.com or visit their website at www.beechstreet.com.

Please refer to the Plan Booklet at www.uc.edu/uhs/studenthealthinsurance for the percentage of payment details or contact the SHI Office at (513) 556-6868.

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
UCP	University of Cincinnati Physicians, Inc. (specialist group)
UHS	University Health Services

Maximums Payable by the Plan

LIFETIME AGGREGATE MAXIMUM \$500,000 per Insured Person's Lifetime

Annual Out-of-Pocket Maximum

\$4,000 PER POLICY YEAR (INCLUDES DEDUCTIBLE) PER INSURED PERSON

- ✓ All applicable services rendered at UHS
- ✓ Covered Services rendered at 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

Students' Primary Care services incurred at the UHS cannot be used to meet Students' Out-of-Pocket Maximum.

Benefit Limits

BENEFITS PAYABLE PER INSURED PERSON PER POLICY YEAR

SERVICE	LIMITS	
Physical Therapy, Occupational Therapy & Chiropractic Care	\$750/Policy Year ³	
Skilled Nursing Facility Care	120 days/confinement	
MENTAL HEALTH AND SUBSTANCE ABUSE CARE²		
	OUTPATIENT LIMITS	INPATIENT LIMITS (OUT-OF-NETWORK)
✓ Mental Health Care	\$1,440/Policy Year ³	\$250/day per Insured Person ¹ (room & board)
	\$48/visit	\$15,000/Year ⁴
✓ Substance Abuse Care	\$800/Policy Year ⁵	

Note ADHD-LD Evaluation will be paid up to a maximum of \$400 per Lifetime.

- ¹ Allowed amount: room and board negotiated benefit may apply at In-Network facility
- ² Before obtaining mental health care, contact the SHI Office to understand how your benefits are determined.
- ³ Maximum allowed amount per Policy Year
- ⁴ Maximum paid amount per Policy Year
- ⁵ 75% of Covered Charges up to a combined (individual and group) maximum of \$75 per week for group therapy; 50% of Covered Charges up to a combined (individual and group) maximum of \$75 per week for individual therapy

How to Waive Coverage

Every student who registers for co-op or six (6) or more credit hours is automatically charged for SHI.

International Students

The University requires international students holding F or J visas who register for six (6) or more credit hours to have health insurance. For more information concerning international students, see page 5.

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 review waiver requirements and waive coverage, log onto onestop.uc.edu and select the link, "waive my health insurance." Students who are eligible to receive medical care at the VA Medical Center and wish to waive the SHI with that coverage may not waive online. Those students may call SHI for details on how to waive.

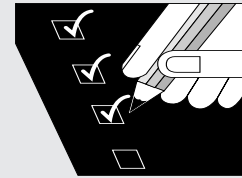
Do not write a note or call a UC office to waive your coverage. To avoid problems, properly complete the online waiver and submit it prior to the deadline.

Waiver Deadline

The waiver deadline is the third Friday of the then current term/semester.

If students submit a waiver for the fall term/semester, it remains in effect the entire academic year unless students are later discovered to be uninsured or noncompliant with waiver requirements. If students do not waive the SHI, they are automatically covered by the Plan and will be charged for the premium. All waivers are checked for accuracy and completeness and are subject to audit. If students ignore the waiver deadlines, they will be responsible for the insurance premium.

Contact the SHI Office at (513) 556-6868 for more details.



Waiver/Enrollment Deadlines

Per Term

Fall	10/7/11
Winter	1/20/12
Spring	4/13/12
Summer	7/6/12

Per Medical Term

Fall	9/2/11
Winter	1/20/12
Spring	4/13/12
Summer	7/6/12

Per Semester (Law Students Only)

Fall	9/2/11
Spring	1/27/12

Insurance Waivers and Enrollment Forms must be received by these deadlines.

EXCLUSIONS/LIMITATIONS

The Plan does not cover nor provide benefits for:

- Services normally provided without charge by this Policyholder's health service, infirmary, or Hospital, or by Health Care Providers employed by this Policyholder;
- Preventative medicines, services, or vaccine procedures, except as specifically provided;
- 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 unearned pro-rata premium to such Insured Person;
- Illness, accident, treatment or medical condition arising out of the play or practice of intercollegiate sports;
- Injury resulting from motor vehicle accidents to the extent that benefits are payable under any automobile medical expense insurance or automobile no-fault plans;
- Cosmetic surgery, except as the result of covered Injury occurring while this Plan is in force as to the Insured Person. This exclusion shall 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, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child, which has resulted in a functional defect;
- Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
- Expense incurred as the result of dental treatment, except as provided 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;
- 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;
- Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain;
- Expense incurred after the date insurance terminates for an Insured Person except as may be specifically provided in the Extension of Benefits Provision, when applicable;
- Experimental or Investigative charges;
- Injury or Sickness resulting from declared or undeclared war; or any act thereof;
- Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage;
- Court-ordered psychological counseling or court-ordered diversion program;
- Expenses as a result of participation in a felony;
- Services rendered by a Physician who is a close relative to the Insured Person. By "close relative" We mean an Insured Person's spouse, children, parents, brothers and/or sisters;
- Personal hygiene/convenience items; telephone consultations, missed appointments, photocopies of medical records, or 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;
- Services, supplies or treatment, including any period of Hospital Confinement, which were not recommended, approved and certified as necessary and reasonable by a Physician; or expenses non-medical in nature;
- 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;
- Screening examinations, including X-ray examinations made without film, except as specifically provided;
- Expenses incurred in connection with the enhancement of fertility or the correction of infertility, and artificial insemination;
- Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
- Inpatient charges for physical therapy or diagnostic services if physical therapy and diagnostic services are available on an outpatient basis;
- Treatment of obesity or morbid obesity, including any care which is primarily dieting or exercise for weight loss, except as specifically provided;
- Expenses incurred for transsexual surgery or any treatment leading to or in connection with transsexual surgery;
- 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;
- Expense incurred for eye examinations, eyeglasses, and contact lenses (except for sclera shells that are intended for use of corneal bandages), including eye refractions, multiphasic testing, radial keratotomy, hearing aids or supplies related thereto except as required for repair caused by a covered Injury;
- Well-baby care, including routine exams and immunizations, except as specifically provided;
- Routine periodical physical examinations, except as specifically provided;
- Treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of Insurance;
- Expenses for any service or supply not specified in this Plan as a Covered Service;
- An amount of a charge in excess of the Reasonable and Customary Expense;
- Services not Medically Necessary;
- Blood or blood plasma replaced by or for the patient;
- Expenses for emergency room treatment for an Injury or Sickness not a Medical Emergency as defined in the Plan; and
- Voluntary or elective abortion.

What's Covered:

Highlights for Injury or Sickness



Primary Care at University Health Services (Free of Charge)

- ✓ Office visits
- ✓ Lab, x-ray, and gynecological services
- ✓ Dermatology services (except specimens sent out to pathology)

Additional Medical Care at University Health Services

- ✓ Mental health services
- ✓ Eye exams
- ✓ Pharmacy

Emergency Care

- ✓ Treatment in an emergency department of a hospital or other facility for a medical emergency

Inpatient Hospital & Medical Services

- ✓ Room and board (semi-private)
- ✓ Ancillary services including operating and recovery room, anesthesia, prescribed drugs, medical and surgical supplies, diagnostic and therapy services
- ✓ Physician and consulting physician services
- ✓ Constant care in an intensive care unit when approved

Outpatient Services

- ✓ Diagnostic services
- ✓ Physical and occupational therapy

Surgical Services

- ✓ Surgery performed by a physician on an inpatient or outpatient basis

Mental Health & Substance Abuse Services

- ✓ Inpatient care: Provider services and room and board (maximum \$300 per day) up to a maximum benefit of \$15,000 per Policy Year
- ✓ Outpatient therapy for substance abuse: \$300 deductible (waived when services are rendered by Crossroads) up to a maximum benefit of \$800 per Policy Year; for individual and group therapy, coverage is approved at 50% and 75% of Covered Charges respectively, up to a combined (individual and group) maximum of \$75 per week
- ✓ All other outpatient care: \$48 maximum per visit up to a maximum benefit of \$1,440 per Policy Year

Other Benefits

- ✓ Hospice service for a terminally ill patient
- ✓ Durable medical equipment
- ✓ Emergency transportation services

Benefit details and additional benefits can be found in the Plan booklet.

Lifetime Aggregate Maximum Benefit

- ✓ \$500,000 (with some specific maximum benefit limits listed in the Plan Booklet)

All benefits, limitations, and exclusions are described in the Plan Booklet at

Q. What are the requirements for international students?

- A. International students holding F or J visas registered for six (6) or more credit hours are required to have health insurance, and are automatically charged for student coverage.

To be approved to waive coverage, students must be insured by a U.S.-based insurance company employing a U.S.-based claims administrator and underwriter. The coverage must be equal to or greater than that offered by the University and must include medical evacuation and repatriation.

It is recommended that international students bring policy descriptions to the SHI Office for review before purchasing a health insurance policy.

There is a \$50,000 medical repatriation and medical evacuation benefit for all international students covered by the SHI.

PRE-CERTIFICATION REQUIREMENT

Regardless of level of coverage, coinsurance reimbursement rates are decreased by 20% if the Insured Person fails to comply with the hospital pre-certification requirement with a telephone call as specified in the Plan Booklet.



Our full-service health center includes state-of-the-art, diagnostic radiology services.

Beech  Street®



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

Cost of Coverage

Cost per Term

Student Coverage: \$529 per term*
Student Coverage: \$794 per semester
(law students only)

A portion of the cost-of-student coverage is retained by the University of Cincinnati to pre-fund UHS Primary Care and to pay for the Plan operating expenses.

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

Special Coverage Dates

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

Coverage Dates

Term

Fall 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**

Medical Term

Fall 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

Semester (Law Students Only)

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

This is not your Plan Booklet

This newsletter is a brief and partial summary of the enrollment provisions, benefits, exclusions, and limitations under the Plan. The actual coverage provisions of the Plan, including any exclusions or limitations, are outlined in the Plan Booklet available in the Student Health Insurance Office or online at www.uc.edu/uhs/studenthealthinsurance. The 2011-12 Plan Booklet will be available in September.

Refer to the Plan Booklet for a more detailed description of the actual coverage provisions. The Plan Booklet governs over any discrepancies between it and this pamphlet. A Plan Booklet can be mailed upon request to students or parents.

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