



Dear Students:

We are pleased to provide you with this summary of the Student Health Plan for the University of Mount Union. This plan is fully compliant with the Affordable Care Act.

**Who Is Eligible To Enroll?**

All registered International students are required to have health insurance coverage. International students are automatically enrolled in the Student Health Insurance Plan at registration and the premium is added to the student's tuition fees and do not have the option to waive coverage. All registered full-time Undergraduate and Graduate Domestic students are eligible to enroll in this Student Health Insurance Plan on a voluntary basis.

**How Do I Enroll?**

International students are automatically enrolled into this plan at the time of registration. Domestic students will go to [www.chpstudenthealth.com](http://www.chpstudenthealth.com) and print out an enrollment form, complete and then fax to Lana Fletcher at: (610) 537-9653.

**How Do I Waive Coverage?**

Go to [www.chpstudenthealth.com](http://www.chpstudenthealth.com); with the "Find Your School" smart search feature located in the center of the page start typing 'University of Mount Union'; select University of Mount Union and hit ENTER; From this page you are able to waive by clicking the blue button in the Waive section; follow the on-screen instructions to waive out of the student health insurance plan.

**Enrollment Period Deadline Dates**

Annual/Fall	9/5/2018
Spring	1/31/2019
Summer	5/31/2019

**Cost and Periods of Coverage\***

	Annual 8/1/18 to 7/31/19	Fall 8/1/18 to 12/31/18	Spring 1/9/19 to 7/31/19	Summer 5/1/19 to 7/31/19
Student	\$1,662	\$696	\$966	\$419
Spouse	\$1,662	\$696	\$966	\$419
Each Child	\$1,662	\$696	\$966	\$419
3 or More Children	\$4,986	\$2,088	\$2,898	\$1,257

\*The above rates include an administrative fee. Dependent rates are in addition to the student rate.

**Where Can I Obtain More Information About The Plan?**

Enroll Dependents	USI Student Insurance Services
Insurance Benefits Claim Processing Waive Coverage ID Cards	Consolidated Health Plans (CHP) <a href="http://www.chpstudenthealth.com">www.chpstudenthealth.com</a>

Find Network Provider	Cigna PPO <a href="http://www.cigna.com">www.cigna.com</a>
Find Prescription Drug Provider	Cigna Pharmacy Network <a href="http://www.cigna.com">www.cigna.com</a>

**HEALTH INSURANCE BENEFIT SUMMARY\***

BENEFIT	NETWORK	NON-NETWORK
Benefit Maximum	Unlimited	
Annual Deductible The Deductible is waived when referred by the Student Health Center and for services rendered at the Student Health Center	\$100 Individual	\$100 Individual
Out-of-Pocket Maximum	\$6,850 Individual \$13,700 Family Combined Preferred Provider and Non-Preferred Provider	
Coinsurance	80% of PA	70% of U&R
Preventive Care	100% of PA	70% of U&R
Hospital Room & Board (Inpatient)**	80% of PA	70% of U&R
Surgery (Inpatient or Outpatient)	80% of PA	70% of U&R
In Office Physician Visit	80% of PA	70% of U&R
Emergency Services Expense	80% of PA	80% of U&R
Diagnostic X-ray & Laboratory	80% of PA	70% of U&R
Outpatient Prescription Drugs	100% of Preferred Allowance after: Tier 1 \$10 Copayment Tier 2 \$30 Copayment Tier 3 \$60 Copayment Tier 4 \$60 Copayment	100% of Usual and Reasonable after: Tier 1 \$10 Copayment Tier 2 \$30 Copayment Tier 3 \$60 Copayment Tier 4 \$60 Copayment

PA= Preferred Allowance U&R=Usual and Reasonable

\*This is only a brief description of the coverage(s) available under Certificate form OH SHIP Cert (2018). The Certificate will contain reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.

\*\*All inpatient confinements require pre-certification. The phone number can be found on the back of the Insured's ID card. The call should be made prior

**Underwritten By:**  
Commercial Casualty Insurance Company

**Plan Administrator:**  
Consolidated Health Plans, Inc.  
2077 Roosevelt Ave.  
Springfield, MA 01104  
[chpstudenthealth.com](http://chpstudenthealth.com)  
(877) 657-5030

**Servicing Agent:**  
USI Student Insurance Services  
580 N. 4<sup>th</sup> Street, Suite 400  
Columbus, Ohio 43215  
(800) 228-6768  
[www.usi.com](http://www.usi.com)

to Hospital Confinement. In the case of an emergency, the call should take place as soon as reasonably possible

**The following Value-Added Services are not part of the Policy and are not underwritten by Commercial Casualty Insurance Company. The services are provided by Independent vendors and are included if the student participates in the student health plan.**

- Vision discount program through Davis Vision
- Medical travel assistance through Travel Guard
- 24/7 Behavioral Health Hotline/Care Connect

## EXCLUSIONS

**Exclusion Disclaimer:** Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirements of the Act.

The Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of the Policy and as shown in the Schedule of Benefits.

1. Which are not Medically Necessary or do not meet Our medical policy, clinical coverage guidelines, or benefit policy guidelines.
2. Received from an individual or entity that is not a Provider, as defined in this Certificate, or recognized by Us.
3. Which are Experimental/Investigative or related to such, whether incurred prior to, in connection with, or subsequent to the Experimental/Investigative service or supply, as determined by Us. The fact that a service is the only available treatment for a condition will not make it eligible for coverage if We deem it to be Experimental/Investigative.
4. For any condition, disease, defect, ailment, or injury arising out of and in the course of employment if benefits are available under any Workers' Compensation Act or other similar law. If Workers' Compensation Act benefits are not available to an Insured Person, then this Exclusion does not apply. This exclusion applies if the Insured Person receives the benefits in whole or in part. This exclusion also applies whether or not the Insured Person claims the benefits or compensation.
5. To the extent that they are provided as benefits by any governmental unit, unless otherwise required by law or regulation.
6. For any illness or injury that occurs while serving in the armed forces, including as a result of any act of war, declared or undeclared.
7. For a condition resulting from direct participation in a riot, civil disobedience, nuclear explosion, or nuclear accident.
8. For court ordered testing or care unless Medically Necessary.
9. For which an Insured Person has no legal obligation to pay in the absence of this or like coverage.
10. For the following:
  - Physician or Other Practitioners' charges for consulting with Insured Persons by telephone, facsimile machine, electronic mail systems or other consultation or medical management service not involving direct (face-to-face) care with the Insured Person except as otherwise described in this Certificate.
11. Received from a dental or medical department maintained by or on behalf of a School, mutual benefit association, labor union, trust or similar person or group.
12. Prescribed, ordered or referred by or received from a member of an Insured Person's immediate family, including an Insured Person's spouse, child, brother, sister, parent, in-law, or self.
13. For completion of claim forms or charges for medical records or reports unless otherwise required by law.
14. For missed or canceled appointments.
15. For mileage, lodging and meals costs, and other Insured Person travel related expenses, except as specifically stated as a Covered Service.
16. For which benefits are payable under Medicare Parts A, B, and/or D or would have been payable if an Insured Person had applied for Parts A, B and/or D, except, as specified elsewhere in this Certificate or as otherwise prohibited by federal law, as addressed in the section titled "Medicare" in General Provisions. For the purposes of the calculation of benefits, if the Insured Person has not enrolled in Medicare Part B, We will calculate benefits as if they had enrolled.
17. Charges in excess of Our Maximum Usual and Reasonable.
18. Incurred prior to an Insured Person's Effective Date.
19. Incurred after the termination date of this coverage except as specified elsewhere in this Certificate.
20. For any procedures, services, equipment or supplies provided in connection with cosmetic services. Cosmetic services are primarily intended to preserve, change or improve an Insured Person's appearance or are furnished for psychiatric or psychological reasons. No benefits are available for surgery or treatments to change the texture or appearance of an Insured Person's skin or to change the size, shape or appearance of facial or body features (such as an Insured Person's nose, eyes, ears, cheeks, chin, chest or breasts). Complications directly related to cosmetic services treatment or surgery, as determined by

- Surcharges for furnishing and/or receiving medical records and reports.
- Charges for doing research with Providers not directly responsible for an Insured Person's care.
- Charges that are not documented in Provider records.
- Charges from an outside laboratory or shop for services in connection with an order involving devices (e.g., prosthetics, orthotics) which are manufactured by that laboratory or shop, but which are designed to be fitted and adjusted by the attending Physician.
- For membership, administrative, or access fees charged by Physicians or other Providers. Examples of administrative fees include, but are not limited to, fees charged for educational brochures or calling a patient to provide their test results.

- Us, are not covered. This exclusion applies even if the original cosmetic services treatment or surgery was performed while the Insured Person was covered by another carrier/self funded plan prior to coverage under this Certificate. Directly related means that the treatment or surgery occurred as a direct result of the cosmetic services treatment or surgery and would not have taken place in the absence of the cosmetic services treatment or surgery. This exclusion does not apply to conditions including but not limited to: myocardial infarction; pulmonary embolism; thrombophlebitis; and exacerbation of co-morbid conditions.
21. For maintenance therapy, which is treatment given when no additional progress is apparent or expected to occur. Maintenance therapy includes treatment that preserves an Insured Person's present level of functioning and prevents loss of that functioning, but which does not result in any additional improvement.
  22. For the following:
    - Custodial Care, convalescent care or rest cures.
    - Domiciliary care provided in a residential institution, (except for Mental Health Disorder and Substance Use Disorder treatment), treatment center, halfway house, or school because an Insured Person's own home arrangements are not available or are unsuitable, and consisting chiefly of room and board, even if therapy is included.
    - Care provided or billed by a hotel, health resort, convalescent home, rest home, nursing home or other extended care facility home for the aged, infirmary, school infirmary, institution providing education in special environments, supervised living or halfway house, or any similar facility or institution.
    - Care provided or billed by a residential facility (except for Mental Health Disorder and Substance Use Disorder treatment), including observation and assessment by a Provider weekly or more frequently, an individualized program of rehabilitation, therapy, education, and recreational or social activities.
    - Services or care provided or billed by a school, Custodial Care center for the developmentally disabled, or outward bound programs, even if psychotherapy is included.
    - Wilderness camps.
  23. For routine foot care (including the cutting or removal of corns and calluses); Nail trimming, cutting or debriding; Hygienic and preventive maintenance foot care, including but not limited to:
    - cleaning and soaking the feet.
    - applying skin creams in order to maintain skin tone.
    - other services that are performed when there is not a localized illness, injury or symptom involving the foot.
  24. For surgical treatment of flat feet; subluxation of the foot; weak, strained, unstable feet; tarsalgia; metatarsalgia; hyperkeratoses.
  25. Weight loss programs, whether or not they are pursued under medical or Physician supervision, unless specifically listed as covered in this Certificate. This exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs.
  26. For bariatric surgery, regardless of the purpose it is proposed or performed. This includes but is not limited to Roux-en-Y (RNY), Laparoscopic gastric bypass surgery or other gastric bypass surgery (surgical procedures that reduce stomach capacity and divert partially digested food from the duodenum to the jejunum, the section of the small intestine extending from the duodenum), or Gastroplasty, (surgical procedures that decrease the size of the stomach), or gastric banding procedures. Complications directly related to bariatric surgery that result in an Inpatient stay or an extended Inpatient stay for the bariatric surgery, as determined by Us, are not covered. This exclusion applies when the bariatric surgery was not a Covered Service under this Plan or any previous plan, and it applies if the surgery was performed while the Insured Person was covered by a previous carrier/self-funded plan prior to coverage under this Certificate. Directly related means that the Inpatient stay or extended Inpatient stay occurred as a direct result of the bariatric procedure and would not have taken place in the absence of the bariatric procedure. This exclusion does not apply to conditions including but not limited to: myocardial infarction; excessive nausea/vomiting; pneumonia; and exacerbation of co-morbid medical conditions during the procedure or in the immediate post-operative time frame.
  27. For marital counseling.
  28. For hearing aids or examinations to prescribe/fit them, unless otherwise specified within this Certificate.
  29. For services or supplies primarily for educational, vocational, or training purposes, except as otherwise specified herein.
  30. For services to reverse voluntarily induced sterility.
  31. For diagnostic testing or treatment related to infertility.
  32. For personal hygiene, environmental control, or convenience items including but not limited to:
    - Air conditioners, humidifiers, air purifiers;
    - Personal comfort and convenience items during an Inpatient stay, including but not limited to daily television rental, telephone services, cots or visitor's meals;
    - charges for non-medical self-care except as otherwise stated;
    - Purchase or rental of supplies for common household use, such as water purifiers;
    - Allergenic pillows, cervical neck pillows, special mattresses, or waterbeds;
    - Infant helmets to treat positional plagiocephaly;
    - Safety helmets for Insured Persons with neuromuscular diseases; or
    - Sports helmets.
  33. Health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer, or

- any other charges for activities, equipment, or facilities used for developing or maintaining physical fitness, even if ordered by a Physician. This exclusion also applies to health spas.
34. For telephone consultations or consultations via electronic mail or internet/web site, except as required by law, or as otherwise described in this Certificate.
  35. For care received in an emergency room which is not Emergency Care, except as specified in this Certificate. This includes, but is not limited to suture removal in an emergency room.
  36. For eye surgery to correct errors of refraction, such as near-sightedness, including without limitation LASIK, radial keratotomy or keratomileusis or excimer laser refractive keratectomy.
  37. For self-help training and other forms of non-medical self care, except as otherwise provided in this Certificate.
  38. For examinations relating to research screenings.
  39. For stand-by charges of a Physician.
  40. Physical exams and immunizations required for enrollment in any insurance program, as a condition of employment, for licensing, or for other purposes except as required under Preventive Services.
  41. For Private Duty Nursing Services rendered in a Hospital or Skilled Nursing Facility; Private Duty Nursing Services are Covered Services only when provided through the Home Care Services benefit as specifically stated in the Covered Services" section.
  42. For Manipulation Therapy services rendered in the home as part of Home Care Services.
  43. Services and supplies related to sex transformation and/or the reversal thereof, or male or female sexual or erectile dysfunctions or inadequacies, regardless of origin or cause. This Exclusion includes sexual therapy and counseling. This exclusion also includes penile prostheses or implants and vascular or artificial reconstruction, Prescription Drugs, and all other procedures and equipment developed for or used in the treatment of impotency, and all related Diagnostic Testing.
  44. For (services or supplies related to) alternative or complementary medicine. Services in this category include, but are not limited to, acupuncture, holistic medicine, homeopathy, hypnosis, aroma therapy, massage and massage therapy, reiki therapy, herbal, vitamin or dietary products or therapies, naturopathy, thermograph, orthomolecular therapy, contact reflex analysis, bioenergetic synchronization technique (BEST), iridology-study of the iris, auditory integration therapy (AIT), colonic irrigation, magnetic innervation therapy, electromagnetic therapy, and neurofeedback.
  45. For any services or supplies provided to a person not covered under the Certificate in connection with a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).
  46. For surgical treatment of gynecomastia.
  47. For treatment of hyperhidrosis (excessive sweating).
  48. Complications directly related to a service or treatment that is a non- Covered Service under this Certificate because it was determined by Us to be Experimental/Investigational or non- Medically Necessary. Directly related means that the service or treatment occurred as a direct result of the Experimental/Investigational or non- Medically Necessary service and would not have taken place in the absence of the Experimental/Investigational or non- Medically Necessary service.
  49. For Drugs, devices, products, or supplies with over the counter equivalents and any Drugs, devices, products, or supplies that are therapeutically comparable to an over the counter Drug, device, product, or supply, except as required for Preventive Care Services. Sclerotherapy for the treatment of varicose veins of the lower extremities including ultrasonic guidance for needle and/or catheter placement and subsequent sequential ultrasound studies to assess the results of ongoing treatment of varicose veins of the lower extremities with sclerotherapy.
  50. Treatment of telangiectatic dermal veins (spider veins) by any method.
  51. Reconstructive services except as specifically stated in the **Covered Services** section of this Certificate, or as required by law.
  52. Nutritional and/or dietary supplements, except as provided in this Certificate or as required by law. This exclusion includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written Prescription or dispensing by a licensed Pharmacist.
  53. **International Students Only** - Eligible expenses within the Insured Person's Home Country or country of origin that would be payable or medical Treatment that is available under any governmental or national health plan for which the Insured Person could be eligible.
  54. Dental Implants, except for the benefit covered under the Pediatric Dental benefit, unless covered elsewhere in this Certificate.
  55. Human Growth Hormone for children born small for gestational age.
  56. Prescriptions, fitting, or purchase of eyeglasses or contact lenses, except for benefits provided under Pediatric Vision, and except in the case of Injury or as otherwise provided and unless covered elsewhere in this Certificate.
  57. Vision correction surgery, Orthoptic Therapy, visual training or radial keratotomy or similar surgical procedures to correct vision (including LASIK, radial keratotomy or keratomileusis), except as provided herein or when due to a disease process. This Exclusion does not apply for initial prosthetic lenses or sclera shells following intraocular surgery for treatment of cataract or aphakia, contact lenses or glasses following lens implantation.