

# Oberlin College

## Student Health Insurance Plan



Underwritten by Tufts Insurance Company.

Policy Number: SP100102



Academic  
HealthPlans™

**OBERLIN**  
COLLEGE & CONSERVATORY

Form Number: 100102-1-1617-1-R1

2016 - 2017

# Oberlin College Health Services

Student Health Services (SHS) provides primary care services to all full time students at Oberlin College and Conservatory of Music regardless of insurance coverage. Students may see a physician, nurse practitioner or registered nurse for a broad spectrum of illnesses and injuries, as well as follow-up care as needed. We provide immunizations, allergy injections, men and women's health services, physical exams, some diagnostic testing, procedures, basic laboratory services, a few medications, and medical supplies. SHS does not provide excuses for missed classes. Students are responsible for communicating with their professors about their illness via e-mail or other agreed upon communication modalities.

Call 440-775-8180 for an appointment from 8:30 a.m. to 1 p.m., and from 2-4:40 p.m., Monday through Friday, for any of the above health care needs.

**Please note:** Deductibles are waived for services provided at Health Services.

For more information, call the Health Services at (440) 775-8180.

**Location:** 247 West Lorain St., Ste. A  
Oberlin, OH 44074

**Telephone:** (440) 775-8180

**Web page:** [new.oberlin.edu/office/student-health-services/](http://new.oberlin.edu/office/student-health-services/)

## Did you know?

The cost of the Oberlin College Student Health PPO Plan may be less expensive than coverage as a dependent under your parent's Plan.

## Useful contact info:

**Academic HealthPlans:** (855) 844-3014

**Christie Student Health Customer Care:** (844) 603-6191

**CVS Health (Prescription Drug Information):** (866) 760-4274

**24 Hour Nurse Line:** (877) 924-7758

**Mail claims to:** Cigna  
PO Box 188061  
Chattanooga, TN 37422-8061

**Search for a provider:** [www.christiestudenthealth.com/oberlincollege/tools-resources](http://www.christiestudenthealth.com/oberlincollege/tools-resources)

This plan is underwritten by Tufts Insurance Company (TIC), and administered by Christie Student Health Plans LLC (CSHP). Christie Student Health is the brand name for the student health products and services provided by TIC and CSHP.

# Top 5 Things You Need To Know

**#1** The Student Health PPO Plan provides coverage for basic care and prescription drugs which includes, but is not limited to the following:

- Primary Care
- Care for many specialists
- Urgent Care
- Mental and behavioral health care/counseling
- Lab testing and screenings



**#2** The Student Health PPO Plan provides nationwide coverage through Cigna with access to over 840,000 providers and 6,000 hospitals.

**#3** Your Student Health PPO Plan also includes Prescription Drug Coverage through CVS Health

**#4** Eligible students are automatically enrolled and billed for the Student Health PPO Plan. To determine your eligibility, view page 3 of this brochure.

**#5** Once registered, you can access all of the tools the Student Portal has to offer, including accessing a copy of your ID card. This way, if necessary, you can go see a doctor or fill a prescription.



## Online Tools

Our Student Portal provides students with one central location for all of your student health insurance needs, including getting a copy of your ID card, viewing claims, searching for a provider or hospital and viewing eligibility details and benefit documents.



# Are you eligible?

All full-time students enrolled at Oberlin College are automatically enrolled in the Student Health PPO Plan, and the premium cost is included on the tuition bill unless proof of comparable coverage is provided by the waiver deadline (**September 15, 2016**).

If you withdraw from school within the first 31 days of a coverage period, you will not be covered under the Policy and the full premium will be refunded, less any claims paid. After 31 days, you will be covered for the full period that you have paid the premium for, and no refund will be allowed. (This refund policy will not apply if you withdraw due to a covered Accident or Sickness.)

## Dependent Coverage

Covered students may also enroll their lawful spouse and dependent children.

Covered dependent children are covered until the end of the Policy Year in which the child reaches the age of 26 unless the Child is eligible for an extension beyond this limiting age.

### *Extension of Coverage to Age 28:*

If the Child is an unmarried child who attains the limiting age for a Dependent child, coverage for the child can be extended until he or she attains twenty-eight (28) years of age, if all of the following are true:

- The Child is the natural child, stepchild, or adopted child of the Covered Student.
- The Child is a resident of the State of Ohio or a full-time student at an accredited public or private institution of higher education.
- The Child is not employed by an employer that offers any health benefit plan under which the student is eligible for coverage.
- The Child is not eligible for coverage under the Medicaid program or the Medicare program.

### *Qualifying Life Event:*

Eligible students who have a change in status and lose coverage under another Health Care Plan are eligible to enroll for coverage under the Policy provided, within 31 days of the qualifying life event, students should send a copy of the Certificate of Creditable Coverage, the completed Qualifying Life Events Form and the letter of ineligibility to Academic HealthPlans. A change in status due to a qualifying life event includes, but is not limited to, loss of a spouse, whether by death, divorce, annulment or legal separation. You may download a form from [oberlin.myahpcare.com](http://oberlin.myahpcare.com).

## Did you know?

You can save money by visiting an In-Network provider through the Cigna PPO network.

# Enrollment and Waiver Details

Eligible students are automatically enrolled in and billed for the Student Health PPO Plan. Students who have comparable health insurance can elect to waive the Student Health PPO Plan. To provide proof of comparable coverage, an online waiver form must be completed and submitted by the deadlines below. Waive through the Oberlin College Portal at [oberlin.myahpcare.com](http://oberlin.myahpcare.com).

## Waiver Deadline

The deadline for students to complete the waiver form is **September 15, 2016** for annual coverage, and **February 15, 2017** for the spring/summer semesters. Students who do not submit an online waiver form by the deadline will be enrolled in and billed for the Student Health PPO Plan.

	Coverage Start Date	Coverage End Date	Open Enrollment Period
<b>Annual</b>	08/01/2016	07/31/2017	07/01/2016 – 10/01/2016
<b>Spring/Summer</b>	01/01/2017	07/31/2017	12/15/2016 – 02/15/2017

# Oberlin College Student Health Insurance

The Oberlin College Student Health PPO Plan is a fully insured student health insurance plan underwritten by Tufts Insurance Company (“TIC”), and administered by Christie Student Health.

Your Plan is a Preferred Provider Organization or “PPO” Plan. It provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of the Plan’s network referred to as “In-Network”. The In-Network providers participate in the Cigna network outside of MA and RI, and in the Tufts Health Plan network in MA and RI.

The Plan also provides coverage when you obtain Covered Medical Expenses from physicians who are not part of the Plan’s network, referred to as “Out-of-Network”.

The premium rates and the list of Covered Services are illustrated in the tables below. Please contact Academic HealthPlans at (855) 844-3014 with any questions you may have about the Plan.

## Member Premium Rates

Classification	Annual 8/1/2016 – 7/31/2017	Spring/Summer 1/1/2017 – 7/31/2017
<b>Student</b>	\$1,205	\$699
<b>Spouse</b>	\$2,656	\$1,542
<b>Child</b>	\$1,578	\$916

### Did you know?

The Student Health PPO Plan includes discount vision services.

The rates above include both premium and administrative fees.

View plan details at [oberlin.myahpcare.com](http://oberlin.myahpcare.com)

# Covered Services

The covered services below are for students and their dependents. For a full description of covered benefits, please view the Oberlin College PPO Certificate by visiting [oberlin.myahpcare.com](http://oberlin.myahpcare.com) or [www.christiestudenthealth.com/oberlincollege](http://www.christiestudenthealth.com/oberlincollege).

## Metallic Tier: Platinum/Tested at 88.88%

Annual Deductible	\$200 for In-Network; \$400 for Out-of-Network	
Out of Pocket Maximum	\$2,000 per member; \$8,000 per family for In-Network only	
Plan Maximum	Unlimited	
Benefit type	In-Network	Out-of-Network
Inpatient Hospital Expense (including Intensive Care Unit)	80% of allowed amount	60% of reasonable charges
Inpatient Surgical Expense	80% of allowed amount	60% of reasonable charges
Inpatient Anesthesia Expense	80% of allowed amount	60% of reasonable charges
Inpatient Assistant Surgeon Expense	80% of allowed amount	60% of reasonable charges
Inpatient Miscellaneous Expense	80% of allowed amount	60% of reasonable charges
Inpatient Physician or RN Visit Expense	80% of allowed amount	60% of reasonable charges
Routine Newborn Care Expense	Payable as any other sickness	
Maternity Expense (including complications of pregnancy)	Payable as any other sickness	
Inpatient Mental Health	80% of allowed amount	60% of reasonable charges
Inpatient Substance Abuse	80% of allowed amount	60% of reasonable charges
Pre-admission Testing Expense	80% of allowed amount	60% of reasonable charges
Outpatient Surgical Expense	80% of allowed amount	60% of reasonable charges
Outpatient Anesthesia Expense	80% of allowed amount	60% of reasonable charges
Outpatient Surgeon and Assistant Surgeon Expense	80% of allowed amount	60% of reasonable charges
Hospital Outpatient Department Expense	80% of allowed amount	60% of reasonable charges
Walk-in Clinic Visit Expense	100% of allowed amount following a \$20 copay	60% of reasonable charges
Physician Office Visit Expense (including Consultant)	100% of allowed amount following a \$20 copay	60% of reasonable charges
Urgent Care Expense	80% of allowed amount, following a \$50 copay	60% of reasonable charges, following a \$50 copay
Emergency Room Expense	80% of allowed amount, following a \$100 copay (copay waived if admitted)	80% of reasonable charges, following a \$100 copay (copay waived if admitted)
Diagnostic Labs & X-rays Expense	80% of allowed amount	60% of reasonable charges
High-Tech Imaging (including MRI, CT Scan)	80% of allowed amount	60% of reasonable charges
Routine Physical Exams	*100% of allowed amount	60% of reasonable charges
Routine Immunizations	*100% of allowed amount	60% of reasonable charges
Routine Mammograms	*100% of allowed amount	60% of reasonable charges
Routine Pap smears	*100% of allowed amount	60% of reasonable charges
Routine Colorectal Cancer Screening Expense	*100% of allowed amount	60% of reasonable charges
Routine Prostate Cancer Screening Expense	*100% of allowed amount	60% of reasonable charges
Pediatric Vision Care Expense Supplies are limited to 1 pair of glasses (lenses and frames) per Policy Year	*100% of allowed amount	60% of reasonable charges

# Covered Services, cont.

Benefit type	In-Network	Out-of-Network
<b>Physical, Occupational and Speech Therapy Expense</b> Limited to 20 visits per Policy Year for each therapy type.	80% of allowed amount	60% of reasonable charges
<b>Chiropractic Therapy Expense</b> Limited to 36 visits per Policy Year	80% of allowed amount	60% of reasonable charges
<b>Allergy Testing and Treatment Expense</b>	Payable as any other sickness	
<b>Ambulance Service Expense</b>	80% of allowed amount	80% of reasonable charges
<b>Outpatient Mental Health Expense</b>	100% of allowed amount following a \$20 copay	60% of reasonable charges
<b>Outpatient Substance Abuse Expense</b>	100% of allowed amount following a \$20 copay	60% of reasonable charges
<b>Diagnostic Testing for Learning Disabilities</b>	80% of allowed amount	60% of reasonable charges
<b>Durable Medical Equipment Expense</b>	80% of allowed amount	60% of reasonable charges
<b>Voluntary Sterilization – tubal ligation</b>	100% of allowed amount	60% of reasonable charges
<b>Voluntary Sterilization – vasectomy</b>	80% of allowed amount	60% of reasonable charges
<b>Elective Abortion Expense</b>	80% of allowed amount	60% of reasonable charges
<b>Hospice Expense</b>	80% of allowed amount	60% of reasonable charges
<b>Home Health Care Expense</b>	80% of allowed amount	60% of reasonable charges
<b>Skilled Nursing Expense</b>	80% of allowed amount	60% of reasonable charges
<b>Private Duty Nursing Expense</b> Limited to 110 visits per Policy Year	80% of allowed amount	60% of reasonable charges
<b>Diabetic Testing Supplies Expense</b>	Payable as any other sickness	
<b>Outpatient Diabetic Self-management Education Expense</b>	Payable as any other sickness	
<b>Nutritional Counseling Expense</b>	80% of allowed amount	60% of reasonable charges
<b>Dental Injury Expense</b>	80% of actual charge	80% of actual charge
<b>Radiation and Chemotherapy Expense</b>	Payable as any other sickness	
<b>Cardiac Rehabilitation Services Outpatient Expense</b> Limited to 36 visits per Policy Year	80% of allowed amount	60% of reasonable charges
<b>Pulmonary Rehabilitation Therapy Expense</b> Limited to 20 visits per Policy Year	80% of allowed amount	60% of reasonable charges
<b>Contraceptives Expense</b>	*100% of allowed amount	60% of reasonable charges
<b>Gender Reassignment Surgery and Related Services</b>	Payable as any sickness	
<b>*Prescription Drug Expense</b>	100% following: \$10 copay for Generic \$25 copay for Brand name drugs	60% of reasonable charges

\*The annual deductible is waived for these services.

Some benefits above may require prior authorization. Please refer to your Certificate of Insurance for additional details.

# Commonly Used terms

**Claim:** A request for payment that is submitted to your health insurance company for services received.

**Co-insurance:** Your share of the costs of covered health care services calculated as a percent (for example, 20%) of the allowed amount for the service.

**Copayment (copay):** The fixed amount you pay for a certain covered health care services, paid at the time of service.

**Deductible:** The amount you pay for Covered Services before any payments will be made by your insurance company.

**Eligibility:** Terms of an insurance policy that define the requirements to become a member on the insurance plan.

**Exclusions:** Expenses for which the plan does not cover nor provide benefits for.

**In-Network:** Refers to a provider or facility that has a contract with your health insurance company or plan to provide services to you at a discount.

**Inpatient Care:** Medical services provided after a patient is admitted to a facility such as a hospital.

**Out-of-Network:** Refers to a provider or facility that does not have a contract with your health insurance company and therefore you may incur higher costs.

**Out-of-Pocket Maximum:** The maximum amount that you pay during your plan's policy period before your health insurance company will pay 100% of the allowed amount.

**Negotiated Rate:** An agreed upon amount between the insurance company and in-network providers and facilities for covered services. The Negotiated Rate is used to determine the allowed amount.

**Premium:** The amount you pay to purchase your health insurance plan.

**Primary Care Physician (PCP):** A general or family practitioner who provides and manages your care and refers you to specialists.

**Reasonable Charge:** The lesser of the amount charged by the Non-Network Provider; or the amount paid for a medical service in a geographic area based on nationally accepted means and amounts of claims payment. The Reasonable Charge amount is used to determine the allowed amount.

**Waiver:** Showing proof of adequate health care coverage in order to opt-out of the student health plan.

# Exclusions

Certain services are not covered under this plan. We will not pay for the following services, supplies, or medications:

- Which *We* determine are not *Medically Necessary* or do not meet *Our* medical policy, clinical coverage guidelines, or benefit policy guidelines.
- Received from an individual or entity that is not a *Provider*, as defined in the *Certificate*, or recognized by *Us*.
- 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*.
- 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 *You*, then this Exclusion does not apply. This exclusion applies if *You* receive the *benefits* in whole or in part. This exclusion also applies whether or not *You* claim the *benefits* or compensation. It also applies whether or not *You* recover from any third party.
- To the extent that they are provided as *benefits* by any governmental unit, unless otherwise required by law or regulation.
- 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.
- For a condition resulting from direct participation in a riot, civil disobedience, nuclear explosion, or nuclear accident.
- For court ordered testing or care unless *Medically Necessary*.
- For which *You* have no legal obligation to pay in the absence of this or like coverage.
- For the following:
  - Physician or other *Provider's* charges for consulting with *Members* by telephone, facsimile machine, electronic mail systems or other consultation or medical management service not involving direct (face-to-face) care with the *Member* except as otherwise described in the *Certificate*.
  - Surcharges for furnishing and/or receiving
- Charges for doing research with *Providers* not directly responsible for *Your* 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.
- Received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust or similar person or group.
- Prescribed, ordered or referred by or received from a member of *Your* immediate family, including *Your Spouse, Child*, brother, sister, parent, in-law, or self.
- For completion of claim forms or charges for medical records or reports unless otherwise required by law.

- For missed or canceled appointments.
- For mileage, lodging and meals costs, and other *Member* travel related expenses, except as authorized by *Us* or specifically stated as a *Covered Service*.
- For which *benefits* are payable under Medicare Parts A, B, and/or D or would have been payable if a Member had applied for Parts A, B and/or D, except, as specified elsewhere in the *Certificate* or as otherwise prohibited by federal law. For the purposes of the calculation of *benefits*, if the *Member* has not enrolled in Medicare Part B, We will calculate *benefits* as if they had enrolled.
- Incurred prior to *Your Effective Date*.
- Incurred after the termination date of this coverage except as specified elsewhere in the *Certificate*.
- For any procedures, services, equipment or supplies provided in connection with *Cosmetic Care*.
- *Cosmetic Care* are primarily intended to preserve, change or improve *Your* appearance or are furnished for psychiatric or psychological reasons. No *benefits* are available for surgery or treatments to change the texture or appearance of *Your* skin or to change the size, shape or appearance of facial or body features (such as *Your* nose, eyes, ears, cheeks, chin, chest or breasts).
- Complications directly related to *Cosmetic Care* treatment or surgery, as determined by *Us*, are not covered. This exclusion applies even if the original cosmetic services treatment or surgery was performed while the *Member* was covered by another carrier/self funded plan prior to coverage under the *Certificate*. Directly related means that the treatment or surgery occurred as a direct result of the *Cosmetic Care* treatment or surgery and would not have taken place in the absence of the *Cosmetic Care* 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.
- For maintenance therapy, which is treatment given when no additional progress is apparent or expected to occur. Maintenance therapy includes treatment that preserves *Your* present level of functioning and prevents loss of that functioning, but which does not result in any additional improvement.

For the following:

- *Custodial Care*, convalescent care or rest cures.
- *Domiciliary Care* provided in a treatment center, halfway house, or school because a *Member'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.
- 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.
- 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.
- For surgical treatment of flat feet; subluxation of the foot; weak, strained, unstable feet; tarsalgia; metatarsalgia; hyperkeratoses.

- For dental treatment, regardless of origin or cause, except as specified elsewhere in the *Certificate*. "Dental treatment" includes but is not limited to: Preventive care, diagnosis, treatment of or related to the teeth, jawbones (except that TMJ is a *Covered Service*) or gums, including but not limited to:
  - extraction, restoration and replacement of teeth.
  - medical or surgical treatments of dental conditions.
  - services to improve dental clinical outcomes.
- For treatment of the teeth, jawbone or gums that is required as a result of a medical condition except as expressly required by law or specifically stated as a *Covered Service*.
- For Dental implants.
- For Dental braces.
- For Dental x rays, supplies & appliances and all associated expenses, including hospitalization and anesthesia, except as required by law. The only exceptions to this are for any of the following:
  - transplant preparation.
  - initiation of immunosuppressives.
  - direct treatment of acute traumatic injury, cancer or cleft palate.
- Pediatric dental care services.
- Treatment of congenitally missing, malpositioned, or super numerary teeth, even if part of a congenital anomaly.
- Weight loss programs, whether or not they are pursued under medical or physician supervision, unless specifically listed as covered in the *Certificate*. This exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs.
- 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. 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.
- For marital counseling.
- For prescription, fitting, or purchase of eyeglasses or contact lenses except as otherwise specifically stated as a *Covered Service*. This exclusion does not apply for initial prosthetic lenses or sclera shells following intraocular surgery, or for soft contact lenses due to a medical condition.
- For vision orthoptic training.
- For hearing aids or examinations to prescribe/fit them, unless otherwise specified within the *Certificate*.
- For services or supplies primarily for educational, vocational, or training purposes, except as otherwise specified herein.
- For services to reverse voluntarily induced sterility.
- For diagnostic testing or treatment related to infertility.

- 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 Members with neuromuscular diseases; or
  - Sports helmets.
- 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.
- For telephone consultations or consultations via electronic mail or internet/web site, except as required by law, authorized by *Us*, or as otherwise described in the *Certificate*.
- For care received in an emergency room which is not *Emergency Service*, except as specified in the *Certificate*. This includes, but is not limited to suture removal in an emergency room.
- 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.
- For self-help training and other forms of non-medical self care, except as otherwise provided in the *Certificate*.
- For examinations relating to research screenings.
- For stand-by charges of a physician.
- Physical exams and immunizations required for enrollment in any insurance program, as a condition of employment, for licensing, or for other purposes.
- 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.
- For manipulation therapy services rendered in the home as part of home care services.
- Services and supplies related to male or female sexual or erectile dysfunctions or inadequacies, regardless of origin or cause, except as provided in the gender reassignment benefit. This exclusion includes sexual therapy and counseling, except as provided in the gender reassignment benefit. 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, except as provided in the gender reassignment benefit.
- 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.
- 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).
- For surgical treatment of gynecomastia.
- For treatment of hyperhidrosis (excessive sweating).

- Human growth hormone for *Children* born small for gestational age. It is only a *Covered Service* in other situations when allowed by *Us* through *Prior Authorization*.
- Complications directly related to a service or treatment that is a non *Covered Service* under the *Certificate* because it was determined by *Us* to be *Experimental/Investigative* or non *Medically Necessary*. Directly related means that the service or treatment occurred as a direct result of the *Experimental/Investigative* or non *Medically Necessary* service and would not have taken place in the absence of the *Experimental/Investigative* or non *Medically Necessary* service.
- 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.
- 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.
- Treatment of telangiectatic dermal veins (spider veins) by any method.
- Reconstructive services except as specifically stated in the *Covered Services* section of the *Certificate*, or as required by law.
- Nutritional and/or dietary supplements, except as provided in the *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.

If there is a conflict between this overview and the PPO Certificate, the PPO Certificate is the governing document.

If you have questions, please contact Christie Student Health Customer Care: (844) 603-6191.

# Your plan also includes

## 24 Hour Nurse Line

Experienced RNs are just a phone call away to help you figure out the best course of action for a non-emergency health concern. The 24/7 Nurse Advice Line provides a convenient, easy, and confidential way to get medical care advice.

## Worldwide Assistance

To ensure immediate access to assistance if you experience a crisis while traveling over 100 miles from home, or outside your home country, Academic HealthPlans has included Academic Emergency Services benefits in your student health plan coverage. AES offers a wide range of services and benefits to provide everything you need to prepare for your international experience, as well as get the help or information you need in a crisis, no matter how large or small.

Academic Emergency Services (AES) is a global emergency services product. These services are provided by a separate and independent company from AES or Academic HealthPlans. AES provides medical, security and natural disaster evacuation services, repatriation of remains, emergency medical and travel assistance, travel information and other services for Academic HealthPlans.

## AHP Live Care

A faster, easier way to see a doctor. Students and dependents can sign up on AHP Live Care to see a doctor online 24/7/365.

- No appointment necessary
- Prescriptions when necessary
- Private and secure

\*This telemedicine service will be processed as a Physician Office Visit Expense under the Oberlin Student Health Insurance Plan. Members using this service will pay up front and can request reimbursement by submitting a copy of the AHP Live Care provider bill with a Christie Student Health Claim Form. For more information, go to [www.ahplivecare.com](http://www.ahplivecare.com).

# Member Perks

## Dietary & Nutritional Supplement Discounts

You can save 15% or more off of the manufacturers' suggested retail price on a wide variety of vitamins, supplements and popular energy and protein bars through

[ChooseHealthy.com](http://ChooseHealthy.com).



## Fitness Rebate

If you provide proof of four consecutive months of membership in the Christie Student Health Plan and at a qualified fitness center you may be eligible for up to a \$150 reimbursement of your fitness club dues.



## Discount on Glasses & Eye Care

You are eligible for discounts on vision correction services and eyewear from participating EyeMed providers.



## Discounts at Jenny Craig

When you're ready to lose weight, Jenny Craig makes it simple. 50% off Jenny Craig All Access Enrollment plus 5% off All Jenny Craig Food.\*



\*50% discount on \$99 enrollment fee. Plus the cost of food. Plus the cost of shipping if applicable. Member is responsible for all payments for the Jenny Craig Program.