Oberlin College 2016-2017 Student Health Insurance Plan



Eligibility

All students enrolled on campus at Oberlin College are automatically enrolled in the Student Health Insurance 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).**

Eligible Dependents of those enrolled in the Student Health Insurance Plan may participate in the plan on a voluntary basis.

Please view the complete brochure on-line at **oberlin.myahpcare.com** for full details of participation in the plan.

Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services

Additional Information

- 6 oberlin.myahpcare.com
- (855) 844-3014





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. The Oberlin College Policy Number is SP100102

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This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of the Cigna network (outside of MA and RI) and Tufts Health Plan (within MA and RI).

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited
Deductible	In-Network Provider: \$200 per Insured Person, per Policy Year Out-of-Network Provider: \$400 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	In-Network Provider: \$2,000 per Insured Person, per Policy Year Out-of-Network Provider: Unlimited
Family Out-of-Pocket Maximum	In-Network Provider: \$8,000 per Insured Person, per Policy Year Out-of-Network Provider: Unlimited

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	Payments are based on the Allowed Amount	Payments are based on the Reasonable Charges
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
In-Office Physician Fees	100% after a \$20 Copayment	60%
Physical, Occupational & Speech Therapy	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense Copayment waived if admitted	80% after a \$100 Copayment per visit	80% after a \$100 Copayment per visit
Prescription Drugs	At pharmacies contracting with CVS Health 100% after a \$10 Copayment per Generic Drug \$25 Copayment per Brand Drug	60%
Preventive Care Services	100% 60%	

Exclusions: The following is a partial list of services and supplies that are not covered. Cosmetic surgery, procedures, supplies and appliances; Custodial Care; Expenses incurred for elective treatment or elective surgery except as specifically provided in the Plan; Care for conditions for which benefits are available under workers' compensation or other government programs other than Medicaid; Hearing Exams; Preventive dental care, except as provided under "Pediatric dental care for Members under age 19" benefit; Reversal of voluntary sterilization; A service, supply or medication which is not medically necessary.

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.

2016–2017 PREMIUM COSTS AND COVERAGE PERIODS						
Coverage Periods	Annual 08/01/2016 through 07/31/2017	Spring/Summer 01/01/2017 through 07/31/2017	Early Arrivals 06/01/2016 through 07/31/2016			
Open Enrollment	07/01/2016 through 10/01/2016	12/15/2016 through 02/15/2017	N/A			
Student	\$ 1,205	\$ 699	\$ 203			
Spouse	\$ 2,656	\$ 1,542	\$ 445			
Child	\$ 1,578	\$ 916	\$ 265			

To view all enrollment and coverage periods available, please visit oberlin.myahpcare.com or call Academic HealthPlans at (855) 844-3014.