



A STUDENT HEALTH PLAN **FOR YOU!**

AM I ELIGIBLE?

All Domestic Undergraduate students enrolled in 3.25 OWU credits per term, all International Students, and all Student Athletes are required to purchase the Plan unless proof of comparable coverage is provided by the appropriate deadlines.

Dependents are not eligible to enroll in the Plan.

Please view the complete brochure online at owu.myahpcare.com for full details of participation in the plan.

CAN I WAIVE?

Students have the option to waive if proof of comparable coverage is provided by the appropriate deadlines. In order to waive out of the Student Health Insurance Plan coverage, you will need to submit a waiver online at owu.myahpcare.com.

COVERAGE PERIODS & COST

Fall	08/01/21 - 12/31/21	Spring/Summer	01/01/22 - 07/31/22
Waiver Deadline	07/08/21 - 09/03/21	Waiver Deadline	12/01/21 - 01/21/22
Student	\$ 861	Student	\$ 1,191

To view all waiver and coverage periods available, please visit owu.myahpcare.com.

ADDITIONAL BENEFITS

- Access to Medical & Mental Health Telemedicine Services
- Access to Academic Student Assistance Program
- Urgent Care Benefits
- Coverage when traveling
- Academic Emergency Services*

Ohio
Wesleyan
University

Administered by Academic HealthPlans

ahp | Academic
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*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.

OHIO WESLEYAN UNIVERSITY 2021 - 2022

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 **Cigna PPO Network**.

Student Health Center: Benefits will be paid at 100% when services are provided at the Student Health Center.

BENEFIT MAXIMUMS & DEDUCTIBLES

	IN-NETWORK	OUT-OF-NETWORK
Benefit Maximum per Insured Person, per Policy Year		Unlimited
Deductible per Insured Person, per Policy Year	\$ 250	\$500
Out-of-Pocket Maximum per Insured Person, per Policy Year	\$ 5,000	\$ 10,000

BENEFIT CATEGORY

A deductible applies unless otherwise stated below.

	IN-NETWORK Payments are based on the Negotiated Charge	OUT-OF-NETWORK Payments are based on the Usual & Customary Charge
Hospital Care Includes Room & Board Expenses & Intensive Care <i>Pre-certification Required</i>	80%	60%
Inpatient/Outpatient Surgery <i>Pre-certification Required</i>	80%	60%
Physician's Office Visits Including Specialists and Consultants	100% after a \$25 Copayment	80%
Rehabilitation Therapy Including Physical and Occupational Therapy, Speech Therapy and Inhalation Therapy <i>Pre-certification Required</i>	80%	60%
Diagnostic Imaging Services <i>Pre-certification Required</i>	80%	60%
Emergency Care Services <i>Pre-certification Required</i>	80% after a \$200 Copayment	80% after a \$200 Copayment
Prescriptions Drugs Retail (30-day supply)	At pharmacies contracting with Wellfleet RX/ESI: 100% after a: Tier 1: \$20 Copayment Tier 2: \$40 Copayment Tier 3: \$60 Copayment Specialty Drugs: \$60 Copayment (Deductible Waived)	100% after a: Tier 1: \$20 Copayment Tier 2: \$40 Copayment Tier 3: \$60 Copayment Specialty Drugs: \$60 Copayment
Preventive Care Services For more information, please visit healthcare.gov/coverage/preventive-care-benefits/	100% (Deductible Waived)	80%

