



# 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](http://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](http://owu.myahpcare.com).

## COVERAGE PERIODS & COST

<b>Fall</b>	<b>08/01/22 - 12/31/22</b>	<b>Spring/Summer</b> <small>New Students</small>	<b>01/01/23 - 07/31/23</b>
Waiver Deadline	07/08/22 - 09/07/22	Waiver Deadline	12/01/22 - 02/01/23
Student	\$ 909	Student	\$ 1,259

To view all waiver and coverage periods available, please visit [owu.myahpcare.com](http://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 2022 - 2023

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
<b>Benefit Maximum</b> per Insured Person, per Policy Year		Unlimited
<b>Deductible</b> per Insured Person, per Policy Year	\$ 250	\$500
<b>Out-of-Pocket Maximum</b> 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
<b>Hospital Care</b> Includes Room & Board Expenses & Intensive Care Pre-certification Required	80%	60%
<b>Inpatient/Outpatient Surgery</b> Pre-certification Required	80%	60%
<b>Physician's Office Visits</b> Including Specialists and Consultants	100% after a \$25 Copayment (Deductible Waived)	80%
<b>Rehabilitation Therapy</b> Including Physical and Occupational Therapy, Speech Therapy and Inhalation Therapy Pre-certification Required	80%	60%
<b>Diagnostic Imaging Services</b> Pre-certification Required	80%	60%
<b>Emergency Care Services</b>	80% after a \$200 Copayment	80% after a \$200 Copayment
<b>Prescriptions Drugs</b> 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: 50% (Deductible Waived)	100% after a: Tier 1: \$20 Copayment Tier 2: \$40 Copayment Tier 3: \$60 Copayment Specialty Drugs: 50%
<b>Preventive Care Services</b> For more information, please visit <a href="http://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a>	100% (Deductible Waived)	80%

