

Oberlin College 2018-2019 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, August 31, 2018.

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



1-855-844-3014



oberlin.myahpcare.com



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Academic HealthPlans



Oberlin College 2018-2019 Student Health Insurance Plan

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. The Preferred Provider is UnitedHealthcare Choice Plus.

Student Health Center: The deductible will be waived and benefits will be paid at 100% of billed charges when treatment is rendered at the Student Health Center.

BENEFIT MAXIMUMS & DEDUCTIBLES		
Benefit Maximum		Unlimited
Deductible	In-Network Provider: Out-of-Network Provider:	\$200 per Insured Person, per Policy Year \$400 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	In-Network Provider: Out-of-Network Provider:	\$2,000 per Insured Person, per Policy Year N/A
Family Out-of-Pocket Maximum	In-Network Provider: Out-of-Network Provider:	\$8,000 for all Insureds in a Family, per Policy Year N/A
BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the Allowed Amount</i>	<i>Payments are based on the Usual and Customary Charges</i>
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
In-Office Physician Fees	100% after a \$20 Copayment per visit	60%
Physiotherapy	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense <i>Copayment waived if admitted</i>	80% after a \$100 Copayment per visit	80% after a \$100 Copayment per visit
Prescription Drugs <i>Up to a 31-day supply per prescription</i>	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a \$10 Copayment per Tier 1 \$25 Copayment per Tier 2 \$25 Copayment per Tier 3	100% after a \$10 Copayment per Generic Drug \$25 Copayment per Brand-Name Drug
*Preventive Care Services	100%	60%

*Please visit www.healthcare.gov/preventive-care-benefits/ for more information

2018-2019 PREMIUM COSTS AND COVERAGE PERIODS		
Coverage Periods	Annual	Spring/Summer
	08/01/2018 through 07/31/2019	01/01/2019 through 07/31/2019
Open Enrollment	07/02/2018 through 10/02/2018	11/01/2018 through 02/15/2019
Student	\$ 1,664	\$ 966
Spouse	\$ 1,664	\$ 966
Child ¹	\$ 1,664	\$ 966

¹The child rate is up to two children. The cost for two or more children will be two times the child rate.

To view all enrollment and coverage periods available, please visit oberlin.myahpcare.com or call Academic HealthPlans at 1-855-844-3014.

DISCLAIMER: This information is subject to change based upon the mandated benefits approved within the filing for the plan.