

# Oberlin College 2020-2021 Student Health Insurance Plan

## Eligibility

All full time students enrolled 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. All part time and senior students completing their remaining credits to graduate and who have permission from the college are eligible to enroll in the Student Health Insurance Plan on a voluntary basis.

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](http://oberlin.myahpcare.com) for full details of participation in the plan.

## Additional Benefits

- Access to a 24-hour nurse line & telehealth
- Adult dental now included in medical plan
- Coverage when traveling
- Academic Emergency Services



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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. **The Preferred Provider is Anthem.**

**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
Overall Deductible (Deductible waived at Mercy Medical Center)	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: \$2,000 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	In-Network Provider: \$8,000 for all Insureds in a Family, per Policy Year Out-of-Network Provider: \$8,000 for all Insureds in a Family, per Policy Year

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	Payments are based on the PPO Allowance	Payments are based on the Usual and Customary Changes
Hospital Room and Board Expense	80% after deductible	60% after deductible
Inpatient/Outpatient Surgery	80% after deductible	60% after deductible
Doctor home and office services (Primary and Specialist care)	100% after a \$20 Copayment per visit (Deductible waived)	60% after deductible
Recovery and Rehabilitation	80% after deductible	60% after deductible
Diagnostic Services	80% after deductible	60% after deductible
Urgent Care (office setting) (Deductible waived)	80% after a \$50 Copayment per visit	60% after a \$50 Copayment per visit
Emergency room facility and doctor services	80% after a \$100 Copayment per visit	80% after a \$100 Copayment per visit
Prescription Drugs <i>Up to a 30-day supply per prescription (retail pharmacy)</i>	<b>At pharmacies contracting with IngenioRx</b> 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 Preferred Brand \$25 Copayment per Non-Preferred Brand
Preventive Care Services For more information, visit <a href="https://www.healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a> .	100% (Deductible waived)	60% after deductible

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS		
Coverage Periods	Annual	Spring/Summer
	08/01/2020 through 07/31/2021	01/01/2021 through 07/31/2021
Open Enrollment	07/07/2020 through 08/17/2020	11/03/2020 through 12/21/2021
Student	\$ 1,924	\$ 1,117
Spouse	\$ 1,924	\$ 1,117
Child <sup>1</sup>	\$ 1,857	\$ 1,078

<sup>1</sup>The 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, get quick answers through our Help Center, or Chat with a representative, please visit [oberlin.myahpcare.com](https://oberlin.myahpcare.com).