



University of Findlay®

Student Health Plan 2016-2017

ELIGIBILITY AND COST

All traditional fulltime undergraduate students carrying 12 credit hours or more per semester attending The University of Findlay are eligible for and included in the Plan, unless the student has waived coverage as a result of completing the online Health Insurance Waiver. Graduate students carrying six credit hours or more in two blocks (one semester) and degree completion students carrying 12 credit hours or more in two block (one semester) may be eligible and included in the plan by request only. Coverage for graduate and degree completion students is effective 1 business day after the premium is paid. The premium is \$315.00 for the entire Plan year.

Enrollment and Alternative Coverage – Students may enroll (graduate and degree completion) or waive coverage in this plan through September 1 for the fall semester or through February 1 for first-time students in the spring semester. A student who withdraws or drops below the minimum required hours on or before September 1 (Fall) or February 1 (first-time Spring students), will not be included in the Plan. Students who waive coverage will not be eligible to enroll until the start of the next Plan Year. If you have any questions regarding enrollment in this Plan, or if you do not meet the eligibility requirements of this Plan, please contact the Business Office.

COVERAGE

This Plan, subject to the following outlined benefits and exclusions, protects the covered student at home, at school, or while traveling – 24 hours a day – anywhere in the world, during the term of the Student's Plan.

1. Benefits become effective at 12:01 a.m. on August 1, 2016 and continue during the period for which premium is paid. The Plan expires at 12:01 a.m. on August 1, 2017. In the event a covered student enters the armed services of any country, coverage will automatically terminate and a pro-rata return of premium will be made.
2. Protection is in effect during all interim vacation periods.
3. Injury sustained during the play or practice of intercollegiate athletics (including Equestrian Team activities) is covered to a maximum of \$500.00 per Plan year.
4. Coverage ceases on the last day of attendance for students who withdrawal during the semester and are no longer enrolled at The University in Findlay. Upon graduation coverage will cease on the last day of the semester.

BENEFITS

When in need of medical services, students should make full use of the Cosiano Health Center during open office hours. If it is necessary for the Health Center to refer a student to another medical provider for further treatment, benefits will be available as described in this brochure.

Covered Charges:

The Plan will pay 100% of covered charges up to a maximum of \$2,500 per Plan year for Covered Charges. Covered Charges include the following expenses if medically necessary:

1. Hospital room and board (not to exceed the semi-private room rate) and miscellaneous expenses while confined to a hospital;
2. Treatment provided by a legally qualified physician, while confined to a hospital;
3. Charges by a surgeon, assistant surgeon or anesthesiologist for surgery performed either inpatient or outpatient (including a physician's office or surgery center);
4. Diagnostic X-ray and laboratory services either inpatient or outpatient;
5. Prescription medications;
6. Other medical supplies or services, unless otherwise excluded by this plan;
7. Physician office services and prevention (wellness) services;
8. Substance abuse and/or mental health services or treatment;
9. In the case of Accidental Injury or Qualified Medical Emergency (as defined), the Plan will also pay the following outpatient services:
 - Professional ambulance services to transport the patient to the nearest facility equipped to provide services;
 - Charges for visits to an urgent care center, hospital emergency room or doctor's office;
 - Physical or Occupational Therapy
10. Oral surgery for all forms of wisdom teeth removal;

EXCLUSIONS AND LIMITATIONS

No benefits are payable for:

1. Treatment for which benefits are paid under state or federal workers' compensation, employer's liability or occupational disease law;
2. Dental treatment or dental x-rays except when injury occurs to sound natural teeth while covered under the Plan;
3. Treatment in any Veterans Administration or Federal Hospital; military services or war, except if there is a legal obligation to pay;
4. Eyeglasses, refractions, contact lenses, hearing aids or examinations or prescriptions therefor;
5. Treatment for injury resulting from a flight in an aircraft except as a fare-paying passenger in a regularly scheduled commercial aircraft;
6. Elective treatment or surgery, where no injury or illness is involved;
7. Cosmetic surgery;
8. Suicide, attempted suicide or intentionally self-inflicted injury;
9. Services and supplies furnished by the Cosiano Health Center, its employees or physicians who work for the school with the exception of vaccines;
10. Voluntary termination of pregnancy;
11. Participation in a riot or civil strife;
12. Non-prescription drugs or medications;
13. Charges related to injury sustained during practice or play in any intercollegiate sports activity (including Equestrian Team activity), including travel to and from the activity and practice, in excess of \$500 per Plan year;
14. Any charges in excess of usual, customary and reasonable (see "Definitions") and/or which are for services not medically necessary for active treatment of the condition;
15. Medical treatment as the result of declared or undeclared war or act of war;

DEFINITIONS

Eligible Expenses. The Usual, Customary and Reasonable Charges for services or supplies which are incurred by the covered student for the medically necessary treatment of an injury or illness. Eligible expenses must be incurred while the coverage is in force.

Hospital. An institution which is operated pursuant to law; is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis; is under the supervision of a staff of doctors; provides 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.); has medical, diagnostic and treatment facilities, with major surgical facilities on its premises or available to it on a prearranged basis; and charges for its services.

A hospital does not include a clinic or facility for convalescent, custodial, education or nursing care; the aged, drug addicts or alcoholics, rehabilitation; or military or veterans hospitals contracted for or operated by a national government or its agency unless the services are rendered on an emergency basis and legal liability exists for the charges made to the individual for the services given in the absence of insurance.

A mental hospital must be under the direction and supervision of the Department of Mental Health, or a private Mental Hospital licensed by the Department of Mental Health.

Illness. A mental or physical disease or infirmity. For the purpose of coverage under this Plan, pregnancy and pregnancy related medical conditions will be treated the same as an illness.

Injury. A non-occupational accident causing trauma to the body through unexpected external means.

Medically Necessary. Service or supply that is prescribed by a doctor for the treatment of the injury or illness and is appropriate, according to conventional medical practice for the injury or illness in the locality in which the service or supply is given.

Plan Year. August 1 to August 1

Physician. A person duly licensed under the governing authority to perform the services rendered for benefits covered under the Plan. Should such person be other than a Medical Doctor (M.D.), Doctor of Osteopathy (D.O.), or Doctor of Dental Surgery (D.D.S.), and the licensing requirements of the applicable jurisdiction require that such person be recognized as a physician to the extent that he/she is performing services within the scope of his/her license, such services will be recognized under the Plan.

Qualified Medical Emergency. Treatment as the result of the sudden and unexpected onset of a serious medical condition with symptoms so severe as to cause the person to obtain immediate medical care and when failure to obtain immediate medical care would cause serious harm to the person's health or jeopardize his life and is so certified by the attending physician.

Usual, Customary and Reasonable Charge. The "usual, customary and reasonable" (UCR) charge is the prevailing fee or fees most frequently charged by providers of the same services of comparable gravity, severity and magnitude, in the locality where the services were performed.

CLAIM PROCEDURE

If you are treated at another medical facility and you have primary (family/private) insurance and EBMC (school) student insurance— provide both cards to the facility. Inform them that your family/private insurance is PRIMARY and EBMC (school) student insurance is secondary.

ORDER OF FILING (See below for details):

1. FAMILY/PRIVATE INSURANCE
 - a. All bills must be processed through your family insurance first.
 - b. If you do not have primary coverage, please notify EBMC via email to Aja Underdown: aunderdown@ebmconline.com
2. EBMC (SCHOOL) INSURANCE

For Prescription Reimbursement from EBMC:

You may have your prescriptions filled at a pharmacy of your choice. You need to pay for the prescription— then follow the steps below to file for your claim for reimbursement:

1. Access the claim form found on Oilernation. Visit oilernation.findlay.edu, scroll to the bottom of the page, under Students, select Health Services
2. Print and complete the Pharmacy Reimbursement Claim form
3. Attach the correct receipt (example found at the bottom of the form)
4. Mail to: **EBMC**
Attn: The University of Findlay Health Plan
4789 Rings Road
Dublin, Ohio 43017-1599
5. Allow 2-3 weeks for reimbursement
6. If you have questions: Call EBMC at 1-800-552-0455 EXT. 589

In the event of injury sustained during the play or practice of Intercollegiate Athletics (including Equestrian Team activities) the student should:

1. Access the claim form through your team's Athletic Trainer
2. If you have primary coverage, please attach a copy of the primary explanation of benefits (EOB) to your claim before submitting to EBMC
3. If you have questions please contact your team's Athletic Trainer

Employee Benefit Management Corp.

4789 Rings Road

Dublin, Ohio 43017-1599

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