

PLAN HIGHLIGHTS

2013-14 Student Injury & Sickness Insurance Plan



Consolidated Health Plans, in partnership with Oral Roberts University, offers a student-focused injury and sickness insurance plan that protects Students at school, at home and while traveling abroad.

What is the Health Insurance Plan All About?

Your school-endorsed Student Injury & Sickness Insurance Plan offers you:

- Year-round coverage available – August 10, 2013 through August 9, 2014
- Access to Cigna PPO nationwide network of health care professionals, including primary care and specialist doctors.
- Travel Assistance Services and Worldwide Medical coverage while traveling abroad.

Who is Eligible?

All registered full-time degree-seeking undergraduate, graduate and international students with J-1 or F-1 visas are eligible and are enrolled in the Plan on a hard waiver basis. Part-time degree-seeking students are eligible and may enroll on a voluntary basis. Eligible dependents of those enrolled in the plan may participate in the Plan on a voluntary basis.

Students must actively attend classes for at least the first 31 days. If the company discovers eligibility requirements have not been met, its only obligation is a refund of premium.

Insurance Rates:

Full Time:	Annual 8/10/13 to 08/09/14	Fall 8/10/13 to 01/05/14	Spring 1/06/14 to 08/09/14	Summer 5/18/14 to 8/9/14
Student	\$1,442	\$601	\$870	\$398
Spouse	\$3,957	\$1,649	\$2,389	\$1,095
Each Child	\$2,525	\$1,052	\$1,524	\$698

Part time:	Annual 8/10/13 to 08/09/14	Fall 8/10/13 to 01/05/14	Spring 1/06/14 to 08/09/14	Summer 5/18/14 to 8/9/14
Student	\$1,659	\$690	\$1,000	\$458
Spouse	\$4,559	\$1,899	\$2,750	\$1,259
Each Child	\$2,901	\$1,208	\$1,750	\$801

This plan is underwritten by Nationwide Insurance Company. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to the brochure, available at www.consolidatedhealthplan.com.

Student Injury and Sickness Plan This is a brief summary of the Injury and Sickness Benefits. Please refer to the Student Injury and Sickness Insurance Plan Brochure & Policy upon issuance for a listing of all benefits, limitations, definitions and exclusions.	
Deductible* (Per Insured Person Per Policy Year) (note definition below)	\$500 In Network \$1000 Out of Network
Maximum Benefit (Per Insured Person Per Policy Year)	\$500,000
Coinsurance** (note definition below)	Benefit: 80% Preferred Provider 60% Out of Network Provider
Out-of-Pocket Maximum	After the Deductible of \$500 In Network / \$1,000 Out of Network has been satisfied and the Insured Person has paid \$5,000 In Network / \$10,000 Out of Network, in out of pocket expenses payment will be made for 100% of additional Covered Medical Expenses incurred up to the maximum benefit of \$500,000.
Inpatient Hospital Stay	Deductible then Coinsurance
Ambulance Services	Deductible then Coinsurance
Medical Emergency (Emergency Room) (Copay waived if admitted)	80% of PA after \$100 co-pay Per Visit
Outpatient Surgery	Deductible then Coinsurance
Outpatient Physician's Visits	Deductible then Coinsurance
Durable Medical Equipment (\$1,000 Max Per Policy Year)	Deductible then Coinsurance
Urgent Care Services	80% of PA after a \$50 copay Per Visit In Network / 60% of R&C after a \$50 copay per visit.
Prescription Drugs (Deductible waived)	\$15 copay Generic / \$35 copay Brand / \$70 copay Non Preferred Brand (No Copay for Generic Contraceptives)
Preventive Care Services	100% of Preferred Provider
Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations are covered at 100% with no copay or deductible only when the services are received from a Preferred Provider. Please see www.healthcare.gov for complete details of the services provided for specific age and risk groups.	
Medical Evacuation	Unlimited
*Deductible – A Deductible is the specific amount of Covered Medical Expenses that must be incurred and paid for by the Insured Person before benefits are payable under the Plan. Deductible amounts are the responsibility of the Insured Person. All Out of Network benefits are subject to Usual and Customary Charges. **Coinsurance – The percentage of Covered Medical Expenses payable under the Student Injury and Sickness Insurance Plan. All Out of Network benefits are subject to Usual and Customary Charges ***Subject to a 31-day supply per prescription or refill. Must be filled at an Express Scripts Network Pharmacy	

Excluded Services & Other Covered Services: Services Your Plan Does NOT Cover (This isn’t a complete list. Check your policy or plan document for other excluded services.

<ul style="list-style-type: none"> • Cosmetic surgery except as specifically provided in the policy • Dental care (Adult) except as specifically provided in the policy • Hearing Aids except as specifically provided in the policy 	<ul style="list-style-type: none"> • Long-term Care • Routine eye care (Adult)
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Other Covered Services (This isn’t a complete list. Check your policy or plan document for other covered services and your costs for these)

<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Chiropractic care • Non-emergency care when traveling outside the U.S. • Private-duty nursing 	<ul style="list-style-type: none"> • Routine foot care • Weight loss programs • Infertility treatment • Non-emergency care when traveling outside the U.S. • Private-duty nursing
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