

Eligibility & Waiving Coverage

All Domestic Students attending the University of Akron taking six (6) credit hours or more are required to carry a benefit plan that satisfies or exceeds the minimum essential benefit requirements under Health

Care Reform. International J1 Visa Students are automatically enrolled in the International Plan and do not need to complete an enrollment application. International J1 Visa Students may opt into the Domestic Plan should they wish to take a greater benefit that still satisfies the health insurance requirements under J1 or F1 Visa. Domestic students, through the Individual Mandate, are required to have a benefit plan and can enroll through www.uakronstudentbenefits.com. It is understood that neither the International Plan or the Pre-Paid Student Health Center Plan meet the Individual Mandate for healthcare coverage and that the student would be responsible for any potential tax consequence. Only the Domestic Plan will satisfy the Individual Mandate, as well as the Minimum Essential Coverage requirements, as set forth by Health Care Reform. If you do have other insurance, it is important to contact your Human Resource Manager or Agent to understand how these optional benefit plans could impact your high deductible health plan or out-of-state HMO.

CampusFirst Domestic Plan - is a comprehensive plan for matriculated Domestic Students. It is the intent of this plan to offer coverage that meets or exceeds the Minimum Essential Coverage requirements as set forth by the Federal Department of Health and Human Services.

CampusFirst International Plan - is a comprehensive plan for matriculated International Students. It is the intent of the plan to offer coverage that meets or exceeds the J1 and F1 Visa requirements, as set forth by the U.S. Department of State. J1 and F1 international students will be automatically enrolled in the International Plan. These students may opt out of the International Plan and purchase the Domestic Plan for greater coverage.

CampusFirst Pre-Paid Student Health Center Plan - is a supplemental plan that is intended for those students who have other coverage, but may want to prepay for primary care services at the Student Health Center. It also includes a modest out-patient and Rx benefit to help off-set the student's out-of-pocket costs under a high deductible plan or a plan with an insufficient network in your school area.

Enroll Today

www.uakronstudentbenefits.com



Questions?

Contact your on-campus Student Liaison at 877.233.5159

Choose option 2, then option 1

Enrollment Deadlines 2017 - 2018

Annual & Fall 9/15/2017

Spring/Summer 1/31/2018

Summer* 6/5/2018

SEBT

Student Educational Benefit Trust

27500 Detroit Road
Suite 202
Westlake, OH 44145






















www.mycampusfirst.com

Get in Touch Now!
877.233.5159

STUDENT HEALTH BENEFIT OPTIONS

The University of Akron

CampusFirstSM Plan Choices

	Domestic	International	Supplemental
	SHC & GSN/In-Network/Out-of-Network	SHC & GSN/In-Network/Out-of-Network	SHC & GSN/In-Network/Out-of-Network
Annual Maximum	Unlimited	\$175,000	\$2,500
Deductible	\$300 / \$600 / \$1,000	\$300 / \$600 / \$1,000	\$300 / \$600 / \$1,000
Coinsurance	90% / 80% / 60% (\$6,250 max)	90% / 80% / 60% (\$6,250 max)	90% / 80% / 60%
Prescription	\$5 / \$20 / \$30 SHC	\$5 / \$20 / \$30 SHC	\$5 / \$20 / \$30 SHC
Features			
Emergency Room 			
Comprehensive Coverage 			
Campus/SHC Primary Care 			
Cigna Global Access 			
24/7 Physician Phone Service 			
Wellness Program 			

Costs & Coverage

	Undergraduate & Graduate				
	Fall 2017 08/13/17 - 12/31/17	Spring/Summer 2018 01/01/18 - 08/12/18	Summer 2018 05/16/18 - 08/12/18	Annual 08/13/17 - 08/12/18	
CampusFirstSM Domestic	Student	\$524	\$874	\$294	\$1,398
	Student + Child	\$1,358	\$2,264	\$761	\$3,622
	Student + Children	\$1,358	\$2,264	\$761	\$3,622
	Student + Spouse	\$1,919	\$3,199	\$1,075	\$5,118
	Student + Family	\$2,753	\$4,588	\$1,542	\$7,341
CampusFirstSM International	Student	\$387	\$644	\$217	\$1,031
	Student + Child	\$1,001	\$1,669	\$561	\$2,670
	Student + Children	\$1,001	\$1,669	\$561	\$2,670
	Student + Spouse	\$1,415	\$2,358	\$792	\$3,773
	Student + Family	\$2,030	\$3,383	\$1,137	\$5,413
CampusFirstSM Supplemental	Student	\$93	\$154	\$52	\$247

ACCESS

24/7 Phone Service

Your University sponsored Student Health Benefit Plan offers a quick, integrated, inexpensive solution to provide access to primary physician care at any time! Available toll-free at 1-877-233-5159, option 5.

CIGNA Global Health

On-Demand medical assistance app available 24/7 from anywhere on Earth! Multilingual | Referrals | Emergency Care Coordination

OTHER COVERAGES

Voluntary Dental & Vision

UAKRONSTUDENTBENEFITS.COM

Delta Dental Plan Customer Service
1-800-524-0149
Davis Vision Plan Customer Service
1-800-999-5431

ALL STUDENTS ARE ELIGIBLE: **UAKRONSTUDENTBENEFITS.COM**

ENROLLMENT DEADLINES:

- ANNUAL & FALL SEPT 15, 2017
- SPRING/SUMMER JAN 31, 2018
- SUMMER* JUNE 5, 2018

(*NEW & TRANSFER STUDENTS ONLY)

Institution of Higher Education:
 Academic Year:
 Carrier:

University of Akron

	2017-2018 Student Educational Benefit Trust Plan A - Prepaid SHC Plan (Excess Plan)			2017-2018 Student Educational Benefit Trust Plan B - International Plan			2017-2018 Student Educational Benefit Trust Plan C - Domestic Plan			
	Group Specific Network	In-Network	Out-of-Network	Group Specific Network	In-Network	Out-of-Network	Group Specific Network	In-Network	Out-of-Network	
Basis for Payments	UA-SHC, SUMMA, Akron General, Affiliated Physician	MMO, Globalcare	U&C	UA-SHC, SUMMA, Akron General, Affiliated Physician	MMO, Globalcare	U&C	UA-SHC, SUMMA, Akron General, Affiliated Physician	MMO, Globalcare	U&C	
Plan Type	Excess Policy			Excess Policy			Primary (Comprehensive)			
Eligible Student Population (Mandatory)	Students with other Coverage			Students without other Coverage			Students without other Coverage			
Eligible Student Population (Voluntary)	Students with other Coverage			Students without other Coverage			Students without other Coverage			
Lifetime Maximum per Person	-	Unlimited	-	-	\$175,000	-	-	Unlimited	-	
Combined Lifetime Maximum for MHSA	-	-	-	-	-	-	-	-	-	
Annual Maximum per Year	-	\$2,500	-	-	Unlimited	-	-	Unlimited	-	
Annual Deductible per Year	\$300	\$600	\$1,000	\$300	\$600	\$1,000	\$300	\$600	\$1,000	
Deductible per Injury / Accident per Year	-	-	-	-	-	-	-	-	-	
Pre-Existing Conditions	Student Health Services (Virtual Medical Office) Domestic International	Waived for all Student Waived for all Domestic Students 12/6 - Waived with Creditable Coverage			Waived for all Student Waived for all Domestic Students 12/6 - Waived with Creditable Coverage			Waived for all Student Waived for all Domestic Students 12/6 - Waived with Creditable Coverage		
Individual Maximum Out of Pocket	NA	NA	NA	\$6,250.00	NA	Family \$12,500.00	\$6,250.00	NA	Family \$12,500.00	
Student Health Services (Virtual Medical Office)	Student Health Services			Student Health Services			Student Health Services			
Enrolled Students - Doctor	100%	NA	NA	100%	NA	NA	100%	NA	NA	
Enrolled Students - Extended Physician	100%	NA	NA	100%	NA	NA	100%	NA	NA	
Enrolled Student - Nurse	100%	NA	NA	100%	NA	NA	100%	NA	NA	
24/7 Telephonic MD Service (SEBT Contract)	100%	NA	NA	100%	NA	NA	100%	NA	NA	
Wellness and Preventive (HCR)	100%	NA	NA	100%	NA	NA	100%	NA	NA	
Lab and X-Rays	100%	Paid where specimen or xray is taken		100%	Paid where specimen or xray is taken		100%	Paid where specimen or xray is taken		
Per-existing Condition Limitations	Waived for all students and all services within SHS or VMO			Waived for all students and all services within SHS or VMO			Waived for all students and all services within SHS or VMO			
Referral Requirement	YES - To Access the Group Specific Network			YES - To Access the Group Specific Network			YES - To Access the Group Specific Network			
Pre-Certification Requirement	Yes	NA	NA	Yes	NA	NA	Yes	NA	NA	
Local (Urgent Care)	100%	NA	NA	100%	NA	NA	100%	NA	NA	
Inpatient	Hospital Room and Board (HRB or BASIC)			Hospital Room and Board (HRB or BASIC)			Hospital Room and Board (HRB or BASIC)			
Intensive Care	90%	80%	60%	90%	80%	60%	90%	80%	60%	
Hospital Miscellaneous Expenses (HME)	90%	80%	60%	90%	80%	60%	90%	80%	60%	
Hospital Based Physicians	Paid per the setting of the Facility			Paid per the setting of the Facility			Paid per the setting of the Facility			
Medical Emergency Expense	\$100 Copayment	\$100 then 80%	\$100 then 80%	\$100 Copayment	\$100 then 80%	\$100 then 80%	\$100 Copayment	\$100 then 80%	\$100 then 80%	
Physician Hospital Visit	90%	80%	60%	90%	80%	60%	90%	80%	60%	
Surgical Expense	90%	80%	60%	90%	80%	60%	90%	80%	60%	
Anesthesia	Not Covered under this Plan - Look to Primary			Not Covered under this Plan - Look to Primary			Not Covered under this Plan - Look to Primary			
Assistant Surgeon	90%	80%	60%	90%	80%	60%	90%	80%	60%	
Registered Nurse's Services	90%	80%	60%	90%	80%	60%	90%	80%	60%	
Skilled Nursing	90%	80%	60%	90%	80%	60%	90%	80%	60%	
	Limited: 90 Days/Benefit Period			Limited: 90 Days/Benefit Period			Limited: 90 Days/Benefit Period			
Transplant Services	90%	80%	60%	90%	80%	60%	90%	80%	60%	
Physiotherapy	90%	80%	60%	90%	80%	60%	90%	80%	60%	
Psychotherapy	90%	80%	60%	90%	80%	60%	90%	80%	60%	

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Outpatient									
Outpatient Limit per Year		\$1,500							
Deductible	-								
Surgical Expense & Day Surgery Misc.	90%	80%	60%	90%	80%	60%	90%	80%	60%
Outpatient Physician's Visit (OPV)	90%	80%	60%	90%	80%	60%	90%	80%	60%
Injections (OPV)	90%	80%	60%	90%	80%	60%	90%	80%	60%
Urgent Care Expenses	90%	80%	60%	90%	80%	60%	90%	80%	60%
24/7 Telephonic MD - Virtual Medical Office	100%			100%			100%		
Physiotherapy	90% 1-25 Visits/ 60% thereafter	80% 1-25 Visits/ 60% thereafter	60%	90% 1-25 Visits/ 60% thereafter	80% 1-25 Visits/ 60% thereafter	60%	90% 1-25 Visits/ 60% thereafter	80% 1-25 Visits/ 60% thereafter	60%
Chiropractic	90% 1-25 Visits/ 60% thereafter	80% 1-25 Visits/ 60% thereafter	60%	90% 1-25 Visits/ 60% thereafter	80% 1-25 Visits/ 60% thereafter	60%	90% 1-25 Visits/ 60% thereafter	80% 1-25 Visits/ 60% thereafter	60%
Assistant Surgeon	90%	80%	60%	90%	80%	60%	90%	80%	60%
Laboratory & X-Ray Expense	90%	80%	60%	90%	80%	60%	90%	80%	60%
Test & Procedures	90%	80%	60%	90%	80%	60%	90%	80%	60%
Injections	90%	80%	60%	90%	80%	60%	90%	80%	60%
Preventive & Wellness Benefits (HCR)	100% to \$450, 60% thereafter	80%	60%	100%	80%	60%	100%	80%	60%
		100% with referral from SHS			100% with referral from SHS			100% with referral from SHS	
OBGYN (Annual Exam)	100%	80%	60%	100%	80%	60%	100%	80%	60%
Psychotherapy	90%	80%	60%	90%	80%	60%	90%	80%	60%
Pharmacy Benefits									
Prescription Maximum		\$350 per Year			Unlimited			Unlimited	
Pharmacy Supply Limit		31 Days or 101 Tablets			31 Days or 101 Tablets			31 Days or 101 Tablets	
Deductible									
	UA Health Center Pharmacy & SEBTRx	In-Network	Out-of-Network	UA Health Center Pharmacy & SEBTRx	In-Network	Out-of-Network	UA Health Center Pharmacy & SEBTRx	In-Network	Out-of-Network
Tier 1	\$5	\$5 + 20%	\$5 + 40%	\$5	\$5 + 20%	\$5 + 40%	\$5	\$5 + 20%	\$5 + 40%
Tier 2	\$20	\$20 + 20%	\$20 + 40%	\$20	\$20 + 20%	\$20 + 40%	\$20	\$20 + 20%	\$20 + 40%
Tier 3	\$30	\$30 + 20%	\$30 + 40%	\$30	\$30 + 20%	\$30 + 40%	\$30	\$30 + 20%	\$30 + 40%
Contraceptives	100%	100%	100%	100%	100%	100%	100%	100%	100%
90 Day Maintenance Supply	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5
Additional Benefits									
Deductible	-								
Durable Medical Equipment	80%	80%	80%	80%	80%	80%	80%	80%	60%
Consultant Physician Fees	80%	80%	60%	80%	80%	60%	80%	80%	60%
NeedleStick Benefit		Paid As Accident			Paid As Accident			Paid As Accident	
Infertility (Counseling, Testing & Treatment)		Not Covered - Look to Primary			80% upto \$750, 60% thereafter			90% upto \$750, 60% thereafter	
Transsexualism/Gender Identity		-			80% upto \$750, 60% thereafter			90% upto \$750, 60% thereafter	
Club Sports		Paid as Accident - \$500 Max			Paid as Accident - \$500 Max			Paid as Accident - \$500 Max	
Intramural Sports		Paid as Accident - \$500 Max			Paid as Accident - \$500 Max			Paid as Accident - \$500 Max	
ICS Sports		Paid as Accident - \$2500 Max			Paid as Accident - \$2500 Max			Paid as Accident - \$2500 Max	
Treatment for TMJ		Not Covered - Look to Primary		80%	80%	60%	80%	80%	60%
Ambulance		80% upto \$750, 60% thereafter		80%	80%	80%	80%	80%	80%
Dental Treatment, injury to sound teeth only		Paid as Accident - \$250 Max			Paid as Accident			Paid as Accident	
Term Life Insurance		\$10,000			\$10,000			\$10,000	
Accidental Death & Dismemberment		\$10,000			\$10,000			\$10,000	

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International Services (Cigna Global)									
Medical Evacuation /Repatriation					Limited to \$100,000			Limited to \$100,000	
Political and Natural Disaster Evacuation/Repratriation (HX-Global)									
Contract Year Medical Benefit Maximum					\$100,000			\$100,000	
Contract Year Deductible					\$250			\$250	
Out of Pocket Coinsurance Maximum					-			-	
Prescriptions Drug					80/20			80/20	
Replacement Services					80/20			80/20	
Emergency Dental (International)					80/20			80/20	
Personal Deviation		Stand Alone is Available			24/7/365			24/7/365	
Inpatient - CignaLinks					80/20			80/20	
Outpatient - CignaLinks					80/20			80/20	
Additional Services - CignaLinks					80/20			80/20	
Precertification (US)					SEBT			SEBT	
Precertification (International)					CIGNA GLOBAL			CIGNA GLOBAL	
Cigna Envoy					Included			Included	
Worldwide, Physician-Screened Practitioner Network					Included			Included	
Direct Pay					Included			Included	
ICS Sports - Blanket Policy - \$90,000									
\$2,500 Deductible									
100% Coinsurance									
\$90,000 Max Benefit Per Accident						This is an optional blanket policy that would be paid for by the University, but is intended to cover upto \$90,000			
Annual Cost						\$98,940			