


<b>Name of Policy:</b> Student health insurance  <b>Policy Number:</b> 3364-81-04-006-00  <b>Approving Officer:</b> Dean, College of Medicine  <b>Responsible Agent:</b> Director, University Health Services  <b>Scope:</b> All University of Toledo Campuses	  <b>Effective date:</b> 12/01/05
<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy statement

The Medical University of Ohio at Toledo requires all students enrolled in a degree and/or certificate program to have health insurance. All students must enroll in, and will be charged for, the MUO-Sponsored Student Health Insurance Plan unless they request and are granted an approved waiver according to the policies and procedures described below in the section: **Insurance Waivers.**

Students who are not enrolled in a degree/certificate program (i.e., special status students) are neither required nor eligible for MUO-Sponsored Health Insurance coverage.

**Description of Student Health Insurance Plan**

The MUO-Sponsored Health Insurance Plan is a comprehensive Preferred Provider Plan that has been designed specifically for MUO students and their dependents (spouse, domestic partner, and/or children) by Health Sciences Assurances Consulting, Inc. (HSAC) and is underwritten by Medical Mutual of Ohio (MMOH) Insurance Company. With an emphasis on wellness, the plans with Medical Mutual of Ohio were designed to include annual routine physicals, immunizations, vision benefits, and well child care.

Students have the option of enrolling in either a Basic Plan or an Enhanced Plan.

**Summary of Plan Benefits and Costs**

Summaries of current plan benefits and costs are made available on the MUO Student Health Insurance webpage at [www.meduohio.edu/depts/health/insurance.html](http://www.meduohio.edu/depts/health/insurance.html) and are update on an annual basis.

**Premiums Payment Schedule**

All students will be charged for coverage in the MUO-Sponsored Student Health Insurance Basic Plan prior to the start of each semester. The charge to the student’s account will be adjusted if the Enhanced Plan is requested or removed if an approved waiver is granted.

Premiums will be deducted from the student's account on the enrollment basis as listed to coordinate fees charged with financial aid disbursements:

- **1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> year Medical Students and all Graduate Students** are charged 5 months for Fall semester and 7 months for Spring and Summer semesters. One full year of coverage is from August 18 of the current academic year to August 17 of the following academic year.
- **4<sup>th</sup> year Medical Students** are charged 5 months for Fall semester and 5 months for Spring semester. Coverage ends June 30<sup>th</sup> of the year of graduation.

### **Dependent Coverage**

- Students enrolling for coverage in the MUO-sponsored Student Health Insurance Plan may also enroll their eligible dependents. Students must enroll their dependents for coverage within 30 days of their initial eligibility. An eligible dependent is a spouse (or domestic partner) and/or any child(ren) under the age of 19 (or 23 for children who are full-time students).
- If a student's dependents have coverage that ends during the academic year, the dependents may be enrolled in the MUO-sponsored plan provided that the request for enrollment is submitted within 30 days after the other coverage ends.
- Additionally, if a student acquires dependents during the academic year as a result of marriage, birth, adoption, or placement for adoption, they may enroll their new dependents provided that the request for enrollment is made within 30 days after the marriage, birth, adoption, or placement for adoption.

### **Insurance Waivers**

The only exception to the requirement to be enrolled in the MUO-sponsored Student Health Insurance Plan is if a student provides documentation of enrollment in an approved other group health insurance plan. The only acceptable reasons to "waive out" of the MUO-Sponsored Student Health Insurance Plan are listed as follows:

1. Student is covered under a parent's group insurance.
2. Student is covered under a spouse's or domestic partner's group insurance.
3. Student is covered by an employer's group insurance.
4. Student is covered by Medicaid or Medicare.
5. Student is covered under COBRA continuation.

Individually purchased medical plans are NOT an acceptable reason to waive the MUO Student Health Insurance Plan.

If a student's health insurance policy for which a waiver was granted is either cancelled or expires during the academic year, it is the student's responsibility to notify MUO of the cancellation/termination within 30-days of the end of coverage. The student must then either enroll in the MUO-sponsored Student Health Insurance Plan or submit a new Waiver Request Form and provide proof of coverage (that meets the guidelines for granting a waiver request). Failure to notify MUO of the cancellation or termination of a policy for which a waiver was granted constitutes a direct violation of the Student Health Insurance Policy which requires all students enrolled in a degree and/or certificate program to have health insurance.

### **Availability of Forms and Plan Descriptions**

All forms and summaries of benefit plans (as well as the information contained in this policy) are available in PDF format on the MUO Student Health Insurance webpage at [www.meduohio.edu/depts/health/insurance.html](http://www.meduohio.edu/depts/health/insurance.html)

### **Deadline for Submission of Enrollment or Waiver Form**

Enrollment in the insurance plan will be on an annual basis with August 18<sup>th</sup> being the anniversary date of the policy.

The deadline for submitting an Enrollment or Waiver Request Form to the **MUO Student Accounts Office** is the 1<sup>st</sup> day of Fall semester (or the 1<sup>st</sup> day of the Spring or Summer semester for students entering mid-year.)

Students granted a waiver and whose current coverage expires during the academic year must within 30-days of the end of coverage either enroll in the MUO-sponsored Student Health Insurance Plan or submit a new Waiver Request Form and provide proof of coverage (that meets the guidelines for granting a waiver request). Failure to notify MUO of the cancellation or termination of a policy for which a waiver was granted constitutes a direct violation of the Student Health Insurance Policy which requires all students enrolled in a degree and/or certificate program to have health insurance.

If a student waives coverage or elects not to enroll their dependents because of other approved health insurance coverage, they may in the future be able to enroll themselves or their dependents in this plan, provided that they request enrollment within 31 days after their other coverage ends. In addition, if a student has a new dependent as a result of marriage, birth, adoption, or placement for adoption, they may be able to enroll themselves and their dependents, provided that they request enrollment within 31 days after the marriage, birth, adoption or placement for adoption. Students and their dependents may also enroll during the annual enrollment period at the beginning of each policy year, August 18 - September 17.

(B) Purpose of policy

(D) Procedure

### **Enrollment Process**

**New Students** (students attending MUO for their first semester) must complete and submit to the Student Accounts Office either:

- (1) An **Enrollment Form** where either *Basic* or *Enhanced* coverage is selected, or
- (2) A **Waiver Request Form** and a copy of both sides of the student's current insurance ID card. (Note: Failure to include a copy of the student's current insurance card will result in an automatic denial of the waiver request.)

**Continuing Students** are automatically re-enrolled in the MUOT-sponsored Health Insurance Plan of their previous choice and need only submit a form if:

- (1) They are requesting not to participate in the MUO-sponsored health insurance plan. Waivers are not automatically renewed from one academic year to the next. Continuing students must resubmit a **Waiver Request Form** at the beginning of fall semester each academic year.
- (2) They wish to change their status—for example, they want to change from *Basic* to *Enhanced* coverage (or vice versa), or are adding/deleting dependent coverage.

### **Where to Submit Forms**

All forms must be submitted (either mailed or hand delivered) to the Student Accounts Office located on the 3<sup>rd</sup> floor of the Glendale Medical Building.

If submitting the forms by mail, use the address listed below and please mark the envelope

#### **“Insurance Information Enclosed”:**

**Medical University of Ohio  
Student Accounts – Pamela Horvath  
Glendale Medical Center  
3355 Glendale Avenue  
Toledo, Ohio 43614**

Questions concerning the submission of your forms to Student Accounts may be directed to Pamela Horvath at (419) 383-3657.

### Questions and Contact Information

The Servicing Agent for the MUO-Sponsored Student Health Insurance Plan is *Health Sciences Assurance Consulting, Inc. (HSAC)*.

- For questions related to filing **waiver requests, benefits, eligibility, or enrollment** please contact: HSAC at 1-888-978-8355, and identify yourself as an MUO student.
- For questions related to **benefits or claims** please contact: Medical Mutual of Ohio at 1-800-383-5729.
- For specific questions related to **waiver denials** please contact: Dr. Jeffrey Jablonski, Director, Academic and Student Support Services at 419-383-3612 or [jjablonski@meduohio.edu](mailto:jjablonski@meduohio.edu).

### Preferred Providers Organization (PPO) - Accessing Services:

The following preferred providers are available through the MUO-Sponsored Student Health Insurance Plan. In order to maximize benefits, students should seek care from a preferred provider.

#### In-state use, Ohio:

The Preferred Provider Network is *SuperMed Plus*. Provider directories are available on line at Medical Mutual's web site: [www.mmoh.com](http://www.mmoh.com). You may also contact MMOH toll free at 1-800-382-5729.

#### Services to use when outside Ohio:

The nationwide network for your health service needs is *First Health Network*. Provider directories are available on-line at the First Health Network's web site: [www.firsthealth.com](http://www.firsthealth.com). You may also call them toll free at 1-800-889-0277.

<p>Approved by:</p> <p>Jeffrey Gold, M.D.</p> <hr/> <p>Name Dean, College of Medicine</p> <hr/> <p>Title</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by:</i></p>	<p><b>Policies Superseded by This Policy:</b> None</p> <p><b>Initial effective date:</b> 9/01/1972</p> <p><b>Review/Revision Date:</b></p> <ul style="list-style-type: none"><li>•09/01/72</li><li>•10/01/83</li><li>•09/01/89</li><li>•09/01/90</li><li>•10/01/91</li><li>• 07/01/95</li><li>•08/14/96</li><li>•09/19/97</li><li>•04/01/98</li><li>•03/10/99</li><li>•08/21/00</li><li>•08/17/01</li><li>•07/16/03</li><li>• 08/18/04</li><li>• 09/17/04</li><li>•08/18/05</li><li>•12/01/05</li></ul> <p><b>Next review date: 12/01/2008</b> (three years from most recent revision/review date)</p>
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