

chatham[®]
UNIVERSITY



2020-2021 Student Health Plan

Brought to you by

UPMC HEALTH PLAN

Dear Student,

Chatham University is committed to the health and well-being of the student body. For care involving the treatment of minor illnesses and injuries, the university maintains the Student Health Services Center in Woodland Hall.

We understand that more serious medical situations and preventive care require the support of local doctors, hospitals, and urgent care facilities, which can be expensive if you are not adequately insured. Treatment costs for even a routine medical concern could negatively affect your ability to reach your goal of completing a college education.

To mitigate this risk, the university requires that all full-time students carry minimum essential coverage that complies with the requirements established by the Affordable Care Act. The university partners with UPMC Health Plan to provide the Student Health Insurance Plan, which offers in-network coverage at nearby medical facilities. This insurance is affordable and easy to use, and it allows students to access:

- Preventive care.
- Treatment for illnesses and injuries, including sports and exercise injuries.
- MyHealth, an online health promotion program.
- eBenefits for online benefits management.
- Care when they're traveling outside UPMC Health Plan's coverage area.

We encourage you to review this booklet to determine whether the Student Health Insurance Plan would meet your needs. The Open Enrollment period for the 2020–2021 academic year began on June 1, 2020. Any student who would like to enroll in the Student Health Insurance Plan may do so by clicking the Student Health Insurance link on myChatham and completing the online enrollment process. Health insurance cards will be mailed to all enrolled students after they complete this process. Students who enroll before July 14, 2020, will receive a card no later than August 1, 2020 (the effective date of coverage).

Upon enrollment in the plan, a charge for the health insurance premium will be placed on your student account.

If you have alternate coverage or will acquire coverage before August 1, 2020, you do not need to take any action at this time. However, please note that you will be required to submit information about your coverage to Student Health Services, along with other health-related information.

Please review the enclosed information and determine whether UPMC Health Plan's Student Health Insurance Plan would meet your needs. If you have any questions about the medical coverage that's available through the Student Health Insurance Plan, please call UPMC Health Plan at **1-866-203-8051** to talk to a Health Care Concierge, or chat with one online at **www.upmchealthplan.com**. TTY users should call **711**.

Student Health Services
Woodland Hall
412-365-1238

Student Counseling Services
Woodland Hall
412-365-2973

Student Accounts Office
Braun Hall
412-365-2719

Table of Contents

Your Health Comes First	1
Chatham University Student Health Services	1
Introducing UPMC Health Plan	2
Travel Assistance Program	3
Pharmacy	3
MyHealth OnLine	4
Commonly Used Terms	5
Frequently Asked Questions	6
Timelines and Premiums	9
Summary of Benefits	10
How to Enroll in UPMC Health Plan Coverage	16
eBenefits	17
Tips for Students	18

Your Health Comes First

College is an amazing time filled with many new things: residence and dining halls, intramural sports, cultural experiences, and new friends.

But it's also a *busy* time, and you have a lot on your mind. With so much going on, it's important to take a moment to make sure you have high-quality, affordable health care coverage that you can count on.

This brochure describes some of the coverage that is available to you, including health and counseling services provided by the university and health insurance from UPMC Health Plan.

Chatham University Student Health Services

As a full-time student, you have access to the following valuable services from Chatham University Student Health Services. These services are supported by your tuition and fees:

- First aid intervention
- Illness and injury assessment
- Starter doses of over-the-counter medications
- Various health screenings
 - ✦ Blood pressure checks
 - ✦ Height and weight measurements
 - ✦ Community health referrals
- Updates and maintenance of student health and immunization records
- Health education resource materials

Student Health Services provides the following services at no charge:

- Nurse office visits
- Confidential psychological counseling services

Additional services may require a small fee that will be due at the time of service or charged to your student account.

Chatham has partnered with hospital-affiliated urgent care centers and physicians to meet needs beyond those that Student Health Services can address. For more information, visit Chatham University's website, select Campus Life, and click Student Health Services under the Resources section.



1

Contact Information

Student Health Services

Woodland Hall
412-365-1238

Student Counseling Services

Woodland Hall
412-365-2973

Introducing UPMC Health Plan

UPMC Health Plan's Student Health Insurance Plan is designed to complement offerings by Chatham University Student Health Services and Student Counseling Services. UPMC Health Plan can cover any extensive medical treatment or emergency care you may require during your student years. Its goal is to help each of its student members enjoy the best quality of life and health possible.

Please see the Summary of Benefits beginning on page 10 for the full range of services that UPMC Health Plan covers.

UPMC Health Plan's network includes more than 140 hospitals and over 29,000 physicians across Pennsylvania. If your doctor does not participate in UPMC Health Plan's network, you will still be covered. Your student plan will give you the freedom to see out-of-network providers, but you will have higher out-of-pocket costs.

Out-of-area students who go home for extended visits and students who travel within the United States can use the physicians and facilities in a nationwide extended network. It includes more than 5,000 hospitals and over 900,000 health care professionals across the country.

**Find a physician
online**

www.upmchealthplan.com/find

2



Travel Assistance Program

Peace of mind wherever you roam

When you travel more than 100 miles from home—even around the world—you have 24/7 access to help through UPMC Health Plan's global emergency travel assistance partner, Assist America.

It's the nation's largest provider of emergency assistance services for travelers, and it will come free of charge with your UPMC Health Plan coverage. Among other benefits, you'll get immediate access to medical resources, including doctors, hospitals, and pharmacies.

Pharmacy

Prescription drug coverage you need, where you need it

Taking care of your health is simpler when you have quick and easy access to the prescriptions you need. Our pharmacy plan will provide that for you. It covers a wide variety of high-quality, effective generic and brand-name drugs.

When you're traveling, you'll have access to more than 60,000 pharmacies nationwide. With your student plan, you can fill prescriptions at these and other locations:

- CVS
- Giant Eagle
- Kmart
- Rite Aid
- Sam's Club
- Walmart
- Hundreds of independent pharmacies

To find a pharmacy near you, visit www.upmchealthplan.com/find or call UPMC Health Plan at 1-866-203-8051 (TTY: 711).

UPMC Health Plan also contracts with Express Scripts Inc. to provide you with convenient home delivery of certain maintenance medications. These are medications you take long term for conditions like diabetes. Please refer to the Summary of Benefits on page 10 for deductibles, coinsurance, and copayment amounts.

assist america®

Within the United States:
1-800-872-1414

Outside the United States:
1-609-986-1234

www.assistamerica.com



Did you know that if you fill your maintenance medications through mail order, you get a three-month supply for just a two-month copayment? For more information, see your prescription copayment information in your policy.

To access MyHealth OnLine:

- Go to **www.upmchealthplan.com/members**.
- Enter your username and password in the Login box or click Register for MyHealth OnLine to create an account.



MyHealth OnLine

24/7 access to health insurance information and health improvement tools

All students with coverage through UPMC Health Plan have access to MyHealth OnLine. This free, confidential, members-only website will house your health insurance information and offer you tips and tools for healthy living. The website has interactive features that can help you make healthy lifestyle changes—from getting in shape to quitting tobacco—and it offers trackers that you can use to document your daily activity level and weight.

With MyHealth OnLine, you can:

- View detailed information about your health insurance benefits and covered services.
- Access your Explanations of Benefits.
- Search for physicians and other health care providers.
- Request a new member ID card.
- Estimate the cost of a treatment.
- Order and refill prescriptions.
- Access MyHealth tools and information.

All of these resources—and more—make MyHealth OnLine a great tool to help you manage your health.

Commonly Used Terms

Copayment—A fixed fee you must pay for a covered health care service, usually at the time you receive the service.

Dependent—An eligible spouse or child under 26 years of age.

Full-Time Student—An undergraduate student who is registered for 12 or more credits for the current semester, or a graduate student who is registered for 9 or more credits for the semester.

In-Network Services—Services performed by providers that have a contract or agreement with UPMC Health Plan to provide services for a specific fee.

Mail-Order Prescription Drugs—Medications that can be ordered in a three-month—or 90-day—supply for a reduced copayment. Mail-order prescriptions are delivered to your residence.

Nonparticipating Provider—A provider that has not contracted with UPMC Health Plan.

Out-of-Network Services—Health care services received outside the designated network. UPMC Health Plan will pay eligible benefits at a lower level after the annual deductible is met. Members may have to pay the difference between the provider's charge and UPMC Health Plan's payment.

Participating Provider—A provider that has contracted with UPMC Health Plan to provide medical services to Health Plan members. Providers may be hospitals or other facilities, physicians, or pharmacies.

Preferred Provider Organization (PPO)—An arrangement between a group of doctors or providers and another entity, such as an employer or other group. This arrangement makes it possible for providers to offer discounts on services in exchange for a higher volume of patients.

Specialty Prescription Drugs—Specialty medications are used to treat complex clinical conditions. They are limited to a 31-day supply. Most specialty medications must be obtained through UPMC Health Plan's designated specialty provider, which provides convenient and expedited delivery through the mail.



Frequently Asked Questions

GENERAL INFORMATION

Am I required to enroll in this insurance plan?

Chatham University requires all full-time students to carry U.S.-based health insurance. Students may choose one of these options:

- Enroll in the Chatham University Student Health Insurance Plan
- Remain on their parent or guardian's insurance policy (if applicable)
- Purchase a policy of their choosing

Students must provide proof of coverage to Student Health Services each academic year.

How can I enroll in coverage through UPMC Health Plan?

All full-time, registered students are eligible for coverage through the Chatham University Student Health Insurance Plan. You can enroll online by clicking the Student Health Insurance link on the myChatham homepage before the add/drop deadline.

Does Chatham University's Student Health Services accept this insurance?

No. Student Health Services does not accept the Student Health Insurance Plan or any other type of insurance coverage. To keep Student Health Services' operating costs low, Chatham does not submit the nominal fees charged for health services to insurance providers. Student Health Services fees may be charged to your student account if you are unable to pay at the time of service.

What if I only take classes online?

The university believes it is in the best interests of all full-time students to carry sufficient health insurance coverage. As such, both full-time online students and full-time on-campus students must provide proof of coverage to Chatham University Student Health Services.

What if I lose coverage?

If you lose coverage as a result of a qualifying event, you will be eligible to purchase a plan outside of the annual Open Enrollment period.

Where can I find other coverage options?

UPMC Health Plan offers individual Marketplace insurance plans—called UPMC *Advantage*—that you may want to consider. More information on how to enroll can be found at www.upmchealthplan.com/coverage. You can also call a licensed UPMC Health Plan sales representative at 1-877-563-0292 for assistance.

If you wish to purchase coverage on the Federally Facilitated Marketplace, visit www.healthcare.gov. There are also numerous resources provided by the U.S. Department of Health and Human Services at www.hhs.gov/healthcare.

When will my Chatham University Student Health Insurance Plan coverage become effective?

Coverage will be effective on August 1, 2020, for students who voluntarily enroll.

What if I have more questions about Student Health Insurance Plan coverage?

Call UPMC Health Plan at 1-866-203-8051 to talk to a Health Care Concierge, or chat with one online at www.upmchealthplan.com. TTY users should call 711.

What is the period of coverage?

The Chatham University Student Health Insurance Plan benefit year runs from August 1, 2020, to July 31, 2021. Students who enroll between December 1, 2020, and January 13, 2021, will have coverage from January 1, 2021, until July 31, 2021.

What is Open Enrollment and when is it for the Chatham University Student Health Insurance Plan?

Open Enrollment is the period during which any full-time student may enroll in coverage. Students enrolling at full-time status for the fall semester have until September 1, 2020, to enroll in health care coverage. Students who are not eligible for the fall semester but who become eligible for the spring semester may enroll during the period that ends January 13, 2021.

ELIGIBILITY**Who is considered an eligible student?**

Full-time, registered students are eligible for coverage through the Chatham University Student Health Insurance Plan. Eligible students who enroll may also insure their dependents. Eligible dependents include the following: a spouse under a legally valid, existing marriage or a qualified domestic partner; children younger than 26, including newborn children, stepchildren, children legally placed for adoption, and children for whom coverage is mandated by a Qualified Medical Child Support Order; and qualified disabled dependents who are 26 and older.

What if I am not eligible by August 1, 2020, but I become eligible for the spring semester?

If you become eligible for the spring semester, you can enroll in the Chatham University Student Health Insurance Plan between December 1, 2020, and January 13, 2021. Your coverage will run from January 1, 2021, until July 31, 2021.

What happens if I graduate or withdraw from the university before the spring semester?

If you do not enroll for the minimum number of credits for the spring semester, your coverage will terminate on December 31, 2020.

DEPENDENT COVERAGE

Is there a “family deductible” in this student benefit plan?

Yes. There is a family deductible when dependents are covered on the plan. Each individual family member is responsible only for the individual level of the deductible and cannot satisfy the entire family deductible. Once the family-level deductible is cumulatively satisfied, all family members will follow the plan copayments and coinsurance benefit levels.

Can I add a newborn child to my coverage?

Yes. Your newborn will automatically be covered by UPMC Health Plan for 31 days from his or her date of birth. You must call the Health Plan at 1-866-203-8051 to enroll your son or daughter within this 31-day period. If you don't, your child will lose coverage on the 32nd day following birth. Likewise, a child who is legally placed with a covered student for adoption or the legally adopted child of a covered student will automatically be covered for 31 days from the date of placement. The covered student must call the Health Plan within 31 days of placement for the coverage to continue. In all of these cases, your premium may be adjusted.

COVERAGE

What are some noncovered services?

In addition to items that are considered standard exclusions, the following are noncovered services:

- Bariatric surgery
- Private duty nursing

Please refer to your policy for a full list of noncovered services.

Where can I get a directory or list of participating providers?

Visit www.upmchealthplan.com/find. Select “I'm Just Browsing” and follow the prompts to find providers.

What if I have been seen by a physician who is not in the network?

Visits to providers who are not in the network will be covered at 60 percent of reasonable and customary charges after you meet your deductible. Please refer to your Summary of Benefits for additional information.

UPMC Health Plan Student Health Insurance

2020-2021 Timelines

Term	Effective dates of coverage	Online waiver/enrollment must be completed by add/drop deadline
Annual term	08/01/2020 through 07/31/2021	09/01/2020
Spring term ONLY	01/01/2021 through 07/31/2021	01/13/2021

2020-2021 Premiums

Student only	<ul style="list-style-type: none"> \$2,636 charged to university student account in two semester installments of \$1,318 each
Student + Spouse	Annual premium of \$5,268.60 <ul style="list-style-type: none"> \$2,636 charged to university student account in two semester installments of \$1,318 each \$2,632.60 due at the time of enrollment
Student + Child*	Annual premium of \$4,649.52 <ul style="list-style-type: none"> \$2,636 charged to university student account in two semester installments of \$1,318 each \$2,013.52 due at the time of enrollment
Student + Children*	Annual premium of \$6,664.68 <ul style="list-style-type: none"> \$2,636 charged to university student account in two semester installments of \$1,318 each \$4,028.68 due at the time of enrollment
Student + Spouse + Child*	Annual premium of \$7,283.76 <ul style="list-style-type: none"> \$2,636 charged to university student account in two semester installments of \$1,318 each \$4,647.76 due at the time of enrollment
Student + Spouse + Children*	Annual premium of \$9,299.04 <ul style="list-style-type: none"> \$2,636 charged to university student account in two semester installments of \$1,318 each \$6,663.04 due at the time of enrollment

Notice to Students

The policy has a 10-day free-look period. If you cancel the policy within 10 days of the policy's delivery, you will receive a premium refund. After 10 days, no premium will be refunded other than for determination of ineligibility or entrance into the armed forces.

*Under the age of 21

Summary of Benefits

UPMC HEALTH PLAN

Schedule of Benefits

Chatham University Student Plan
PPO - Premium Network
Deductible: \$750 / \$1,500
Coinsurance: 20%
Total Annual Out-of-Pocket: \$6,850 / \$13,700

Primary Care Provider: \$30 Copayment per visit
Specialist: \$40 Copayment per visit
Emergency Department: \$175 Copayment per visit
Urgent Care Facility: \$30 Copayment per visit
Rx: \$15/\$30/\$50/\$50

This document is your Schedule of Benefits. If you enroll in this plan, this Schedule of Benefits will be an important part of your Policy. Your Policy describes in detail the services your plan covers, while the Schedule of Benefits describes what you pay for those services.

Please note that your plan may not cover all of your health care expenses, such as copayments and coinsurance. To understand what your plan covers, review your Policy. You may also have service area documents that expand or restrict your benefits.

For Covered Services to be paid at the level described in your Schedule of Benefits, they must be Medically Necessary. They must also meet all other criteria described in your Policy. Criteria may include Prior Authorization requirements.

If you have any questions about your benefits, or would like to find a Participating Provider near you, visit www.upmchealthplan.com. You can also call UPMC Health Plan Member Services at the phone number on the back of your member ID card.

10 For more information on your plan, please refer to the final page of this document.

Plan Information	Participating Provider	Non-Participating Provider
Benefit Period	Plan Year	
Primary Care Provider (PCP) Required	Encouraged, but not required	
Pre-Certification and Prior Authorization Requirements	Provider Responsibility	Member Responsibility
		If you fail to obtain Prior Authorization for certain services, you may not be eligible for reimbursement under your plan. Please see additional information below.

Member Cost Sharing	Participating Provider	Non-Participating Provider
Annual Deductible		
Individual	\$750	\$1,500
Family	\$1,500	\$3,000

Summary of Benefits, continued

Member Cost Sharing	Participating Provider	Non-Participating Provider
Your plan has an embedded Deductible, which means the plan pays for Covered Services in these two scenarios — whichever comes first:		
*When an individual family member reaches his or her individual Deductible. At this point, only that person is considered to have met the Deductible; OR		
*When a combination of family members' expenses reaches the family Deductible. At this point, all covered family members are considered to have met the Deductible.		
Deductible applies to all Covered Services you receive during the Benefit Period, unless the service is specifically excluded.		
Coinsurance		
	You pay 20% after Deductible.	You pay 40% after Deductible.
Copayments may apply to certain Participating Provider services.		
Total Annual Out-of-Pocket Limit		
Individual	\$6,850	\$15,000
Family	\$13,700	\$30,000
Your plan has an embedded Out-of-Pocket Limit, which means the Out-of-Pocket Limit is satisfied in one of two ways — whichever comes first:		
*When an individual within a family reaches his or her individual Out-of-Pocket Limit. At this point, only that person will have Covered Services paid at 100% for the remainder of the Benefit Period; OR		
*When a combination of family members' expenses reaches the family Out-of-Pocket Limit. At this point, all covered family members are considered to have met the Out-of-Pocket Limit and Covered Services will be paid at 100% for the remainder of the Benefit Period.		
Out-of-Pocket costs (Copayments, Coinsurance, and Deductibles) for Covered Services apply toward satisfaction of the Out-of-Pocket Limit specified in this Schedule of Benefits.		

Preventive Services	Participating Provider	Non-Participating Provider
Preventive Services will be covered in compliance with requirements under the Affordable Care Act (ACA). Please refer to the Preventive Services Reference Guide for additional details.		
Pediatric preventive/health screening examination	Covered at 100%; you pay \$0.	Not Covered
Pediatric immunizations	Covered at 100%; you pay \$0.	You pay 40%. Deductible does not apply.
Well-baby visits	Covered at 100%; you pay \$0.	Not Covered
Adult preventive/health screening examination	Covered at 100%; you pay \$0.	Not Covered
Adult immunizations required by the ACA to be covered at no cost-sharing	Covered at 100%; you pay \$0.	You pay 40% after Deductible.
Screening gynecological exam, including a Pap test	Covered at 100%; you pay \$0.	You pay 40%. Deductible does not apply.
Mammogram, annual routine and medically necessary	Covered at 100%; you pay \$0.	You pay 40% after Deductible.
Pediatric dental and vision services	Log in to MyHealth OnLine or call Member Services at the number on the back of your Member ID card.	

Summary of Benefits, continued

Covered Services	Participating Provider	Non-Participating Provider
Hospital Services		
Semi-private room, private room (if Medically Necessary and appropriate), surgery, pre-admission testing	You pay 20% after Deductible.	You pay 40% after Deductible.
Outpatient/ambulatory surgery	You pay 20% after Deductible.	You pay 40% after Deductible.
Observation stay	You pay 20% after Deductible.	You pay 40% after Deductible.
Maternity	You pay 20% after Deductible.	You pay 40% after Deductible.
Emergency Services		
If you would like to speak to a registered nurse about a specific health concern, call our UPMC MyHealth 24/7 Nurse Line at 1-866-918-1591. You may also send an email using the web nurse request system at www.upmchealthplan.com.		
Emergency department	You pay \$175 Copayment per visit. Copayment waived if you are admitted to hospital.	
Emergency transportation	You pay 20% after Deductible.	
Urgent care facility	You pay \$30 Copayment per visit.	You pay 40% after Deductible.
Physician Surgical Services		
	You pay 20% after Deductible.	You pay 40% after Deductible.
Provider Medical Services		
Inpatient medical care visits, intensive medical care, consultation, and newborn care	You pay 20% after Deductible.	You pay 40% after Deductible.
Adult immunizations not required to be covered by the ACA	You pay 20% after Deductible.	You pay 40% after Deductible.
Primary care provider office visit	You pay \$30 Copayment per visit.	You pay 40% after Deductible.
Specialist office visit	You pay \$40 Copayment per visit.	You pay 40% after Deductible.
Convenience care visit	You pay \$30 Copayment per visit.	You pay 40% after Deductible.
Virtual Visits		
Virtual visit - Virtual Urgent Care	You pay \$15 Copayment per visit.	You pay 40% after Deductible.
Virtual visit - Scheduled (PCP)	You pay \$30 Copayment per visit.	You pay 40% after Deductible.
Virtual visit - Scheduled (Specialist)	You pay \$40 Copayment per visit.	You pay 40% after Deductible.
Virtual visit - eDermatology	You pay \$40 Copayment per visit.	You pay 40% after Deductible.
Allergy Services		
Treatment, injections, and serum	You pay 20% after Deductible.	You pay 40% after Deductible.
Diagnostic Services		
Advanced imaging (e.g., PET, MRI, etc.)	You pay 20% after Deductible.	You pay 40% after Deductible.
Other imaging (e.g., x-ray, sonogram, etc.)	You pay 20% after Deductible.	You pay 40% after Deductible.
Lab	You pay 20% after Deductible.	You pay 40% after Deductible.
Diagnostic testing	You pay 20% after Deductible.	You pay 40% after Deductible.
Rehabilitation Therapy Services		
Physical and occupational therapy	You pay \$30 Copayment per visit.	You pay 40% after Deductible.
	Covered up to 30 visits per Benefit Period for both therapies combined.	
Speech therapy	You pay \$30 Copayment per visit.	You pay 40% after Deductible.
	Covered up to 30 visits per Benefit Period.	
Cardiac rehabilitation	You pay 20% after Deductible.	You pay 40% after Deductible.
	Covered up to 36 visits per Benefit Period.	
Pulmonary rehabilitation	You pay \$30 Copayment per visit.	You pay 40% after Deductible.
	Covered up to 36 visits per Benefit Period.	

Summary of Benefits, continued

Covered Services	Participating Provider	Non-Participating Provider
Habilitation Therapy Services		
Note: Visit limits on Habilitative Therapy Services are not applied if those services are prescribed for treatment of a mental health condition or substance use disorder.		
Physical and occupational therapy	You pay \$30 Copayment per visit.	You pay 40% after Deductible.
	Covered up to 30 visits per Benefit Period for both therapies combined.	
Speech therapy	You pay \$30 Copayment per visit.	You pay 40% after Deductible.
	Covered up to 30 visits per Benefit Period.	
Medical Therapy Services		
Chemotherapy, radiation therapy, dialysis therapy	You pay 20% after Deductible.	You pay 40% after Deductible.
Injectable, infusion therapy, or other drugs administered or provided by a medical professional in an outpatient or office setting	You pay 20% after Deductible.	You pay 40% after Deductible.
Home infusion therapy	You pay 20% after Deductible.	
	Covered up to 30 visits per Benefit Period.	
Respiratory therapy	You pay 20% after Deductible.	
Pain Management		
Pain management program	You pay \$40 Copayment per visit.	You pay 40% after Deductible.
Mental Health and Substance Abuse Services		
Contact UPMC Health Plan Behavioral Health Services at 1-888-251-0083.		
Inpatient (e.g., detoxification, etc.)	You pay 20% after Deductible.	You pay 40% after Deductible.
Inpatient non-hospital residential services	You pay 20% after Deductible.	You pay 40% after Deductible.
Outpatient (e.g., rehabilitation, therapy, etc.)	You pay \$30 Copayment per visit.	You pay 40% after Deductible.
Other Medical Services		
Refer to the Policy for specific Benefit Limitations that may apply to the services listed below.		
Acupuncture	You pay 20% after Deductible.	You pay 40% after Deductible.
	Covered up to 12 visits per Benefit Period.	
Corrective appliances	You pay 20% after Deductible.	You pay 40% after Deductible.
Dental services related to accidental injury	You pay 20% after Deductible.	You pay 40% after Deductible.
Durable medical equipment	You pay 20% after Deductible.	You pay 40% after Deductible.
Fertility testing	You pay 20% after Deductible.	You pay 40% after Deductible.
Home health care	You pay 20% after Deductible.	You pay 40% after Deductible.
	Covered up to 60 days per Benefit Period.	
Hospice care	You pay 20% after Deductible.	You pay 40% after Deductible.
Infertility Services	You pay 20% after Deductible.	You pay 40% after Deductible.
	Limited to artificial insemination.	
Medical nutrition therapy	You pay 20% after Deductible.	You pay 40% after Deductible.
Nutritional counseling	You pay 20% after Deductible.	You pay 40% after Deductible.
	Covered up to six visits per Benefit Period.	
Nutritional products	You pay 20% after Deductible.	You pay 40% after Deductible.
	Nutritional products for the treatment of PKU and related disorders are not subject to Deductible.	
Oral surgical services	You pay 20% after Deductible.	You pay 40% after Deductible.
Podiatry care	You pay \$40 Copayment per visit.	You pay 40% after Deductible.
Skilled nursing facility	You pay 20% after Deductible.	You pay 40% after Deductible.
	Covered up to 120 days per Benefit Period.	

Summary of Benefits, continued

Covered Services	Participating Provider	Non-Participating Provider
Therapeutic manipulation	You pay \$40 Copayment per visit.	You pay 40% after Deductible.
	Covered up to 20 visits per Benefit Period.	
Diabetic Equipment, Supplies, and Education		
Diabetic equipment and supplies		
Glucometer, test strips, and lancets, insulin and syringes	Must be obtained at a Participating Pharmacy. See applicable Pharmacy Schedule of Benefits for coverage information .	
Diabetic education	Covered at 100%; you pay \$0.	You pay 40% after Deductible.

Prescription Medication Coverage

For additional information on your pharmacy benefits, refer to your Prescription Medication Schedule of Benefits. The Advantage Choice pharmacy program will apply (mandatory generic).

Not subject to Plan Deductible

UPMC Health Plan has determined that your prescription medication benefit plan constitutes Creditable coverage

<p>Retail prescription medication</p> <ul style="list-style-type: none"> Prescriptions must be dispensed by a participating pharmacy. 31-day supply. 	<p>Tier 1: You pay \$15 Copayment for preferred generic medications.</p> <p>Tier 2: You pay \$30 Copayment for preferred brand medications.</p> <p>Tier 3: You pay \$50 Copayment for nonpreferred medications (brand and generic).</p> <p>Tier 5: You pay \$0 Copayment for preventive medications.</p> <p>Tier 7: You pay \$0 Copayment for select generic. 90-day maximum retail supply available for three copayments.</p>
<p>Specialty prescription medication</p> <ul style="list-style-type: none"> Specialty medications are limited to a 31-day supply. See Prescription Medication Schedule of Benefits for additional information. Most specialty medications must be filled at our contracted specialty pharmacy provider (list available upon request). You may pay a higher amount for specialty medications when filled at a retail pharmacy. 	<p>Tier 4: You pay \$50 Copayment for specialty medications (brand and generic).</p> <p>Tier 6: You pay 20% for oral chemotherapy medications with a maximum of \$50 per prescription. 31-day maximum supply .</p>
<p>Mail-order prescription medication</p> <ul style="list-style-type: none"> A three-month supply (up to 90 days) of medication may be dispensed through the contracted mail-service pharmacy. 	<p>Tier 1: You pay \$30 Copayment for preferred generic medications.</p> <p>Tier 2: You pay \$60 Copayment for preferred brand medications.</p> <p>Tier 3: You pay \$100 Copayment for nonpreferred medications (brand and generic).</p> <p>Tier 5: You pay \$0 Copayment for preventive medications.</p> <p>Tier 7: You pay \$0 Copayment for select generic medications. 90-day maximum mail-order supply.</p>
<p>If the brand-name medication is dispensed instead of the generic equivalent, you must pay the Copayment associated with the brand-name medication as well as the price difference between the brand-name medication and the generic medication.</p>	

Summary of Benefits, continued

Prior Authorization for out-of-network services

Certain out-of-net work non-emergent care must be Prior Authorized in order to be eligible for reimbursement under your plan. This means you must contact UPMC Health Plan and obtain Prior Authorization before receiving services. A list of services that must be Prior Authorized is available 24/7 on our website at www.upmchealthplan.com. You can also contact Member Services by calling the phone number on the back of your member ID card. Your out-of-network provider may also access this list at www.upmchealthplan.com or your provider may call Provider Services at 1-866-918-1595 to initiate the Prior Authorization process on your behalf. Regardless, you must confirm that Prior Authorization has been given in advance of your receiving services in order for those services to be eligible for reimbursement in accordance with your plan. Please note, the list of services that require Prior Authorization is subject to change throughout the year. You are responsible for verifying you have the most current information as of your date of service.

The capitalized words and phrases in this Schedule of Benefits mean the same as they do in your Policy. Also, the headings under the Covered Services section are the same as those in your Policy.

At all times, UPMC Health Plan administers the coverage described in this document in full compliance with applicable laws and regulations. If any part of this Schedule of Benefits conflicts with any applicable law, regulation, or other controlling authority, the requirements of that authority will prevail.

Your plan documents will always include the Schedule of Benefits, the Policy, and the Summary of Benefits and Coverage. You'll find these documents at www.upmchealthplan.com. If you have questions, call Member Services.

UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products or which provide third party administration services for group health plans: UPMC Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., and/or UPMC Benefit Management Services Inc.

UPMC Health Plan
U.S. Steel Tower
600 Grant Street
Pittsburgh, PA 15219

www.upmchealthplan.com



How to Enroll in UPMC Health Plan Coverage

All full-time students are eligible to enroll in the Chatham University Student Health Insurance Plan. If you would like to take advantage of this coverage, you can enroll online by clicking the Student Health Insurance link on the myChatham homepage before the deadline to add/drop classes.

16

For assistance with the online enrollment or waiver process, call UPMC Health Plan at 1-866-203-8051 (TTY: 711).

For questions about the premium charge on your student account, email studentaccounts@chatham.edu or call 412-365-2719.

ATTENTION, RE-ENROLLING STUDENTS

The Student Health Insurance Plan offered through Chatham University is a voluntary plan option for full-time students who do not have coverage elsewhere and don't elect to buy insurance through the individual Marketplace.

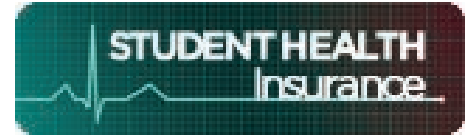
You must take action to enroll in the plan for the 2020–2021 academic year. Students who do not enroll will not be defaulted into coverage.

If you choose to re-enroll with UPMC Health Plan, you will need to make your selection before August 1, 2020, to maintain your health insurance coverage.

What is eBenefits?

eBenefits is Chatham University's Student Health Insurance self-service website.

eBenefits allows you to view, enroll in, and make changes to your student health insurance information quickly, easily, and securely. This system is available 24 hours a day, seven days a week, so you can view and change information conveniently from any computer with internet capability—from home or school.



What we need you to do in the eBenefits system beginning on June 1, 2020:

- Make desired changes that will take effect on August 1, 2020.
- Add dependent information if you are purchasing more than individual coverage.
- Set up payments for dependent insurance via a debit/credit card.

Logging in to eBenefits for the first time (registration)

Access eBenefits

To access the system, log in to www.ebenefits.com/chatham or click the Student Health Insurance link on myChatham.

Register

Returning users should use the same login information they used last year.

You will be directed to the eBenefits login page. Click on the **Click Here to Register** link to begin the registration process. You only need to register one time. Once you click on the link, the validation page will appear.

A. First-time user validation

You will need the following information to validate your identity: last name, date of birth, and student ID number. After this data has been entered, click the **Next** button.

B. Registration details

Once validation is complete, you will be directed to a page containing your user information details. In the Security Details section at the bottom of the page, you will need to create your username, password, and secret question and answer:

1. Create a username that is at least six characters long and contains numbers and letters (e.g., janesmith09).
2. Complete the password section by entering a password and confirming it. Please note that the password is case sensitive and must have at least six characters.
3. Create a secret question and answer in the event that you forget your password and need to retrieve it.
4. Click the **Submit** button to confirm your identity once the required information has been completed.

After clicking the Submit button, you will be taken to the homepage, where you can begin to use the eBenefits system.

Note: Remember your username and password. You will need them each time you log in to eBenefits. **They are not the same as your myChatham username and password.**

Important Contact Information

Student Health Insurance Plan
UPMC Health Plan
U.S. Steel Tower
600 Grant Street
Pittsburgh, PA 15219
1-866-203-8051 (TTY: 711)
www.upmchealthplan.com

UPMC Urgent Care Shadyside
5231 Centre Ave.
Pittsburgh, PA 15232
412-623-4114

MedExpress Urgent Care
5201 Baum Blvd.
Pittsburgh, PA 15224
412-687-3627



Tips for Students

You won't use what you don't understand, and we want to make sure you understand your benefits. The following are some tips to make things easier for you.

Familiarize yourself with the Student Health Services

For the treatment of minor illnesses and injuries, you can visit Student Health Services in Woodland Hall. More serious medical situations may require care beyond the capabilities of a campus health facility. You may seek care from providers and facilities in the UPMC Health Plan network. For a lower level of benefit payment, you may seek care outside of the network.

Transportation to off-campus health care

Students requiring transportation to and from UPMC Urgent Care Shadyside can call Chatham Public Safety at 412-365-1230.

UPMC AnywhereCare

Help with nonemergency conditions—such as cold symptoms, allergies, and pink eye—is just a virtual visit away 24/7 with UPMC AnywhereCare. Learn more at www.UPMCAnywhereCare.com.

Know your coverage

If you enroll in UPMC Health Plan, some services—such as bariatric surgery and private duty nursing—will not be covered under the Chatham University Student Health Insurance Plan. Refer to your Schedule of Benefits for coverage information or contact UPMC Health Plan at 1-866-203-8051 to find out what is covered under your benefit plan.

If you are using insurance other than UPMC Health Plan, make sure you know whom to call for information about your benefits.

Before returning to or starting at campus:

Update your personal health record.

1. You must have the following immunizations/vaccinations as required by Chatham University:

- Meningitis vaccine (Menactra) or a signed meningitis waiver
- Two MMR (measles, mumps, rubella) vaccine dates
- Three hepatitis B vaccine dates or a positive blood titre
- PPD skin test for all international students within one year of arrival to campus

2. Physical exam

3. If necessary:

- Prescription refills
- Gynecological exam

Be prepared

When you visit a provider, make sure you know what medications you are taking and any medical conditions or allergies you have.

Always carry your insurance card

Make sure you always have your insurance card with you when you see a provider. If you have applied for the Chatham University Student Health Insurance Plan and have not received your card, contact UPMC Health Plan at 1-866-203-8051. You can also access your ID card within the UPMC Health Plan mobile app, which is available from the Apple App Store and Google Play.

Be assured that your privacy is a priority

Unless you give permission, nothing that takes place at a visit with a provider will be shared with anyone else, except as permitted by law.

Questions? Call us!

If you have any questions about the Chatham University Student Health Insurance Plan, call UPMC Health Plan at 1-866-203-8051. TTY users should call 711.

Utilization management

UPMC Health Plan requires that it review and approve certain procedures prior to those services being completed. The Health Plan's clinical staff will communicate with your physicians for these review processes. UPMC Health Plan's key utilization management procedures include prior authorization, concurrent review, retrospective review, and discharge planning. Refer to your policy for more information.

Privacy and confidentiality

Whether you are a prospective or current member, UPMC Health Plan respects and protects your personal information. That is one of your rights as a UPMC Health Plan member. You will retain this right even if you are no longer a member of UPMC Health Plan.

Your name, address, Social Security number, and birth date are confidential, along with any data we have about the services you receive or the premium you pay.

UPMC Health Plan uses your personal health and financial information only internally and with our contracted providers or agents for the purposes of your health care treatment, payment for that treatment, and the health care operations required to provide that treatment.

The Health Plan does not share your personal health information with Chatham University.

UPMC Health Plan complies with all aspects of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and monitors related issues.

For questions concerning the privacy and confidentiality of your personal information, or to obtain a copy of UPMC Health Plan's Notice of Privacy Practices, call the Health Plan at 1-866-203-8051.

For questions concerning the confidentiality of behavioral health information, please contact UPMC Health Plan Behavioral Health Services at 1-888-251-0083.

In this section, the term "UPMC Health Plan" refers to benefit plans offered by UPMC Health Options Inc. as well as to those plans offered by UPMC Health Plan Inc.

This managed care plan may not cover all of your health care expenses. Read your policy carefully to determine which health care services are covered.

UPMC Health Plan Member Services Department: 1-866-203-8051

TTY Services: 711

Nondiscrimination notice

UPMC Health Plan, on behalf of itself and its affiliates, complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

UPMC Health Plan provides free aids and services to people with disabilities so that they can communicate effectively with us. Aids and services may include:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

UPMC Health Plan provides free language services to people whose primary language is not English. Language services may include:

- Qualified interpreters.
- Information written in other languages.

If you need these services, contact the Member Services phone number listed on the back of your member ID card.

If you believe that UPMC Health Plan has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression, you can file a complaint with:

Complaints and Grievances
PO Box 2939
Pittsburgh, PA 15230-2939

Phone: 1-888-876-2756 (TTY: 711)

Fax: 1-412-454-7920

Email: HealthPlanCompliance@upmc.edu

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019. TTY/TDD users should call 1-800-537-7697.

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Translation services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-420-9589 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-420-9589 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-420-9589 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-420-9589 (телетайп: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kantsch du mitaus Koschte ebber gricke, ass dhr helft mit die english Schprooch. Ruf selli Nummer uff: Call 1-866-420-9589 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-420-9589 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-420-9589 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-420-9589 (رقم هاتف الصم والبكم: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-420-9589 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-420-9589 (TTY: 711).

सुचना: જો તમે ગુજરાતી બોલતા હો, તો ભિ.શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-420-9589 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-420-9589 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-420-9589 (TTY: 711).

සුඛානු: ට්‍රැස්ලින්ග් භූමිකම්පන සහාය සේවාවන් ඔබගේ භාෂාවට අනුව නොමිලව සපයනු ලබයි. 1-866-420-9589 (TTY: 711) ට්‍රැස්ලින්ග් සේවාවට දුරකථන කථන කරන්න.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-420-9589 (TTY: 711).

UPMC HEALTH PLAN

U.S. Steel Tower, 600 Grant Street
Pittsburgh, PA 15219

www.upmchealthplan.com

