2011 - 2012
Student Health Plan
brought to you by
UPMC Health Plan
Dear Student:

Chatham University is committed to the health and well-being of its students. For care involving the treatment of minor illnesses and injuries, Chatham maintains the Student Health Services Center in Woodland Hall. Beyond those basic needs, we understand that more serious medical situations and preventive care require the support of local doctors, hospitals, and urgent care facilities, which can be costly if you are not adequately insured. Treatment of even a routine medical problem could negatively impact your ability to support your goal of a college education.

To mitigate such risks, Chatham is partnering with UPMC Health Plan to provide you with in-network coverage at those medical facilities closest to the campus. This student health insurance is affordable, easy to use, and includes:

- Preventive care
- Coverage for all types of injuries, including sports and exercise injuries
- MyHealth, an online health promotion program
- EBenefits for online management of health care benefits
- Out-of-area coverage while traveling (national network and Assist America)

Please review this booklet of information detailing the Student Health Plan benefits to determine if the coverage offered meets your needs. The open enrollment/waiver period for the 2011-2012 academic year begins July 1, 2011. You must make an election through our online system to either enroll in this plan or waive it if you have alternative coverage.

Any student who would like to enroll in the Student Health Plan may do so by accessing the “Student Health Insurance” link on myChatham and completing the online enrollment process. Following the completion of this process, health insurance cards will be mailed to all students who enrolled. Students who complete enrollment prior to Friday, July 15, 2011, will have member ID cards issued to them no later than August 1, 2011 (the effective date of coverage).

A pending charge for the health insurance premium will be placed on your student account upon registration at full-time status. If you have alternative coverage and complete the online waiver by the waiver deadline of September 6, 2011, an offsetting credit will be posted to your student account. Any full-time student who does not complete the waiver process by September 6, 2011, will automatically be enrolled in the Chatham Student Health Plan and will be responsible for all premium amounts charged to her or his student account.

Please review this information so that you are prepared to make the necessary choices and take appropriate action to fulfill Chatham’s requirement concerning mandatory health insurance coverage, of the student’s choosing, for all who are registered at full-time status.

Student Health Services  Student Counseling Services  Student Accounts Office
Woodland Hall  Woodland Hall  Braun Hall
412-365-1238  412-365-2973  412-365-2719
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Chatham University and UPMC Health Plan

Don’t worry. You’re covered.
College – an exciting period in every student’s life, filled with many new things: classes, books, residence halls, friends …

With so much to think about, wouldn’t it be nice to be free from worry about how to find and pay for health care if you or a dependent becomes sick or injured?

UPMC Health Plan and Chatham University have you covered.

With UPMC Health Plan, you get world-class physicians when you are sick, and health promotion programs to keep you well. These programs are specifically designed to meet the physical and emotional needs of college students — and they are delivered and managed right here in western Pennsylvania, by people who know the region’s health care resources and systems.

That means you’re free to concentrate on your education. And, after all, isn’t that why you’re in college?

Chatham University Student Health Services

As a student, you have access to the following valuable services from the 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
• Physical and psychological counseling appointments
• Updating and maintaining student health and immunization records
• Health education resource materials

To ensure students’ health needs are met, the University has partnered with a hospital-affiliated health care facility to provide comprehensive medical services to Chatham University students.

The Student Health Services Center provides the following services at no charge:
• Nurse office visits
• Confidential psychological counseling services

Additional services may result in a small fee due at the time of service or charged to your student account.

Contact Information
Student Health Services
Woodland Hall
Phone: 412-365-1238

Student Counseling Services
Woodland Hall
Phone: 412-365-2973
Your Health Is Our 
#1 Priority

UPMC Health Plan’s Student Health Plan is designed to complement your Chatham University Student Health Services and Student Counseling Services offering. UPMC Health Plan can cover the more extensive medical treatment or emergency care that you may require during your student years. See pages 10 and 11 for the full range of UPMC Health Plan covered services.

As part of an integrated health care delivery system, UPMC Health Plan includes more than 90 hospitals and more than 9,800 physicians. We make it our responsibility to help each of our student members enjoy the best quality of life and health possible. Through the many primary care physicians and specialists in our outstanding provider network, we help our members to remain healthy and detect any medical problems at an early stage, when treatment is more effective and may prevent such problems from escalating into serious illness.

If your doctor does not participate in the UPMC Health Plan network, you are still covered. Your student health insurance plan gives you the freedom to see out-of-network providers for slightly more than the cost of seeing a participating provider.

Out-of-area students who go home for extended visits and students who travel within the U.S. can use the physicians and facilities of UPMC Health Plan’s contracted national network, which includes more than 500,000 physicians and nearly 5,000 facilities.
Travel Assistance Program

Peace of mind wherever you roam
UPMC Health Plan includes travel assistance services through Assist America at no additional charge. Assist America provides emergency medical services for students studying abroad or students traveling more than 100 miles from their campus address or from their permanent home address.

If you need help away from home, Assist America can locate qualified doctors and hospitals, replace forgotten prescriptions, provide emergency medical evacuation, or arrange transportation so that family members can be with injured relatives.

assist america

Pharmacy

Prescription drug coverage you need, where you need it
Your student health benefits through UPMC Health Plan include prescription drug coverage that allows you and your doctors to choose the most effective pharmaceutical regimen — one that will help you manage your prescription drug costs and also allows freedom of choice.

And when you’re traveling outside your neighborhood, you can now take advantage of nearly 40,000 pharmacies nationwide. Your student health insurance allows you to fill prescriptions at any of the following facilities throughout western Pennsylvania that participate in UPMC Health Plan’s retail pharmacy network.

- CVS/pharmacy
- Giant Eagle
- Kmart
- Rite Aid
- Sam’s Club
- Target
- Walgreens
- Walmart
- Hundreds of independent pharmacies

You may also call UPMC Health Plan at 1-888-876-2756 or go to www.upmchealthplan.com to find a pharmacy near you.

Our pharmacy program offers you a variety of high-quality, effective generic and brand-name drugs. You can also take advantage of mail-order prescriptions that will arrive at your door and can be ordered in 90-day supplies. Please refer to the benefit summary on pages 10 and 11 for actual deductibles, coinsurance, and copayment amounts.
MyHealth OnLine

24/7 access to health information and health improvement tools
All Chatham University students enrolled in UPMC Health Plan have access to MyHealth OnLine, an easy-to-use Internet-based member service center.

When you log in to MyHealth OnLine, you unlock a free, confidential resource that can be personalized just for you. Here you can investigate health symptoms and read the latest news in the extensive library of health-oriented information.

Interactive features help you devise personal action plans from getting in shape to quitting tobacco. MyHealth OnLine also offers Web-based health trackers to guide you through eating better by logging what you eat each day, your activity level, and your weight.

In addition, MyHealth OnLine lets you:
• View detailed information about your health insurance benefits and covered services
• Access your Explanation of Benefits (EOB)
• Search for physicians and other health care providers
• Request new ID cards
• Estimate cost of care
• Order and refill prescriptions
• Access MyHealth tools and information

All of these resources make MyHealth OnLine a great tool to help manage your health information and determine what health improvements may be right for you. To access these tools, log in to MyHealth OnLine.
Commonly Used Terms

**Copayment** – A specific, agreed-upon dollar amount that a patient pays to the provider when receiving services or supplies.

**Dependent** – A spouse or domestic partner or a child under 26 years of age.

**In-Network Services** – Services performed by physicians who have a contract or agreement with UPMC Health Plan to provide specific 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.

**Non-Participating Provider** – A provider that has not contracted with UPMC Health Plan to provide services at a reduced fee.

**Out-of-Network Services** – Health care services received outside the designated PPO network. Benefits are paid at a lower level after the annual deductible is met. Members may also have to pay the difference between the provider’s charge and the UPMC Health Plan payment.

**Participating Provider** – A provider that has contracted with UPMC Health Plan to provide medical services to covered persons. The provider may be a hospital or other facility, a physician, or a pharmacy that has contractually accepted the terms and conditions as set forth by the Health Plan.

**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 price discounts on services in exchange for a higher volume of patients.

**Specialty Prescription Drugs** – Specialty medications are used to treat complex clinical conditions and are limited to a 31-day supply. Most specialty medications must be obtained through our designated specialty provider, which provides convenient and expedited delivery through the mail.
Frequently Asked Questions

GENERAL INFORMATION

Does Chatham University require that I have this insurance?
Chatham University requires that all full-time students carry U.S.-based health insurance. Students must either:

- Enroll in the Chatham University Student Health Plan;
- Choose to remain on their parent’s insurance policy; OR
- Purchase a separate policy of their choosing.

If not enrolled in the Chatham University Student Health Plan, students must provide proof of other coverage through the online waiver process. If the online waiver process is not completed, the student will, by default, be enrolled in the Chatham University Student Health Plan.

Does Chatham University’s Student Health Services Center accept this insurance?
No. Currently, Student Health Services does not accept the Student Health Plan or any other type of insurance coverage. In order to keep overhead costs of operating the Student Health Services Center low, the nominal fees charged for services are not submitted to insurance providers by Chatham. Student Health Services fees may be charged to your University Student Account if you are unable to make payment at the time of service.

What if I only take classes online?
The University believes it is in the best interest of all full-time students to carry sufficient health insurance coverage. Full-time online students must complete the waiver process or be automatically enrolled in the Chatham University Student Health Plan.

When will my coverage become effective?
Coverage will be effective on August 1, 2011, for students who voluntarily enroll or are enrolled by default.

What if I have more questions about coverage?
Call UPMC Health Plan at 1-888-876-2756 to talk to a Member Advocate, or chat with us online at www.upmchealthplan.com.
What is the period of coverage?
Chatham University Student Health Plan defines its benefit year as August 1, 2011, to July 31, 2012. An opportunity to enroll in the middle of the benefit year occurs with the spring semester and covers the period from January 1, 2012, to July 31, 2012.

What is open enrollment and when does it occur?
Open enrollment is the period during which a student may enroll for coverage. Students enrolling for the fall semester have until September 6, 2011, to enroll for 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 11, 2012.

ELIGIBILITY

Who is considered an eligible student?
All registered students are eligible for coverage under the Chatham University Student Health Plan with UPMC Health Plan. Eligible students who enroll may also insure their dependents. Eligible dependents include the spouse or domestic partner and any children under 26 years of age. Full-time undergraduate students (taking 12 or more credits in one 14-week semester) and full-time graduate students (taking 9 or more credits in one 14-week semester) are required to carry health insurance coverage. If proof of alternate coverage is not provided in the online waiver process, students will be enrolled by default in the Chatham University Student Health Plan.

What if I am not eligible by August 1, 2011, but become eligible for the spring semester?
A student who becomes eligible for the spring semester can enroll any time during the open enrollment period between December 1, 2011, and January 11, 2012. The effective date of coverage for this open enrollment period is January 1, 2012.

What happens if I graduate or withdraw from the University before the spring semester?
Coverage for students who are not enrolled for credit in the spring semester will terminate December 31, 2011.
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 only responsible 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 the date of birth. Unless you call the Health Plan at 1-888-876-2756 to enroll your son or daughter within this 31-day period, your child will lose coverage on the 32nd day following birth. Likewise, a child legally placed with a covered student for adoption or a 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 instances, your premium may be adjusted.

COVERAGE

What are some of the non-covered services?
In addition to items that are considered standard exclusions, the following is a list of non-covered services:

• Speech therapy
• Skilled nursing facility coverage
• Private duty nursing
• Durable medical equipment (corrective appliances)
• Prosthetic devices
• Podiatry services
• Chiropractic services

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

What if I have been seen by a non-network physician?
Visits to non-network providers are covered at 60 percent of reasonable and customary charges after the student meets his or her deductible.
UPMC Health Plan Student Health Insurance
2011-2012 Timelines

<table>
<thead>
<tr>
<th>Term</th>
<th>Effective dates of coverage</th>
<th>Online waiver/enrollment must be completed by Add/Drop deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual term</td>
<td>8/01/2011 through 7/31/2012</td>
<td>September 6, 2011</td>
</tr>
<tr>
<td>Spring term ONLY</td>
<td>1/01/2012 through 7/31/2012</td>
<td>January 11, 2012</td>
</tr>
</tbody>
</table>

2011-2012 Premiums

Student
Annual premium of $1,340
- $1,340 charged to University student account in 2 semester installments of $670 each

Student and spouse
Annual premium of $3,580.04
- $1,340 charged to University student account in 2 semester installments of $670 each; and
- $2,240.04 due at the time of enrollment

Student and child(ren)
Annual premium of $2,692.64
- $1,340 charged to University student account in 2 semester installments of $670 each; and
- $1,352.64 due at the time of enrollment

Student, spouse, and child(ren)
Annual premium of $3,732.44
- $1,340 charged to University student account in 2 semester installments of $670 each; and
- $2,392.44 due at the time of enrollment

Notices to Student
No premium will be refunded other than for (a) determination of ineligibility or (b) entrance into the armed forces.

Any full-time student who does not complete the waiver process by the add/drop deadline will automatically be enrolled in the Chatham University Student Health Plan, and will be responsible for all premium amounts charged to his or her student account.

Full-time students who provide proof of alternative insurance coverage by completing the online waiver process will have an offsetting credit of $670 posted to their student account.
The Preferred Provider Organization (PPO) plan offers you the choice of two levels of health care benefits each time you need medical services. Members will have reduced cost-sharing if care is received from a participating provider. Coordination of service is not required.

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<tr>
<th>Covered Services</th>
<th>Participating Provider</th>
<th>Non-Participating Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$250</td>
<td>$500</td>
</tr>
<tr>
<td>Family</td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td>Annual out-of-pocket limit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>None</td>
<td>$10,000</td>
</tr>
<tr>
<td>Family</td>
<td>None</td>
<td>$20,000</td>
</tr>
<tr>
<td>Plan payment level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>80% after deductible</td>
<td></td>
<td>60% after deductible 1</td>
</tr>
<tr>
<td>Lifetime benefit limit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unlimited</td>
<td>Unlimited</td>
<td></td>
</tr>
<tr>
<td>Primary care provider (PCP) required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Pre-existing condition limitations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Pre-certification requirements</td>
<td></td>
<td>Provider responsibility</td>
</tr>
<tr>
<td>Provider Medical Services 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive/health screening examination</td>
<td>100% (deductible does not apply)</td>
<td>Not covered</td>
</tr>
<tr>
<td>Adult immunizations (required to be covered by PPACA)</td>
<td>100% (deductible does not apply)</td>
<td>60% after deductible 1</td>
</tr>
<tr>
<td>Adult immunizations (not required to be covered by PPACA)</td>
<td>80% after deductible</td>
<td>60% after deductible 1</td>
</tr>
<tr>
<td>Pediatric Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive/health screening examination</td>
<td>100% (deductible does not apply)</td>
<td>Not covered</td>
</tr>
<tr>
<td>Pediatric immunizations</td>
<td>100% (deductible does not apply)</td>
<td>60% (deductible does not apply) 1</td>
</tr>
<tr>
<td>Well-baby visits</td>
<td>100% (deductible does not apply)</td>
<td>Not covered</td>
</tr>
<tr>
<td>Women’s Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening gynecological exam and Pap test</td>
<td>100% (deductible does not apply)</td>
<td>60% (deductible does not apply) 1</td>
</tr>
<tr>
<td>Mammograms, screening and medically necessary</td>
<td>100% (deductible does not apply)</td>
<td>60% after deductible 1</td>
</tr>
<tr>
<td>Provider office visit (for illness or injury)</td>
<td>100% after $30 copayment per visit</td>
<td>60% after deductible 1</td>
</tr>
<tr>
<td>Medical/surgical services</td>
<td>80% after deductible</td>
<td>60% after deductible 1</td>
</tr>
<tr>
<td>Hospital Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient/outpatient care, medical/ surgical services, ancillary services, and supplies</td>
<td>80% after deductible</td>
<td>60% after deductible 1</td>
</tr>
<tr>
<td>Emergency Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency care coverage</td>
<td>100% after $100 copayment per visit</td>
<td>100% after $100 copayment per visit</td>
</tr>
<tr>
<td>Urgent care facility</td>
<td>100% after $30 copayment per visit</td>
<td>60% after deductible 1</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced imaging (e.g., PET, MRI, etc.)</td>
<td>80% after deductible</td>
<td>60% after deductible 1</td>
</tr>
<tr>
<td>Other imaging (e.g., x-ray, sonogram, etc.)</td>
<td>80% after deductible</td>
<td>60% after deductible 1</td>
</tr>
<tr>
<td>Lab and other services</td>
<td>80% after deductible</td>
<td>60% after deductible 1</td>
</tr>
<tr>
<td>Medical Therapy Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy, radiation, infusion therapy, dialysis treatment</td>
<td>80% after deductible</td>
<td>60% after deductible 1</td>
</tr>
<tr>
<td>Home infusion</td>
<td>80% after network deductible</td>
<td>Covered up to 30 visits per Benefit Period</td>
</tr>
<tr>
<td>Rehabilitation Therapy Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical and occupational</td>
<td>100% after $30 copayment per visit</td>
<td>60% after deductible 1</td>
</tr>
</tbody>
</table>
| Speech therapy | Not covered | Covered up to 25 visits per Benefit Period for all therapies combined.

1. A network deductible is applied only once per Benefit Period.
### Covered Services

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Participating Provider</th>
<th>Non-Participating Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other Medical Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled nursing facility</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Private duty nursing</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Home health care</td>
<td>80% after deductible</td>
<td>60% after deductible¹</td>
</tr>
<tr>
<td>Home health care (Combined Benefit Limit of 60 visits per Benefit Period)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice care</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Respiratory therapy</td>
<td>90% after network deductible</td>
<td></td>
</tr>
<tr>
<td>Therapeutic manipulation</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Podiatric care</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Allergy testing and serum</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Durable medical equipment and corrective appliances</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Fertility testing</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td><strong>Behavioral Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>80% after deductible</td>
<td>60% after deductible¹</td>
</tr>
<tr>
<td>Outpatient</td>
<td>100% after $30 copayment per visit</td>
<td>60% after deductible¹</td>
</tr>
<tr>
<td>Substance abuse services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient detoxication</td>
<td>80% after deductible</td>
<td>60% after deductible¹</td>
</tr>
<tr>
<td>Inpatient rehabilitation</td>
<td>80% after deductible</td>
<td>60% after deductible¹</td>
</tr>
<tr>
<td>Outpatient rehabilitation</td>
<td>100% after $30 copayment per visit</td>
<td>60% after deductible¹</td>
</tr>
<tr>
<td><strong>Prescription Drug Coverage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail prescription drug²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Prescriptions must be dispensed by a participating pharmacy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty prescription drug³</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Specialty medications are limited to a 31-day supply.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Most specialty medications must be filled at our contracted specialty pharmacy provider. (List available upon request.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail-order prescription drug³</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• A three-month supply (up to 90 days) of medication may be dispensed through the contracted mail service pharmacy.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 If care is out-of-network, benefits are paid at a lower level after your annual deductible is met. If you go to an out-of-network provider, you also may have to pay the difference between the provider’s charge and the UPMC Health Plan payment (reasonable and customary amount).

2 Preventive services will be covered with no member cost-sharing as required by PPACA.

3 If the brand-name drug is dispensed instead of the generic equivalent, you must pay the copayment associated with the brand-name drug as well as the retail price difference between the brand-name drug and the generic drug.

This summary is meant to assist in comparing the benefit plans. It is not a contract. If differences exist between this summary and a group’s contract or a member’s certificate of coverage, the contract or certificate of coverage prevails.

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**UPMC Health Plan**

One Chatham Center
112 Washington Place
Pittsburgh, Pennsylvania 15219
www.upmchealthplan.com
How to Enroll In or Waive UPMC Health Plan Coverage

The interest of students is a priority, and, as a student of Chatham University, you are required to have health insurance. You must either enroll in the UPMC Health Plan insurance package, or waive it in lieu of your own coverage. Enrollment and waiver options can be completed online by accessing the myChatham homepage.

Enrolling for Coverage with the Plan
All full-time registered students are eligible for coverage with UPMC Health Plan. If you would like to take advantage of this opportunity, complete the online Student Health Plan Insurance enrollment by using the “Student Health Insurance” link located on the myChatham homepage before the add/drop deadline.

WAIVING COVERAGE WITH THE PLAN
The University requires that full-time students be automatically enrolled unless they provide proof of alternative health insurance coverage. If you plan to decline coverage, it is mandatory that you complete the Waiver of Coverage by using the “Student Health Insurance” link located on the myChatham homepage by the add/drop deadline. Failure to waive coverage by September 6, 2011 (or January 11, 2012, for the spring semester add/drop) will result in automatic enrollment in UPMC Health Plan. Students who are enrolled automatically will be responsible for all premium amounts charged to their student account.

For assistance with the online enrollment or waiver process, call UPMC Health Plan: 1-888-876-2756.

For questions about the premium charge on your student account, contact studentaccounts@chatham.edu or call 412-365-2719.
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. Since this system is available 24 hours a day, 7 days a week, 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 July 1, 2011:
• Make desired changes that will take effect on 8/1/2011.
• Add dependent information if 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 into www.ebenefits.com/chatham or by following the Student Health Insurance link on myChatham.

Registration
You will be directed to the EBenefits log-in 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 securely validate your identity: Last Name, Date of Birth, and Student ID number. After this data has been entered, click on 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.

   Then, follow these steps:

   1. Create a username that is at least six characters and contains numbers and letters (i.e., janesth09).
   2. Complete the password section by entering a password and then 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 on the “Submit” button to confirm your identity once the required information has been completed.

After clicking on the Submit button, you will be taken to the homepage where you can begin using the EBenefits system.

Note: Remember your username and password. You will need these each time you log in to EBenefits. They are not the same as your myChatham username and password.
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 Center.**
For care involving the treatment of minor illnesses and injuries, the University maintains the Student Health Services Center in Woodland Hall for all students. More serious medical situations may require care beyond the capabilities of a campus health facility, and you will be directed by the Student Health Services Center or UPMC Health Plan.

**Know your coverage.**
Some services – like speech therapy, podiatry services, and chiropractic services – are not covered under UPMC Health Plan. Refer to pages 10 and 11 for coverage information or contact the Health Plan at 1-888-876-2756 to find out what is covered under your benefit plan before you make an appointment. If you are using insurance other than UPMC Health Plan, make sure you know where to call for information about your benefits.

**Prior to returning to or starting at campus:**

- Update your personal health record.

  You must have these immunizations/vaccinations required by Chatham University:
  - Meningitis vaccine (Menactra) or a signed meningitis waiver form
  - 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

- **Physical Exam**
  - And, 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 may 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 UPMC Health Plan and have not received your card, contact us at 1-888-876-2756.

**Be assured that your privacy is our 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 UPMC Health Plan, contact us at 1-888-876-2756.

**Utilization Management**
Our role as financial and medical steward of your health care requires that UPMC Health Plan 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.

**Privacy and Confidentiality**
Whether you are a prospective or current member of UPMC Health Plan, we respect and protect your personal information.

That is one of your rights as a UPMC Health Plan member. You retain this right even when 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 that you have received or the premium that you pay.

We use 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.

We do not share your personal 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 our Notice of Privacy Practices, call UPMC Health Plan at 1-888-876-2756.

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

In this document, the term “UPMC Health Plan” refers to benefit plans offered by UPMC Health Network, 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 expense. Read your contract carefully to determine which health care services are covered.

**UPMC Health Plan Member Services Department**: 1-888-876-2756  
**TTY Services**: 1-800-361-2629