

# OCCIDENTAL COLLEGE - STUDENT HEALTH INSURANCE PLAN

## 2021 - 2022 PLAN OVERVIEW

Below are highlights of the Student Health Insurance Plan benefits, as well as important dates and costs of coverage. For more information, please review the Plan Certificate. You may enroll in the plan, waive out of coverage, and find answers to most of your eligibility questions by visiting our website, [www.jcbins.com](http://www.jcbins.com). You can also reach us by phone at (323) 603-2007.

Plan materials can be found at [www.jcbins.com](http://www.jcbins.com). If you have questions related to benefits or claims, please call United Healthcare Student Resources (UHCSR) at (800) 767-0700.

### WHO IS ELIGIBLE FOR THE PLAN?

To be eligible for the plan, students must actively attend classes for at least the first 31 days after the start date for which coverage is purchased. All eligible registered students taking the required credit hours are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished.

Eligible students who are enrolled may also purchase coverage for their eligible dependents. Eligible Dependents are the student's legal spouse or Domestic Partner, and dependent children under age 26.

All refund requests must be sent to the University who will confirm non-student status with JCB and submit the refund request on behalf of the student. Only refunds submitted by the University before the refund deadline will be considered. Credit card refunds must be requested and processed within 120 days of the date of purchase and before the refund deadline. No refunds will be considered after the refund deadline. All refunds will be processed back to the original form of payment only, no exceptions. All refunds will be assessed a \$35 processing fee. Please allow 30 business days for us to receive and process the refund request, then an additional 3-5 business days to receive the refund from your financial institution. Pro-rated/partial refunds are not allowed.

### HOW TO SEE A DOCTOR

For your medical bills to be paid at 80% (after applicable copay and deductible) when you seek treatment, the provider you visit must be an In-Network Member of the United Healthcare Preferred Provider Organization (PPO).

You can find an in-network PPO provider by visiting [www.uhcsr.com](http://www.uhcsr.com). If you choose to see an Out-of-Network provider, covered services will only be paid at 60% of the Usual and Customary Charge. In case of a life-threatening emergency call 911 or go to your local hospital emergency room.

### COVERAGE DATES AND RATES

Session	Student	Spouse/ Domestic Partner	Child	Two or More Children
Fall 8/1/2021 – 12/31/2021	\$1,297.00	\$1,297.00	\$1,297.00	\$2,594.00
Spring/Summer 1/1/2022 – 7/31/2022	\$1,297.00	\$1,297.00	\$1,297.00	\$2,594.00

### Online Waiver Deadline Dates:

Fall: 8/3/2021

Spring/Summer: 1/27/2022

***The cost of coverage includes insurance premium and fees payable to JCB Insurance Solutions.***

*\*The rates listed on this page have not been approved by the California Department of Insurance (CDI), and are subject to change based on CDI review.*

### UHCSR INSURANCE ID CARD

UHCSR will not automatically mail you a physical insurance ID card. However, when your ID card is ready to print, you will receive an email from UHCSR with a link to your card. If you do not receive an email by the term effective date you can print your ID card by visiting [www.uhcsr.com](http://www.uhcsr.com) and selecting the ID card link. You can also obtain your ID card through the United Healthcare Student Resources mobile app available through the Apple App store or Google Play by searching UHCSR. Keep your ID card with you at all times and present it whenever you receive medical treatment.

## BASIC PLAN INFORMATION

EMMONS WELLNESS CENTER	BENEFITS WILL BE PAID AT 100% FOR COVERED MEDICAL EXPENSES INCURRED SUBJECT TO A \$10 COPAY PER VISIT AT EMMONS WELLNESS CENTER. PRESCRIPTIONS FILLED AT EMMONS WILL BE PAID AT 100%, NO COPAY.	
	IN-NETWORK PPO PROVIDER	OUT-OF-NETWORK PROVIDER
Deductible	\$150 Per Insured Person	\$300 Per Insured Person
Covered Percentage	80% of Preferred Allowance	60% Usual & Customary Charges
Office Visit Copay	\$25 copay, then covered at 100%	\$25 copay, then 60% Usual & Customary Charges
Urgent Care Copay	80% of Preferred Allowance	60% Usual & Customary Charges
Emergency Room Copay	\$150 copay, then covered at 100%	\$150 copay, then covered at 100% of Usual & Customary Charges
Prescription Drugs	Tier 1 - \$20 Copay Tier 2 - \$40 Copay Tier 3 - \$65 Copay	No Benefits
Out of Pocket Maximum	\$6,850 Ind./\$13,700 Family	No Out-of-Pocket Maximum for Non-PPO benefits

## IMPORTANT CONTACTS

### Insurance Company: United Healthcare Student Resources

#### PPO Network

To locate PPO physicians and facilities, visit the website  
[www.uhcsr.com](http://www.uhcsr.com) or call (800) 767-0700.

#### Emergency Travel Assistance Services

To access services please refer to the phone number on the back of your ID Card or visit [www.uhcsr.com/UHGlobal](http://www.uhcsr.com/UHGlobal)

#### Benefits and Claims

For questions regarding benefits or claims status.  
[www.uhcsr.com](http://www.uhcsr.com) or (800) 767-0700

#### Enrollment and Eligibility

Enroll in the plan, waive coverage and find answers to most of your eligibility questions by visiting our website  
[www.jcbins.com](http://www.jcbins.com) or calling (323) 603-2007

THE INFORMATION CONTAINED HEREIN IS A SUMMARY OF CERTAIN BENEFITS WHICH ARE OFFERED UNDER A STUDENT INSURANCE POLICY ISSUED BY UNITEDHEALTHCARE. THIS IS A SUMMARY ONLY AND MAY NOT CONTAIN A FULL OR COMPLETE RECITATION OF THE BENEFITS AND EXCLUSIONS ASSOCIATED WITH THE RELEVANT POLICY OF INSURANCE. THIS DOCUMENT IS NOT AN INSURANCE POLICY DOCUMENT AND YOUR RECEIPT OF THIS DOCUMENT DOES NOT CONSTITUTE THE ISSUANCE OR DELIVERY OF A POLICY OF INSURANCE.

JCB INSURANCE SOLUTIONS IS COMMITTED TO SAFEGUARDING THE PRIVACY AND ACCURACY OF YOUR PERSONALLY IDENTIFIABLE INFORMATION. OUR PRIVACY POLICY IS DESIGNED TO ADVISE YOU HOW WE COLLECT, USE, AND PROTECT THE PERSONAL INFORMATION YOU PROVIDE. YOU CAN FIND A DETAILED COPY OF OUR PRIVACY POLICY BY VISITING [WWW.JCBINS.COM](http://WWW.JCBINS.COM).

JOHN C. BRECKENRIDGE INSURANCE SOLUTIONS, INC. CA LIC# 0L32982 [WWW.JCBINS.COM](http://WWW.JCBINS.COM)

