



University of Dayton  
**U Dayton Global**

# UNIVERSITY OF DAYTON GLOBAL STUDENT HEALTH INSURANCE 2022-2023

Welcome students! University of Dayton Global (U Dayton Global) has teamed up with [Wellfleet Student](#) and [University Health Plans \(UHP\)](#) to provide health insurance coverage for U Dayton Global students.

## Eligibility

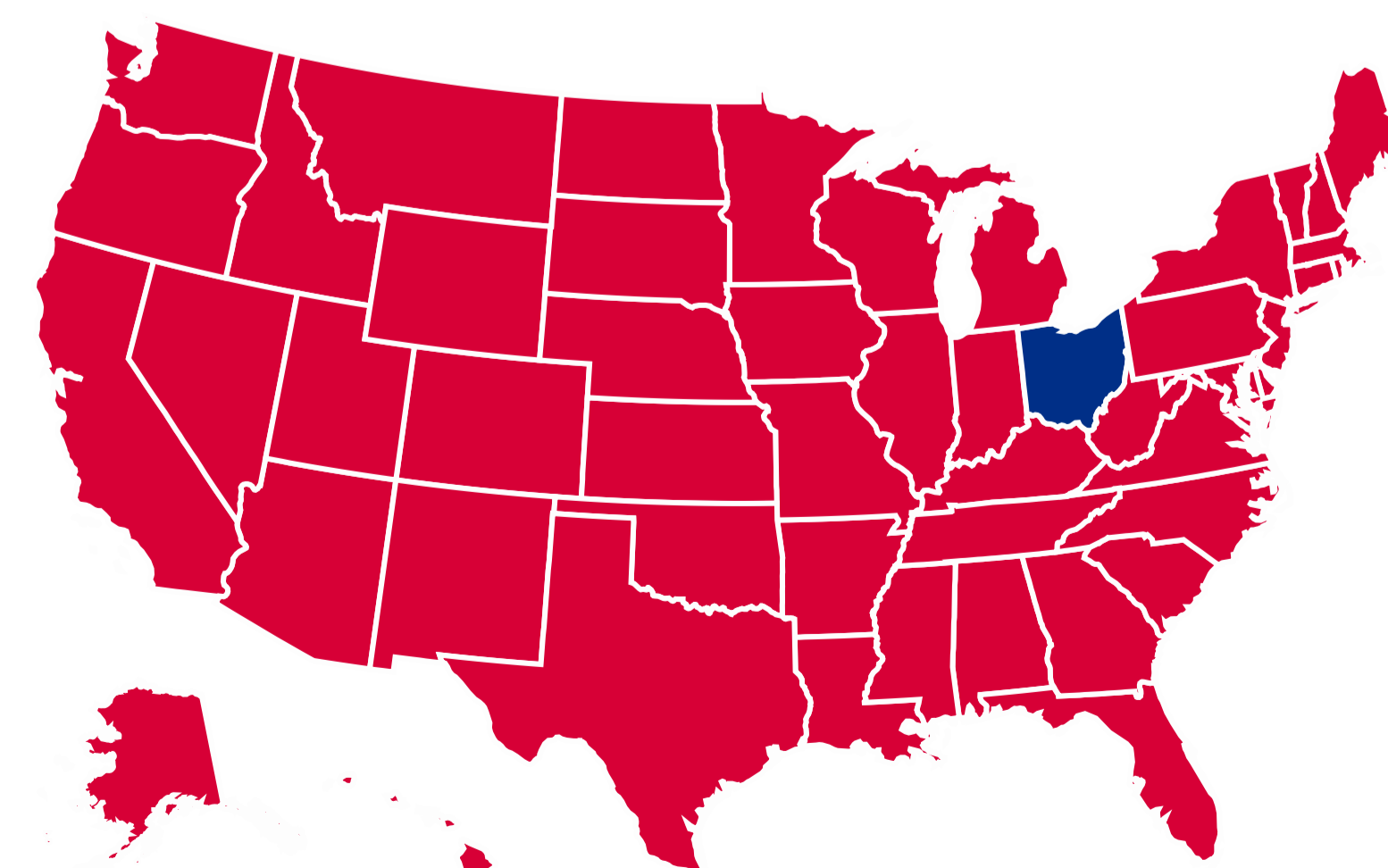
- All U Dayton Global students are required to enroll in the U Dayton Global student health insurance plan (SHIP). Students are automatically enrolled and no action is necessary.
- Dependents are eligible for coverage under this plan. Your dependent may become eligible for coverage under the U Dayton Global SHIP only when you become eligible or within 60 days of a qualifying life event.

## Coverage Period & Cost

COVERAGE PERIOD	EFFECTIVE DATE	TERMINATION DATE	COST
Annual Fall	8/1/2022	7/31/2023	\$2,400
Annual Spring	1/1/2023	12/31/2023	\$2,400
Annual Summer	5/1/2023	5/31/2024	\$2,400

## Plan Highlights

- ACA (Affordable Care Act) Compliant
- Unlimited Policy Maximum
- Access to the National Cigna PPO Network
- \$100 deductible
- \$2,500 Out of Pocket Maximum
- Mental/Behavioral Health Coverage
- No Pre-Existing Condition Limitation/Exclusion
- 100% Coverage for Preventive/Routine Care
- 100% Coverage at the Student Health Center
- Medical Evacuation & Repatriation through Travel Guard
- Dental and Vision Coverage



## Schedule of Benefits - Medical

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Policy Year Deductible	\$100	\$200
Out-of-Pocket Maximum	\$2,500 individual / \$5,000 family	\$5,000 individual / \$10,000 family
Coinsurance	10% coinsurance	30% coinsurance
Preventive Care	Covered in Full	20% coinsurance
Inpatient Care	10% coinsurance	30% coinsurance
Surgery (Inpatient or Outpatient)	10% coinsurance	30% coinsurance
Office Visit (PCP/Specialist)	\$10 copay	20% coinsurance
Telemedicine/Telehealth	10% coinsurance	30% coinsurance
Emergency Room	\$50 copay (waived if admitted), then 10% coinsurance	
Ambulance Service	10% coinsurance	
Urgent Care	\$10 copay	20% coinsurance
Imaging Services and Laboratory Procedures (X-Ray, CT Scan, MRI, PET Scan)	10% coinsurance	30% coinsurance
Mental Health and Substance Use (Inpatient)	10% coinsurance <i>pre-certification required</i>	30% coinsurance <i>pre-certification required</i>
Mental Health and Substance Use (Outpatient)	\$10 copay	30% coinsurance
Maternity Benefit	Covered as any other sickness	
Prescription Medications	Generic: \$10 copay Preferred Brand: \$20 copay Non-Preferred Brand: \$40 copay <i>Deductible does not apply</i>	Generic: \$10 copay Preferred Brand: \$20 copay Non-Preferred Brand: \$40 copay <i>Deductible applies</i>

## Dental

- The Adult Dental Benefit is included in the Wellfleet medical policy.
- There is no specific network of dentists and students can visit any dentist of their choice, as there is no specific network of dentists to choose from.

BENEFIT	COVERAGE
Maximum benefit per Policy Year	\$1,000
Preventive Dental Care <i>Exam, cleaning and x-rays</i> <i>Limited to 2 dental exams every 12 months</i>	Covered in Full
Routine Dental Care <i>Fillings</i>	25% coinsurance

## Vision

- The Adult Vision Benefit is provided by VSP Vision Care.
- Enrollment in this plan is mandatory. All students will be automatically enrolled, and no action is necessary.
- No ID cards or claim forms are needed when seeing a VSP Network Doctor

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>YOUR COVERAGE WITH A VSP PROVIDER</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>• Focuses on your eyes and overall wellness</li> </ul>	\$10	Every plan year*
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>• Retinal screening for members with diabetes</li> <li>• Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>• Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 per screening \$20 per exam	Available as needed
<b>PRESCRIPTION GLASSES</b>		\$25	
<b>FRAME</b>	<ul style="list-style-type: none"> <li>• \$170 featured frame brands allowance</li> <li>• \$150 frame allowance</li> <li>• 20% savings on the amount over your allowance</li> <li>• \$150 Walmart Optical/Sam's Club frame allowance</li> <li>• \$80 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every plan year*
<b>LENSES</b>	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, and lined trifocal lenses</li> <li>• Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every plan year*
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>• Standard progressive lenses</li> <li>• Premium progressive lenses</li> <li>• Custom progressive lenses</li> <li>• Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every plan year*
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>• \$150 allowance for contacts; copay does not apply</li> <li>• Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every plan year*
<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>• Extra \$20 to spend on featured frame brands. Go to <a href="https://www.vsp.com/offers">vsp.com/offers</a> for details.</li> <li>• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"> <li>• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		