

COLLEGE / UNIVERSITY	OKLAHOMA CITY UNIVERSITY		SHORELIGHT	
<b>POLICY YEAR</b>	2023-2024		2023-2024	
Student Premium	\$2,650		\$2,400	
Underwriter	United Healthcare		Wellfleet	
PPO Network	UHC Options PPO		Cigna PPO	
Eligibility	Mandatory		Mandatory	
ACA Compliant	Yes		Yes	
<b>BENEFITS</b>	<i>IN-NETWORK</i>	<i>OUT-OF-NETWORK</i>	<i>IN-NETWORK</i>	<i>OUT-OF-NETWORK</i>
Plan Benefit Maximum	Unlimited		Unlimited	
Deductible (Indiv.)	\$500		\$100	\$200
Out-of-Pocket Max. (Indiv.)	\$6,350		\$2,500	\$5,000
<b>INPATIENT</b>				
Inpatient Services	20% coinsurance, after ded.	40% coinsurance, after ded.	10% coinsurance, after ded.	30% coinsurance, after ded.
<b>OUTPATIENT</b>				
Physician Visit	\$20 copay, then 20% coinsurance	40% coinsurance, after ded.	\$10 copay	20% coinsurance, after ded.
Specialist Visit	\$20 copay, then 20% coinsurance	40% coinsurance, after ded.	\$10 copay	20% coinsurance, after ded.
Urgent Care	20% coinsurance, after ded.	40% coinsurance, after ded.	\$10 copay	20% coinsurance, after ded.
Mental Health/Chemical Dependency Visit	\$20 copay, then 20% coinsurance	40% coinsurance, after ded.	\$10 copay	20% coinsurance, after ded.
Emergency Room	\$200 copay, then 20% coinsurance (deductible waived)		10% coinsurance, after ded.	
Ambulance	20% coinsurance, after ded.		10% coinsurance, after ded.	
Diagnostic Services X-ray & labs	20% coinsurance, after ded.	40% coinsurance, after ded.	10% coinsurance after ded.	30% coinsurance, after ded.
Preventive Care	Covered in Full	30% coinsurance, after ded.	Covered in Full	20% coinsurance, after ded.
<b>PRESCRIPTION COVERAGE</b>				
Generic	\$15 copay	Not covered	\$10 copay	
Preferred Brand	\$30 copay		\$20 copay	
Non-Preferred Brand	20% coinsurance		\$40 copay	
<b>VISION &amp; DENTAL</b>				
Vision	Pediatric Vision Plan per ACA (for members 19 and under) included in SHIP		Comprehensive vision plan through VSP: <i>Eye exam (\$10 copay), glasses (\$150 allowance) or contact lenses (\$150 allowance)</i>	
Dental	Pediatric Dental Plan per ACA (for members 19 and under) included in SHIP		Basic Dental Plan <i>100% coverage for cleanings/x-rays</i> <i>75% coverage for fillings</i>	
<b>NOTES</b>				
	Student Health Center Benefit: The deductible and copays will be waived and benefits will be paid at 100% of Covered Expenses incurred at the Student Health Center.		When Treatment is rendered at the Student Health Center, the Deductible and Copayments will be waived and benefits will be paid at 100% for Covered Medical Expenses.	