

Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Acupuncture.
2. Developmental delay or disorder or mental retardation. Learning disabilities.
3. Cosmetic procedures, except reconstructive procedures to:
 - Correct an Injury or treat a Sickness for which benefits are otherwise payable under this policy. The primary result of the procedure is not a changed or improved physical appearance.
 - Treat or correct Congenital Conditions of a Newborn or adopted Infant.
4. Custodial Care.
 - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
 - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
5. Dental treatment, except:
 - As specifically provided in the Schedule of Benefits.This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
6. Elective Surgery or Elective Treatment.
7. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
8. Foot care for the following:
 - Flat foot conditions.
 - Supportive devices for the foot.
 - Subluxations of the foot.
 - Fallen arches.
 - Weak feet.
 - Chronic foot strain.
 - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
9. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
This exclusion does not apply to:
 - Hearing defects or hearing loss as a result of an infection or Injury.
 - Hearing Aids specifically provided for in Benefits for Hearing Aids for Minor Children.
 - Hearing exams and tests to determine the need for hearing correction.
10. Hirsutism. Alopecia.
11. Immunizations, except as specifically provided in the policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy.
12. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
13. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance.
14. Injury sustained while:
 - Participating in any intercollegiate, or professional sport, contest or competition.
 - Traveling to or from such sport, contest or competition as a participant.
 - Participating in any practice or conditioning program for such sport, contest or competition.
15. Investigational services.
16. Lipectomy.
17. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.

18. Prescription Drugs, services or supplies as follows:
 - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy.
 - Immunization agents, except as specifically provided in the policy. Biological sera.
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
 - Products used for cosmetic purposes.
 - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
 - Anorectics - drugs used for the purpose of weight control.
 - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
19. Reproductive/Infertility services including but not limited to the following:
 - Genetic counseling and genetic testing.
 - Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Fertility tests.
 - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
 - Premarital examinations.
 - Impotence, organic or otherwise.
 - Reversal of sterilization procedures.
 - Sexual reassignment surgery.
20. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except as specifically provided in the policy.
21. Residential treatment of eating disorders, such as anorexia or bulimia.
22. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems.
This exclusion does not apply as follows:
 - When due to a covered Injury or disease process.
 - To benefits specifically provided in Pediatric Vision Services.
23. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
24. Preventive care services, except as specifically provided in the policy, including:
 - Routine physical examinations and routine testing.
 - Preventive testing or treatment.
 - Screening exams or testing in the absence of Injury or Sickness.
25. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
26. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.
27. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.
28. Supplies, except as specifically provided in the policy.
29. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
30. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
31. War or any act of war, declared or undeclared; or while in the armed forces of any country other than the United States (a pro-rata premium will be refunded upon request for such period not covered).
32. Weight management. Weight reduction programs. Weight management programs. Treatment for obesity. Surgery for removal of excess skin or fat.

2014-2015 Student Injury and Sickness Insurance Plan

Underwritten by UnitedHealthcare Insurance Company



Grow
Learn
Flourish



STUDENT LIFE
Health & Counseling Center

Dear Student,

Good health is essential for you to obtain the most benefit from participation in University life. Because the University of Denver recognizes this and desires to safeguard your good health, the University has established a two-part health care program and maintains an on-campus Health & Counseling Center for regularly enrolled students. The Health & Counseling Center provides cost effective medical and mental health services.

The University sponsors a Student Injury and Sickness Insurance Plan offered by UnitedHealthcare **StudentResources** and described in this pamphlet. The Plan is designed to complement the services rendered at the DU Health & Counseling Center. All students enrolled for 1 or more hours of graded credit at the University of Denver are required to carry adequate health insurance coverage. Although students with other health insurance may waive participation in the Student Injury and Sickness Insurance Plan, we strongly encourage careful evaluation of the plan since it may be valuable as additional coverage. The Plan is especially beneficial to those students who have been removed from their parents' policy because of attainment of a specified age, marriage, or other reasons. It is very important for out-of-state students who are currently covered under either a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO) plan to review their insurance policy for allowable benefits in the Denver area. The UnitedHealthcare **StudentResources** program also includes out of country coverage, Dental and Vision discounts and other services.

Participation in DU's two-part health care program consisting of our Health & Counseling Fee and our Student Injury and Sickness Insurance Plan allows students to receive medical and mental health care at our Health & Counseling Center for little or no out-of-pocket cost. Many students and parents recognize the convenience and accessibility of the plan and purchase our plan in addition to the coverage they already have to ensure the best health care coverage situation possible at DU. If you would like to discuss how to maximize the many benefits offered under our programs, please call us at 303-871-2205.

The staff at the Health & Counseling Center welcomes each of you to the University of Denver. We look forward to assisting you in maintaining good health while you pursue your educational goals.

Sincerely,

Alan Kent, PhD

Executive Director, University of Denver Health and Counseling Center

This Plan is endorsed by the University of Denver and is administered by UnitedHealthcare **StudentResources** and unless specified otherwise, underwritten by UnitedHealthcare Insurance Company. Benefits are paid in accordance with state law.

This Pamphlet provides a brief summary of the Plan. For a complete Plan description, please view the 2014-2015 Plan Brochure on the web at www.uhcsr.com/DU or www.du.edu/hcc.

For More Information:

My Account is your secure, online portal that helps you manage your plan. You can check claims status, review your EOB's, print your ID card, locate a network provider and more. It's easy to register. Just visit www.uhcsr.com/DU and select the **Create an Account** link.

For questions about plan benefits, claims, forms, or excluded drugs, please contact: UnitedHealthcare **StudentResources**; 866-648-8472; Monday through Friday, 6:00AM to 6:00PM, MST

For questions about enrolling or waiving, contact: University of Denver Health and Counseling Center; 2240 E. Buechel Blvd.; Denver, CO 80208; 303-871-2205; insurance@hcc.du.edu

Download the Mobile App:

The free mobile app gives you access to the most popular self-service features, allowing you to do things like access **My Account**, display your electronic ID card, search for a provider, and view recent claims. Download the app at GooglePlay or Apple's App Store. There are links to the apps at www.uhcsr.com/MobileOptions.aspx.



How the Plan Works

The Student Injury and Sickness Insurance Plan gives you the freedom to choose any doctor or other health care provider when you need care—and still receive benefits under the Plan. In this pamphlet, we've described how the Plan works in brief.

First Stop: Health & Counseling Center

To see a Preferred Provider outside the HCC when you are in the Denver area within 50 miles of campus, you must have a referral from an HCC provider to receive the maximum benefit for services covered by the Plan. HCC staff can provide the immediate attention you require and address most of your medical and mental health needs. If you need care they can't provide, they will refer you to a doctor or other health care provider who belongs to the UnitedHealthcare Choice Plus preferred provider network. This way, you'll save money. You also may visit any health care provider directly and receive benefits from the Plan; however, those services may be covered at a lower rate. When you are in the Denver area within 50 miles of campus, visit the Health & Counseling Center first—you'll pay less out of your own pocket for your care.

About Preferred Providers

The doctors and other health care providers who belong to UnitedHealthcare Choice Plus network are called Preferred Providers*. They include primary care physicians, as well as specialists, hospitals and other health care facilities. Because UnitedHealthcare's network is nationwide, you'll find Preferred Providers locally as well as nationally. To find a Preferred Provider after you receive a referral from HCC, go to www.uhcsr.com/DU and select the UnitedHealthcare Network link.

Remember, using Preferred Providers may save you money because Preferred Providers agree to accept negotiated fees that may be lower than what Non-Preferred Providers would charge. Also Preferred Providers do not charge more than the negotiated charge for a given service. For Non-Preferred Providers, the Plan pays benefits for usual and customary charges only. If a Non-Preferred Provider charges more than the usual and customary charge, you must arrange payment with the Non-Preferred Provider or facility.

**Preferred Providers are independent contractors and are neither employees nor agents of the University of Denver, UnitedHealthcare Student Resources or UnitedHealthcare Insurance Company.*

Care Outside of the United States

If care is received outside of the United States, Covered Medical Expenses will be payable subject to all policy provisions except that all charges will be reimbursed at 80% of Billed Charges after the Preferred Provider Deductible of \$250 Per Policy Year has been met.

Global Emergency Services

The Student Injury and Sickness Insurance Plan also provides emergency assistance provided by FrontierMEDEX. These services are available to domestic students traveling at least 100 miles from home or campus address; and international students worldwide, except in their home country. These services are available 24 hours a day, 365 days a year and include medical evacuation and repatriation, medical referrals, lost travel documents assistance, travel advisories, and much more.

The FrontierMEDEX number is on your permanent student health plan ID card. It is also available from within the *My Account* section of www.uhcsr.com/DU.

***Please note:** FrontierMEDEX pays for all Assistance Services it provides. All Assistance Services must be arranged and provided by FrontierMEDEX. FrontierMEDEX does not reimburse for services not provided by FrontierMEDEX.

Your Benefits at a Glance

The chart below shows how the Plan pays benefits for some of the major types of health care expenses. You can see the difference in your costs when you use Preferred Providers.

Type of Service or Supply	Benefit Level	
Maximum Benefit	No Overall Maximum Dollar Limit (per Insured Person per Policy Year)	
Preferred Provider Deductible	Individual: \$250 per Insured Person per Policy Year Family: \$500 per Policy Year	
Out of Network Deductible	Individual: \$500 per Insured Person per Policy Year Family: \$1,000 per Policy Year	
	In Network	Out of Network
Out-of-Pocket Maximum	Individual: \$1,500 per Insured Person per Policy Year Family: \$3,000 per Policy Year	\$5,000 per Insured Person per Policy Year
	Preferred Providers	Out of Network
Physician Office Visit Expenses	Plan pays 80% of Preferred Allowance after a \$20 Copay per visit	Plan pays 60% of Usual and Customary Charges after a \$20 Deductible per visit*
Inpatient Hospital Expenses	Plan pays 80% of Preferred Allowance	Plan pays 60% of Usual and Customary Charges
Medical Emergency	Plan pays 80% of Preferred Allowance after a \$75 Copay per visit	Plan pays 80% of Usual and Customary Charges after a \$75 Deductible per visit*
Ambulance	Plan pays 80% of Preferred Allowance	Plan pays 80% of Usual and Customary Charges
Prescription Drugs (Up to a 31 day supply. Must be filled at a UnitedHealthcare Pharmacy. Mail order through UHCP at 2 times the retail Copay up to a 90 day supply.)	\$15 Copay per prescription for Tier 1 prescription drugs \$30 Copay per prescription for Tier 2 prescription drugs	Not Covered unless obtained at participating pharmacies

**Per visit Deductible is in addition to the Out-of-Network policy Deductible.*

How to Enroll/Waive

All degree-seeking students at the University of Denver enrolled in 6 or more hours (8 for Law Students) of graded credit and all registered international students engaged in educational activities at the University are automatically enrolled in the Student Injury and Sickness Insurance Plan, unless proof of comparable insurance is furnished. All degree-seeking students enrolled for one or more hours of graded credit and who are actively attending classes or completing other required course work toward a degree are eligible to enroll in the Student Injury and Sickness Insurance Plan. Students on medical stopouts may continue coverage term with the approval of the University. Degree-seeking students are defined by the University of Denver. Coverage is also available for eligible Dependents of those students who do enroll.

Students who meet eligibility requirements but are not enrolled in enough hours to be autoassessed the premium on the student tuition bill or who are not considered traditional students by the University of Denver must contact the Health & Counseling Center during the indicated enrollment periods to purchase the Student Injury and Sickness Insurance Plan by submitting a completed Enrollment Form and premium payment.

Students enrolled in certificate or special programs, pursuing degrees in programs that are primarily online, or attending off-campus programs are not eligible for the Student Injury and Sickness Insurance Plan. The Health and Counseling Fee is mandatory for Undergraduate Students enrolled in six or more hours. Graduate Students may waive the Health and Counseling Fee each term. All students may waive the Student Injury and Sickness Insurance Plan during the fall and spring terms or academic year upon providing proof of adequate health insurance before the posted deadlines.

To waive participation in the Student Injury and Sickness Insurance Plan and have the Student Injury and Sickness Insurance Premium removed from the student account, an online Waiver Form must be completed before established waiver deadlines for the Annual period, or for each Fall and Spring when the premium is assessed on the student account. The online Waiver Form can be found at the DU website <https://myweb.du.edu>. After entering secure area, go to Registration, then select the Student & Financial Aid tab. For additional waiving information, visit www.du.edu/hcc or call the HCC at (303) 871-2205.

For more details about the Plan benefits available to you, go to www.uhcsr.com/DU.

Plan Coverage Periods

2014-5893-1 and 2014-5893-4 Quarter (Resident and Study Abroad) and International Students		
Quarter	Coverage Period	Waiver Deadline
Fall	September 1, 2014 – March 21, 2015	September 26, 2014
Winter*	January 4, 2015 – March 21, 2015	January 23, 2015
Spring	March 22, 2015 – August 31, 2015	April 10, 2015
Summer*	June 14, 2015 – August 31, 2015	July 3, 2015

2014-5893-1 and 2014-5893-4 Semester (Law) Students		
Quarter	Coverage Period	Waiver Deadline
Fall Semester	August 1, 2014 – December 31, 2014	September 5, 2014
Spring Semester	January 1, 2015 – July 31, 2015	January 30, 2015
Summer*	May 28, 2015 – July 31, 2015	June 12, 2015

** Coverage for Winter or Summer term only is not available to students unless they first enter DU during these periods or are study abroad students during these periods. Prorated premiums apply in these circumstances. New Students beginning in these terms, Study Abroad Students, and International Students (studying at DU for one term) may contact: The University of Denver Health & Counseling Center, 3rd Floor-North, 2240 E. Buechel Blvd., Denver, CO 80208, Tel: 303-871-2205, Fax: 303-871-4242, Email: insurance@hcc.du.edu.*

Plan Cost

The chart below shows the Plan cost per period.

2014-2015	Fall and Spring	Winter and Summer
	Semi-Annual	New Students or Study Abroad Students Only
Student	\$1,210.00	\$ 605.00
Spouse	\$3,154.00	\$1,577.00
Each Child	\$1,853.50	\$ 926.75
All Children	\$3,082.50	\$1,541.25
All Dependents	\$6,136.50	\$3,068.25

Note: *The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this health plan.*

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policies 2014-5893-1 and 2014-5893-4. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to www.uhcsr.com.

Refer to the plan brochure for details on pediatric dental and vision benefits (age limits apply).

The Policy is a Non-Renewable One-Year Term Policy.

