

# Student Injury and Sickness Insurance Plan for University of Alabama - Huntsville

2012-2013

University of Alabama - Huntsville is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. **Eligibility Statement:** All International students who are actively pursuing a degree and hold J1 and F1 visas, including co-ops, are enrolled in the Plan on a mandatory basis. Graduate students awarded full and partial assistantships are also enrolled in the plan on a hard waiver basis. The University will pay the full insurance premium for graduate assistants awarded a full or half assistantship as a benefit of the assistantship award but will not pay any premium for less than a half time assistantship award. Graduate students with the insurance benefit are eligible for a waiver if they are not an F1 or J1 Visa holder. Students engaged in Optional Practical Training after completion of their studies are eligible to enroll in the plan on a voluntary basis. All other students taking 6 or more credit hours are eligible to enroll in the plan on a voluntary basis. J Exchange Visitors who are not eligible for insurance as a benefit of their employment with UAHuntsville are required to enroll in the Plan starting on the first date of the month of their Exchange Program and must maintain the University sponsored plan through the end of their Exchange Program. J Exchange Visitors who have insurance as a benefit of employment will be eligible for a waiver but must purchase the Standalone Repatriation and Medical Evacuation coverage on an annual basis. Eligible dependents of insured students and exchange visitors may enroll on a voluntary basis in the Plan.

## Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources are:

- Up to \$200,000 for each Injury or Sickness Maximum Benefit for Covered Medical Expenses.
- \$200 Deductible Per Insured Person, Per Policy Year for Preferred Providers, \$300 Deductible Per Insured Person, Per Policy Year for Out of Network Providers.
- Covered Medical Expenses for Preferred Providers are payable at 90% of Preferred Allowance and Out of Network benefits are payable at 50% of Usual and Customary charges (all benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and copays as described in the policy).
- Prescription Drug Benefits: \$10 Deductible per prescription for generic drugs / \$20 Deductible per prescription for brand name up to a 31-day supply per prescription.
- Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations are covered at 100% with no copay or deductible only when the services are received from a Preferred Provider. Please see [www.healthcare.gov](http://www.healthcare.gov) for complete details of the services provided for specific age and risk groups.
- The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link, <http://www.uhcsr.com/lookupredirect.aspx?delsys=01>
- Scholastic Emergency Services – Domestic Students are covered when 100 miles or more away from their campus or home address. International Students are covered worldwide except in their home country.

**UAHuntsville**  
THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2012-669-2. \*Policy terms and conditions subject to regulatory approval.

Please read the plan brochure to determine whether this plan is right for you before you enroll. The plan brochure provides details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Copies of the brochure are available from the University, or may be viewed and downloaded at [www.UHCSR.com](http://www.UHCSR.com).

If you have any questions, please contact Customer Service at 800-767-0700 or [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com).

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

**Your student health insurance coverage, offered by UnitedHealthcare Insurance Company may not meet the minimum standards required by the healthcare reform law for restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions on annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012 and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage puts a policy year limit of \$200,000 for each Injury or Sickness that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified. If you have any questions or concerns about this notice, contact Customer Service at 1-800-767-0700. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.**

Rates	Annual	Fall	Spring	Summer
	8/12/12 - 8/11/13	8/12/12 - 12/31/12	1/1/13 - 5/19/13	5/20/13 - 8/11/13
<b>Student</b>	\$1,155	\$445	\$445	\$266
<b>Spouse</b>	\$3,511	\$1,352	\$1,352	\$808
<b>All Children</b>	\$2,236	\$861	\$861	\$515

**PRE-EXISTING CONDITION** means: 1) the existence of symptoms, which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under the policy.

#### 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:

1. Acne; acupuncture; allergy, including allergy testing;
2. Addiction, such as nicotine addiction;
3. Assistant Surgeon Fees;
4. Learning disabilities; except as specifically provided in the policy;
5. Biofeedback;
6. Circumcision;
7. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
8. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
9. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
10. Elective Surgery or Elective Treatment;
11. Elective abortion;
12. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses; except when due to a disease process;
13. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
14. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
15. Hirsutism; alopecia;
16. Immunizations, except as specifically provide in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;
17. Injury caused by, contributed to, or resulting from the use of intoxicants, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
18. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
19. Injury sustained while (a) participating in any intercollegiate or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
20. Organ transplants;
21. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation;
22. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
23. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months; The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy. This exclusion will not be applied to an Insured Person who is under age 19;
24. Prescription Drugs, services or supplies as follows:
  - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
  - b) Immunization agents, except as specifically provided in the policy; biological sera, blood or blood products administered on an outpatient basis;
  - c) Drugs labeled, "Caution -limited by federal law to investigational use" or experimental drugs;
  - d) Products used for cosmetic purposes;
  - e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
  - f) Anorectics -drugs used for the purpose of weight control;
  - g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene or Viagra;
  - h) Growth hormones; or
  - i) Refills in excess of the number specified or dispensed after (1) year of date of the prescription.
25. Reproductive/infertility services including but not limited to: family planning; fertility tests; infertility (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; tubal ligation; vasectomy; sexual reassignment surgery;
26. Routine Newborn Infant Care, well-baby nursery and related Physician charges; except as specifically provided in the policy;
27. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
28. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
29. Nasal and sinus surgery;
30. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
31. Sleep disorders;
32. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
33. Supplies, except as specifically provided in the policy;
34. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
35. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
36. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
37. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.