

# Student Injury and Sickness Insurance Plan for Ohio Northern University 2013-2014



Ohio Northern University is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All full-time students enrolled at Ohio Northern University are required to participate in this plan on a hard waiver basis. All International students are required to participate in this plan on a hard waiver basis. Visiting Scholars and Part-time students taking 5 or more credit hours are eligible to enroll in the plan on a voluntary basis.

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

- Up to \$500,000 for each Injury or Sickness Maximum Benefit for Covered Medical Expenses.
- \$150 Deductible Per Insured Person, Per Policy Year for Preferred Providers, \$250 Deductible Per Insured Person, Per Policy Year for Out of Network Providers.
- Covered Medical Expenses for Preferred Providers are payable at 80% of Preferred Allowance and Out of Network benefits are payable at 60% 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 Copay for Tier 1 / \$30 Copay for Tier 2 / \$50 Copay for Tier 3 up to a 31-day supply per prescription for prescriptions filled at a UnitedHealthcare Pharmacy. \$10 Deductible for generic / \$30 Deductible for brand name up to a 31-day supply at an Out-of-Network pharmacy.
- Coverage available for eligible dependents.
- 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>
- FrontierMEDEX Global 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.
- Accident coverage for Intercollegiate sports injury is available under a separate policy # 2013-1097-8.

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/onu](http://www.UHCSR.com/onu).

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2013-1097-1.

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

To waive coverage go to [www.studentcenter.uhcsr.com](http://www.studentcenter.uhcsr.com) and select Ohio Northern University. The Annual waiver period is 6/15/13 through 8/26/13. Your Student Account will be billed if waiver is not submitted by 8/26/13. The Spring/Summer waiver deadline is 1/14/14.

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 \$500,000 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	Summer
	8/1/13 - 7/31/14	8/1/13 - 1/12/14	1/13/14 - 7/31/14	5/28/14 - 7/31/14
Student	\$ 1,299	\$ 565	\$ 685	\$ 223
Spouse	\$ 2,292	\$ 1,057	\$ 1,281	\$ 416
Each Child	\$ 1,624	\$ 749	\$ 908	\$ 295

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to certain non-insurer vendors or consultants by, or at the direction, of your school.

### 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. Acne;
2. Acupuncture;
3. Nicotine addiction; except as specifically provided in the policy;
4. Milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy;
5. Biofeedback;
6. Chronic pain disorders;
7. Circumcision;
8. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
9. 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;
10. 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;
11. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
12. Elective Surgery or Elective Treatment;
13. Elective abortion;
14. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
15. Flat foot conditions; supportive devices for the foot; subluxations of the foot; fallen arches; weak feet; chronic foot strain; symptomatic complaints of the feet; and routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery);
16. Health spa or similar facilities; strengthening programs;
17. Hearing examinations; hearing aids or cochlear implants; or other treatment for hearing defects and problems, except as a result of an infection or trauma. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
18. Hirsutism; alopecia;
19. Hypnosis;
20. 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;
21. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
22. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency when traveling for academic study abroad programs business or pleasure;
23. 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;
24. Investigational services;
25. Lipectomy;
26. 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;
27. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
28. 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; except as specifically provided in the policy;
  - b. Immunization agents, 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;
  - i. Drugs used for tobacco cessation, except as specifically provided in the policy; or
  - j. Refills; in excess of the number specified or dispensed after one (1) year of date of the prescription.
29. 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; female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
30. 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;
31. Routine Newborn Infant Care, well-baby nursery and related Physician charges except as specifically provided in the policy;
32. 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;
33. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
34. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
35. 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;
36. Sleep disorders;
37. Speech therapy; naturopathic services;
38. Suicide or attempted suicide while sane or insane; or intentionally self-inflicted Injury;
39. Supplies, except as specifically provided in the policy;
40. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
41. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
42. 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
43. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.