

Student Injury and Sickness Insurance Plan for University of Illinois-Urbana Champaign Graduate Students

2013-2014



University of Illinois – Urbana / Champaign is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All registered graduate students taking credit hours must be enrolled in the plan on a hard waiver basis.

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

- Up to \$1,000,000 Per Insured Person Per Policy Year Maximum Benefit for Covered Medical Expenses.
- \$150 Outpatient Deductible Per Insured Person Per Policy Year.
- Covered Medical Expenses benefits are payable at 80% 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).
- Out-of-Pocket Maximum of \$1,800 Per Insured Person, Per Policy Year; \$3,600 For all Insureds in a Family, Per Policy Year. After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the policy Maximum Benefit subject to any applicable benefit maximums. Refer to the plan brochure for details about how the Out-of-Pocket Maximum applies.
- 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 for complete details of the services provided for specific age and risk groups.
- Coverage available for eligible Dependents including Domestic Partners or Civil Union Partners.
- 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 – 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 provided under a separate policy # 2013-1351-8.
- Online Services: UnitedHealthcare StudentResources Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at www.uhcsr.com/myaccount. To create an online account, select the “create My Account Now” link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also visit our mobile site at www.uhcsr.com to access an electronic ID card.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2013-1351-2.

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/illinois.

If you have any questions, please contact Customer Service at 1-888-224-4883 or 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 \$1,000,000 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 1-888-224-4883. 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
	8/21/13 - 8/20/14	8/21/13 - 1/17/14	1/18/14 - 5/16/14	5/17/14 - 8/20/14
Student	\$985	\$328	\$328	\$328
Spouse	\$3,823	\$1274	\$1274	\$1274
All Children	\$1,910	\$637	\$637	\$637

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.

Pre-Existing Condition means 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 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 12 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 any of the following:

1. Acupuncture;
2. Nicotine addiction, except as specifically provided in the policy;
3. Learning disabilities;
4. Biofeedback;
5. 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;
6. Dental treatment, except as specifically provided in the Schedule of Benefits;
7. Elective Surgery or Elective Treatment;
8. Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses; except when due to a disease process;
9. Routine foot care including the care, cutting and removal of corns, calluses, bunions (except capsular or bone surgery);
10. Hearing examinations or hearing aids; 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;
11. Hirsutism; alopecia;
12. Injury caused by or resulting from intoxication, 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; Intoxication is defined and determined by the laws of the state where the loss or cause of the loss was incurred;
13. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
14. Injury sustained while (a) participating in any interscholastic, 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;
15. Experimental organ transplants;
16. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
17. Pre-existing Conditions as follows: in the event of a lapse in coverage or if coverage is waived and the individual purchases coverage under this policy during open enrollment, benefits will not be payable for Pre-existing Conditions for 12 consecutive months from the Insured's Effective Date of the new coverage under this policy. This exclusion will not be applied to an Insured Person who is under age 19;
18. Prescription Drugs dispensed or purchased while not Hospital Confined, except as specifically provided in the policy;
19. 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;
20. Routine Newborn Infant Care, well baby nursery and related Physician Charges except as specifically provided in the policy;
21. 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;
22. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia;
23. Sleep disorders;
24. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
25. Supplies, except as specifically provided in the policy;
26. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
27. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
28. 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
29. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.