

Student Injury and Sickness Insurance Plan for International Students of Bemidji State University

2013-2014

(International Students)



Bemidji State University is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All international students, international scholars, international faculty, and international visitors engaged in educational activities (or on medical leave approved by the Dept. of Homeland Security) are required to enroll in the plan except for those whose sponsoring government or agency certifies in writing that coverage is in effect under a plan provided by the sponsoring government or agency. F and J visa International students and scholars on Optional Practical Training (OPT) and Academic Training are eligible to participate 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.
- \$50 Deductible for each Injury or Sickness.
- Covered Medical Expenses are payable at 80% up to \$2,500 then 100% thereafter. (all benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the policy).
- Student Health Service Benefits: The Deductible will be waived if treatment is rendered at the Student Health Service. Benefits will be paid for 100% of Covered Medical Expenses incurred at the Student Health Service including Prescription Drugs. Contraceptives at the Student Health Service will be covered at 100% for generic and 100% after \$15 Copay for brand-name. The Deductible will be reduced to \$25 if the student is referred by the Student Health Service for outside treatment.
- Prescription Drug Benefits: \$15 Copay for Tier 1 / \$30 Copay for Tier 2 / 40% Coinsurance for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP). Prescriptions must be filled at a UHCP network pharmacy.
- 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.
- The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link, Options PPO <http://www.uhcsr.com/lookupredirect.aspx?delsys=01>
- FrontierMEDEX – International Students are covered worldwide except in their home country.
- Also available for School students is a UnitedHealthcare Insurance Company fully insured Dental plan, to enroll go to www.uhcsr.com/mnscu.
- Accident coverage for Intercollegiate sports injury is provided under a separate policy # 2013-1530-48.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2013-1530-4.

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/mnscu.

If you have any questions, please contact Customer Service at 888-251-6243 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 \$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	Fall/Spring	Spring/Summer	Summer
	8/15/13 - 8/14/14	8/15/13 - 12/31/13	8/15/13 - 5/14/14	1/1/14 - 8/14/14	5/1/14 - 8/14/14
Student	\$ 1,162	\$ 442	\$ 869	\$ 720	\$ 338
Spouse	\$ 3,338	\$ 1,271	\$ 2,497	\$ 2,067	\$ 969
Each Child	\$ 2,070	\$ 788	\$ 1,548	\$ 1,282	\$ 601

*Rates are for Injury and Sickness Plan only. Dental Plan is available under a separate policy for additional premium.

Pre-Existing Condition means any condition which 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 any of the following:

1. Acupuncture;
2. Nicotine addiction, except as specifically provided in the policy;
3. Assistant Surgeon Fees;
4. Learning disabilities;
5. Biofeedback;
6. Circumcision;
7. Congenital conditions, except as specifically provided in Benefits for Reconstructive Surgery, Benefits for Cleft Lip and Cleft Palate; or 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;
9. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
10. Elective Surgery or Elective Treatment;
11. 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 covered Injury or disease process;
12. Routine foot care including the care, cutting and removal of corns, calluses, and bunions (except capsular or bone surgery);
13. Hearing examinations; hearing aids; 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;
14. Hirsutism;
15. 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;
16. Injury caused by, contributed to, or resulting from being under the influence of any narcotic unless on the advice of and prescribed by the Insured Person's Physician;
17. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. 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;
19. Organ transplants;
20. 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; or when referred by the Student Health Center;
21. Commission of or attempt to commit a felony;
22. Pre-existing Conditions, in excess of \$500 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 provided the coverage was continuous to a date within 60 days prior to the Insured's effective date under this policy. This exclusion will not be applied to an Insured Person who is under age 19;
23. 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, 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, except as specifically provided in Benefits for Cancer Drug Coverage;
 - 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 one (1) year of date of the prescription;
24. 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; except as specifically provided in the policy;
25. Routine Newborn Infant Care, well-baby nursery and related Physician charges, except as specifically provided in the policy;
26. Preventive care services; 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;
27. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
28. Nasal and sinus surgery, except for treatment of a covered Injury;
29. Bungee jumping or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline; or chartered aircraft only while participating in a school sponsored activity
30. Sleep disorders;
31. Supplies, except as specifically provided in the policy;
32. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy;
33. Treatment in a Government hospital, unless there is an obligation for the Insured Person to pay for such treatment;
34. 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
35. Weight management, weight reduction, nutrition programs, treatment for obesity, and surgery for removal of excess skin or fat.