

# Student Injury and Sickness Insurance Plan for GTA/GRA/GA's of the Kansas Board of Regents State Universities 2013-2014



The Kansas Board of Regents (KBOR) is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. Graduate students who hold qualifying 50% Graduate Teaching Assistants, Graduate Research Assistants and/or Graduate Assistant appointments are eligible to enroll in this insurance plan. Students must attend classes for at least the first 31 days after the start date of the policy. Semester based online courses, home study and correspondence classes do not count.

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

- Up to \$500,000 Per Policy Year Maximum Benefit for Covered Medical Expenses.
- \$300 Deductible for Preferred Providers Per Insured Person Per Policy Year, \$600 Deductible for Out of Network Providers Per Insured Person Per Policy Year .
- 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).
- Preferred Provider Out-of-Pocket Maximum of \$10,000 Per Insured Person, Per Policy Year. Out-of-Network Out-of-Pocket maximum of \$20,000 Per Insured Person, 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 certificate for details about how the Out-of-Pocket Maximum applies.
- Prescription Drug Benefits: \$5 Copay per prescription for generic prescriptions / 30% Copay for brand name prescriptions filled at the Student Health Center. \$15 Copay for Tier 1 / 30% Copay for Tier 2 up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP). \$20 Copay for generic drugs / 40% Copay for brand name up to a 31-day supply per Prescription at an Out-of-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](http://www.healthcare.gov) for complete details of the services provided for specific age and risk groups.
- Coverage available for eligible Dependents.
- The deductible will be waived and benefits paid at 100% for treatment rendered for Covered Medical Expenses at the Student Health Center.
- The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Additionally, for Pittsburg State University students, Mount Carmel Regional Medical Center is a Preferred Provider. Preferred Providers can be found using the following link, <http://www.uhcsr.com/lookupredirect.aspx?delsys=52>
- FrontierMEDEX – Domestic Students are eligible for FrontierMEDEX services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address . International Students are covered worldwide except in their home country.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2013-200118-3.

Please read the certificate of coverage to determine whether this plan is right for you before you enroll. The certificate of coverage 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 certificate 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 1-888-344-6104 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 \$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 1-888-344-6104. 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	Fall	Spring	Summer
	8/1/13 - 12/31/13	1/1/14 - 5/31/14	6/1/14 - 7/31/14
<b>Student</b>	\$ 135.00	\$ 135.00	\$ 55.00
<b>Student and Spouse</b>	\$2,282.00	\$2,282.00	\$ 916.00
<b>Student and All Children</b>	\$1,988.00	\$1,988.00	\$ 797.00
<b>Student, Spouse &amp; All Children</b>	\$ 4,135.00	\$ 4,135.00	\$1,658.00

**PRE-EXISTING CONDITION** means: 1) the existence of symptoms 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. The Pre-existing exclusion is not applicable to pregnancy.

#### 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. Automobile Excess- No payment will be made for Hospital, medical or other health services resulting from accidental bodily Injury arising out of a motor vehicle accident to the extent that benefits are payable under any medical expense payment provision of any automobile insurance policy, including such benefits mandated by law;
2. Congenital conditions, except as specifically provided for Newborn or adopted Infants; circumcision;
3. 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;
4. Custodial Care services and supplies related to custodial care such as 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 also are not covered for domiciliary or Custodial Care;
5. Acne; acupuncture; alopecia; biofeedback-type services; corns, calluses and bunions; deviated nasal septum; hirsutism; learning disabilities; nasal and sinus surgery, except for treatment of a Covered Injury; nicotine addiction, except as specifically provided in the policy; obesity and any condition resulting therefrom; patient controlled analgesia (PCA); skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing thereof; temporomandibular joint dysfunction; Elective and Experimental Surgery or Treatment;
6. Elective abortion;
7. 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 covered Injury or disease process;
8. Hearing examinations; 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;
9. Immunizations services and supplies related to 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;
10. Injury caused by, contributed to, or resulting from the addiction to or use of alcohol, intoxicants, hallucinogenics, 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;
11. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
12. 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;
13. Organ transplants, including organ donation;
14. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
15. Pre-existing Conditions except for: 1) individuals who have been continuously insured for at least 9 months under any plan as defined under Creditable Prior Coverage if the previous coverage was continuous to a date not more than 63 days prior to the Insured's Effective Date under the Policy; or 2) individuals who have been continuously insured for at least 9 months under the school's student insurance policy; or 3) an Insured Person who is under age 19.

"Creditable Prior Coverage" means any individual or group policy, contract or program provided by an HMO, Insurer, self-insured employer plan or any other entity that arranges or provides medical, hospital or surgical coverage, not designed to supplement other private or governmental plans. It should include prior coverage under a group or individual sickness and accident policy, provided by a government plan (such as Medicaid and Medicare) COBRA, CHAMPUS, the Federal Employee Health Benefits Plan, Peace Corps Plans, the Indian Health Service, coverage provided through state high risk pools and other public plans.

Insured Persons who have been insured under a coverage as defined in Creditable Prior Coverage and have no gap in such coverage that exceeds 63 days immediately prior to enrollment in this plan will receive the applicable amount of credit for prior coverage. If an Insured Person has 9 months prior creditable coverage with no gap in coverage exceeding 63 days immediately prior to enrollment in this plan the pre-existing limitation is satisfied.

16. 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 for drugs for the treatment of cancer that are recognized treatment in one of the standard reference compendia or in substantially accepted peer reviewed medical literature;
  - 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.
17. 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. Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproductive ability; premarital examinations; impotence, organic or otherwise; female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment surgery;
18. Routine Newborn Infant care, well-baby nursery and related Physician charges; except as specifically provided in the policy;
19. 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;
20. 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;
21. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
22. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy;
23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and
24. 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).