

# Student Injury and Sickness Insurance Plan for Purdue University

2013-2014 (Graduate Staff)



Purdue University is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All graduate teaching, research assistants, graduate administrative staff, resident assistants and resident staff are eligible and may participate in this plan on a voluntary basis.

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

- Up to \$1,000,000 for each Injury or Sickness Maximum Benefit for Covered Medical Expenses.
- \$200 Deductible Per Insured Person, Per Policy Year for Preferred Providers, \$400 Deductible Per Insured Person, Per Policy Year for Out-of-Network providers, \$400 for all Insureds in a Family 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 70% 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 \$1,500 Per Insured Person, Per Policy Year / \$3,500 For all Insureds in a Family, Per Policy Year. Out-of-Network Out-of-Pocket maximum of \$3,000 Per Insured Person, Per Policy Year/ \$7,000 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.
- Prescription Drug Benefits: \$10 copay for generic prescriptions and \$20 copay for brand name prescriptions applies to each covered prescription filled at the Purdue Pharmacy. When the Purdue Pharmacy is used, the plan will pay 100% above the copay. When you do not use the Purdue Pharmacy, prescriptions must be filled at a UHCP participating pharmacy. Copay: greater of \$20 copay for Tier 1 prescriptions and \$40 copay for Tier 2 prescriptions or 30% coinsurance up to a \$1,000 Out-of-Pocket maximum then copay: greater of \$20 copay for Tier 1 prescriptions and \$40 copay for Tier 2 prescriptions or 10% coinsurance, up to 31 day supply per prescription. Mail order prescription drugs through UHCP at 2 times the retail copay up to a 90 day supply. Prescriptions for the treatment of allergy or acne will only be covered when filled at the Purdue University 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 and same-sex Domestic Partners.
- The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link, <https://www.providerlookuponline.com/UHC/po7/Search.aspx>.
- 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 2013-261-3.

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

If you have any questions, please contact Customer Service at 888-224-4754 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 \$1,000,000 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 1-888-224-4754. 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.**

## 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. Assistant Surgeon Fees;
3. Learning disabilities;
4. Biofeedback;
5. Durable Medical Equipment;
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;
9. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
10. Elective Surgery or Elective Treatment;
11. Elective Abortion;
12. Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, except when due to a disease process;
13. Routine foot care including the care, cutting and removal of corns, calluses, and bunions (except capsular or bone surgery);
14. 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;
15. Hirsutism; alopecia;
16. 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;
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, including organ donation;
20. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
21. 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;
  - 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;
22. 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;
23. 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;
24. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
25. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; nasal and sinus surgery, except for treatment of a covered Injury; this exclusion does not apply to newborns;
26. 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 or while taking flight instructions for University credit;
27. Sleep disorders;
28. Supplies, except as specifically provided in the policy;
29. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
30. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
31. 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
32. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.