

Student Injury and Sickness Insurance Plan for High Point University

2013-2014



HIGH POINT UNIVERSITY

PLEASE NOTE:

THIS DOCUMENT HAS CHANGED. PLEASE SEE THE BACK COVER FOR DETAILS

High Point University is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All full-time undergraduate students taking 12 or more credit hours are automatically enrolled in this plan on a hard waiver basis.

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

- Up to \$500,000 Per Insured Person Per Policy Year Maximum Benefit for Covered Medical Expenses.
- \$0 Deductible 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).
- Preferred Provider Out-of-Pocket Maximum of \$3,000 Per Insured Person, Per Policy Year. Out-of-Network Out-of-Pocket Maximum of \$6,000 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: \$15 copay for Tier 1 / \$25 copay for Tier 2 / \$40 copay for Tier 3 up to a 31-day supply per prescription for prescriptions filled at a UnitedHealthcare Pharmacy (UHCP). \$15 Deductible for generic drugs / \$25 Deductible for brand name drugs up to a 31 day supply per prescription for prescriptions filled 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 for complete details of the services provided for specific age and risk groups.
- The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. 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 2013-518-1.

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/highpoint.

If you have any questions, please contact Customer Service at 1-800-767-0700 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 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	Spring
	8/1/13 - 7/31/14	1/1/14 - 7/31/14
Student	\$1,143	\$676

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. Addiction, such as: nicotine addiction, except as specifically provided in the policy; and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
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. Circumcision, except as specifically provided for a Newborn Infant during an Inpatient maternity hospital stay provided under the Benefits for Maternity Expenses;
7. Congenital conditions, except as specifically provided for Newborn Infant or Adopted or Foster Child;
8. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for a Newborn Infant or Adopted or Foster Child;
9. 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;
10. Dental treatment, except as specifically provided in the Schedule of Benefits. This exclusion does not apply to any screening or assessment specifically provided under the Preventive Care Services benefit;
11. Elective Surgery or Elective Treatment;
12. Elective abortion;
13. 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. This exclusion does not apply to any screening or assessment specifically provided under the Preventive Care Services benefit;
14. Flat foot conditions; supportive devices for 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);
15. Health spa or similar facilities; strengthening programs;
16. Hearing examinations, except as specifically provided in the Benefits for Newborn Hearing Screening; hearing aids, except as specifically provided in the Benefits for 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. This exclusion does not apply to any screening or assessment specifically provided under the Preventive Care Services benefit;
17. Hirsutism; alopecia;
18. Hypnosis;
19. 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; This exclusion does not apply to any screening or assessment specifically provided under the Preventive Care Services benefit;
20. Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.;
21. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except when traveling for academic study abroad programs, business or pleasure;
22. 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;
23. Investigational services; except as specifically provided in the Benefits for Covered Clinical Trials;
24. Lipectomy;
25. Voluntary participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting, except when as a direct result of domestic abuse;
26. 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 Benefits for Diabetes;
 - 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 have not been approved by the Federal Food and Drug Administration, provided the drug is recognized for treatment of the specific type of cancer for which the drug has been prescribed in one of the following established reference compendia: (1) The National Comprehensive Cancer Network Drugs and Biologics Compendium; (2) The ThomsonMicromedex DrugDex; (3) The Elsevier Gold Standard's Clinical Pharmacology; or (4) Any other authoritative compendia as recognized periodically by the United States Secretary of Health and Human Services;
 - 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, except for a Newborn Infant, Adopted or Foster Child who requires growth hormones for the treatment of a congenital condition;
 - 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.
27. 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;
28. Routine Newborn Infant Care, well-baby nursery and related Physician charges, except as specifically provided in the policy;
29. 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. This exclusion does not apply to any screening or assessment specifically provided under the Preventive Care Services benefit or any North Carolina mandated benefit included under this policy;
30. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
31. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of a covered Injury;
32. 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;
33. Sleep disorders;
34. Speech therapy; naturopathic services;
35. Supplies, except as specifically provided in the policy;
36. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
37. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; or snowmobile;
38. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
39. 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
40. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat. This exclusion does not apply to any screening or assessment specifically provided under the Preventive Care Services benefit.



POLICY NUMBER: 2013-518-1

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC #1

1. Removed exclusion "38. Skiing; scuba diving; surfing; roller skating; or riding in a rodeo;"