

Student Injury and Sickness Insurance Coverage for North Dakota University System

Spring 2014

International Students

North Dakota University System is pleased to offer Injury and Sickness Insurance coverage underwritten by UnitedHealthcare Insurance Company. All International students must enroll in the Student Health Insurance Plan, except for limited policy exceptions.

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

- There is no overall maximum dollar limit on the policy.
- \$100 Deductible for Preferred Providers Per Insured Person (\$200 Per family) Per Policy Year, \$200 Deductible for Out of Network Providers Per Insured Person (\$400 Per family) 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 \$5,000 Per Insured Person, Per Policy Year, \$10,000 For all Insureds in a Family, Per Policy Year. Out-of-Network Out-of-Pocket Maximum of \$10,000 Per Insured Person, Per Policy Year, \$20,000 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% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan brochure for details about how the Out-of-Pocket Maximum applies.
- Student Health Center Benefits: a Student Health Center referral is required for students attending University of North Dakota and North Dakota State University. Expenses incurred for medical treatment rendered outside of the Student Health Center for which no referral is obtained are excluded from coverage. Certain exceptions to the referral requirement apply. See policy for details. Copays and deductibles are waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for North Dakota State University and the University of North Dakota campuses. Prescription Drugs are subject to \$10 Tier 1 / \$30 Tier 2 / \$50 Tier 3 Copays.
- Prescription Drug Benefits: \$10 Copay for Tier 1 / \$30 Copay for Tier 2 / \$50 Copay 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. Mail order through UHCP at 2 times the retail copay up to a 90 day supply.
- 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, <http://www.uhcsr.com/lookupredirect.aspx?delsys=01>
- FrontierMEDEX – International Students are covered worldwide except in their home country.
- Accident coverage for Intercollegiate sports injury is provided under a separate policy # 2013-530-48.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policies for Dickinson State University 2013-945-4, North Dakota State University 2013-262-4, University of North Dakota 2013-720-4, Bismarck State College 2013-202856-4, Dakota College at Bottineau 2013-202857-4, Lake Region State College 2013-216-4, Mayville State University 2013-947-4, Minot State University 2013-217-4, North Dakota State College of Science 2013-215-4, Valley City State University 2013-949-4, Williston State College 2013-469-4.

Please read the plan brochure to determine whether this plan is right for you before you enroll. The 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 plan brochure are available from the University, or may be viewed and downloaded at www.uhcsr.com/NDUS.

If you have any questions, please contact Customer Service at 877-433-6667 or customerservice@uhcsr.com.

The Policy is a Non-Renewable One-Year Term Policy.

Rates	Spring/Summer
	1/1/14 - 8/15/14
Student	\$ 1,212
Each Child	\$ 1,212
Spouse	\$ 1,212



NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to certain non-insurer vendors or consultants by, or at the direction, of your school.

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. Behavioral problems. Conceptual handicap. Developmental delay or disorder or mental retardation. Intensive behavioral therapies, such as applied behavioral analysis. Learning disabilities. Milieu therapy. Parent-child problems.
3. Congenital Conditions, except as specifically provided for:
 - Habilitative Services.
 - Newborn or adopted Infants.
4. Cosmetic procedures, except reconstructive procedures to:
 - Correct an Injury or treat a Sickness for which benefits are otherwise payable under this policy. The primary result of the procedure is not a changed or improved physical appearance.
 - Treat or correct Congenital Conditions of a Newborn or adopted Infant.
5. 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.
6. Dental treatment, except for accidental Injury to Sound, Natural Teeth. This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery and Elective Treatment, including any service, treatment or supplies that are not recognized and generally accepted medical practices in the United States.
8. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline, except while participating in educational or training activities.
9. Foot care for the following:
 - Flat foot conditions.
 - Supportive devices for the foot.
 - Subluxations of the foot.
 - Fallen arches.
 - Weak feet.
 - Chronic foot strain.
 - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).

This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
10. Genetic testing, except as specifically provided in the policy.
11. Health spa or similar facilities. Strengthening programs.
12. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "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 hearing defects or hearing loss as a result of an infection or Injury.
13. Hirsutism. Alopecia.
14. Hypnosis.
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 or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
17. Injury sustained while:
 - Participating in any interscholastic, high school, intercollegiate, or professional sport, contest or competition.
 - Traveling to or from such sport, contest or competition as a participant.
 - While participating in any practice or conditioning program for such sport, contest or competition.
18. Investigational services.
19. Lipectomy.
20. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
21. Prescription Drugs, services or supplies as follows:
 - 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.
 - Immunization agents, except as specifically provided in the policy. Biological sera. Blood or blood products administered on an outpatient basis.
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
 - Products used for cosmetic purposes.
 - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
 - Anorectics - drugs used for the purpose of weight control.
 - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
 - Growth hormones.
 - 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 the following, except as specifically provided in the policy:
 - Genetic counseling and Genetic testing.
 - Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Infertility treatment (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.
 - Reversal of sterilization procedures.
 - Sexual reassignment surgery.
23. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except as specifically provided in the policy.
24. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems. This exclusion does not apply as follows:
 - When due to a covered Injury or disease process.
 - To benefits specifically provided in Pediatric Vision Services.
 - To one pair of eyeglasses or contact lenses following a diagnosis of aphakia or a Congenital Condition resulting in complications which include the detachment of the vitreous or retina, or glaucoma.
25. Routine Newborn Infant Care, well-baby nursery and related Physician charge, except as specifically provided in the policy.
26. Preventive care services, except as specifically provided in the policy, including:
 - Routine physical examinations and routine testing.
 - Preventive testing or treatment.
 - Screening exams or testing in the absence of Injury or Sickness.
27. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
28. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.
29. Skiing. Snowboarding. Scuba diving. Surfing. Roller skating. Skateboarding. Riding in a rodeo.
30. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
31. Speech therapy, except as specifically provided in the policy. Naturopathic services.
32. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.
33. Supplies, except as specifically provided in the policy.
34. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
35. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
36. 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).
37. Weight management. Weight reduction. Nutrition programs. Treatment for obesity, (except surgery for morbid obesity limited to one operative procedure per lifetime). Surgery for removal of excess skin or fat.



POLICY NUMBER: 2013-530-4

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 – only applies to option 1

NOC # 2 - 12/23/13

Added Domestic Partners to option 1/4.

NOC # 3 - 1/10/13

Removed the exclusion for sleep disorders from the Option 1 and 4 policies.

NOC # 4 -1/10/13

Removed the SHC Referral Requirement from Dickinson State University (2013-945-1/4).