

Student Injury and Sickness Insurance Plan for University of Wyoming International Students

2013-2014

University of Wyoming is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All International students, scholars or other persons with a current passport and student visa (F-1 or J-1) engaged in educational activities at the University are required to enroll in the insurance plan at registration, unless proof of comparable coverage is furnished. Students and Scholars in J-1 status are required to purchase coverage for their Dependents at registration, unless proof of comparable coverage is furnished.

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.
- \$250 Deductible Per Insured Person Per Policy Year.
- Covered Medical Expenses for Preferred Providers are payable at 90% of Preferred Allowance and Out of Network benefits are payable at 80% 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).
- Out-of-Pocket Maximum of \$5,000 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 brochure for details about how the Out-of-Pocket Maximum applies.
- Prescription Drug Benefits: \$10 Copay for Tier 1 / \$25 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. (Prescriptions filled at the SHS are subject to a \$10 Copay per prescription for Tier 1 / \$25 Copay per prescription for Tier 2 / 40% coinsurance per prescription for Tier 3. Up to a 31 day supply per Prescription.)
- 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.
- Online Services: UnitedHealthcare StudentResources Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at www.uhcsr.com/myaccount. To create an online account, select the “create My Account Now” link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also visit our mobile site at my.uhcsr.com to access an electronic ID card.

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This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2013-5857-4.

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 may be viewed and downloaded at www.uhcsr.com/uwyo

If you have any questions, please contact Customer Service at 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	Fall	Spring / Summer
	8/01/13 - 7/31/14	8/01/13 - 1/12/14	1/13/14 - 7/31/14
Student	\$1,125	\$ 510	\$ 615
Spouse	\$4,853	\$2,195	\$2,658
Each Child	\$4,258	\$1,926	\$2,332

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this health plan.

PRE-EXISTING CONDITION means conditions for which medical advice, diagnosis, care or treatment was recommended or received during the 6 months immediately preceding the Insured's Effective Date under the policy. Pregnancy will not be considered a Pre-Existing Condition, nor will genetic information, in the absence of a diagnosis of a condition related to the genetic 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. Acne;
2. Acupuncture;
3. Allergy including allergy testing;
4. 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;
5. Learning disabilities;
6. Biofeedback;
7. Circumcision;
8. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
9. 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;
10. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
11. Elective Surgery or Elective Treatment;
12. 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;
13. Flat foot conditions; routine foot care including the care, cutting and removal of corns, calluses, toenails, 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 caused by, contributed to, or resulting from the 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;
18. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
19. 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;
20. Organ transplants, including organ donation;
21. 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;
22. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
23. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months. If an individual had coverage under a private or public plan and that coverage was continuous to a date not more than 90 days prior to the Insured Person's Effective Date under this policy, the time under the prior plan will be credited toward the 12 consecutive months needed to provide benefits for a Pre-existing Condition.

In the event of a Pre-existing Condition limitation in a succeeding carrier's plan, the level of benefits applicable to a Pre-existing Condition for persons becoming covered by this policy during the period of time this limitation applies until this policy shall be the lesser of:

- a. The benefits of this plan determined without application of the Pre-existing Condition limitation; or
- b. The benefits of the prior plan.

This exclusion will not be applied to an Insured Person who is under age 19;

24. 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.
25. 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;
26. Routine Newborn Infant Care, well-baby nursery and related Physician charges except as specifically provided in the policy;
27. 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;
28. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
29. 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 or treatment of chronic purulent sinusitis;
30. 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;
31. Sleep disorders;
32. Supplies, except as specifically provided in the policy;
33. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
34. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
35. 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
36. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.