

Student Injury and Sickness Insurance Plan for Johnson & Wales University

Providence, North Miami and Denver

2013-2014



Johnson & Wales University is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All registered undergraduate day students (both domestic and international), all students enrolled in the Physician's Assistant program, and all international graduate/doctoral students attending Johnson & Wales University taking credit hours are automatically enrolled in this Insurance Program at registration, unless proof of comparable coverage is provided.

Full-time Johnson & Wales employees are not eligible for the student Injury and Sickness plan.

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

- Up to \$1,000,000 Per Insured Person, Per Policy Year Maximum Benefit for Covered Medical Expenses.
- \$250 Deductible for Out of Network Providers Per Insured Person Per Policy Year.
- Covered Medical Expenses for Preferred Providers are payable at 100% 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-Network Out-of-Pocket Maximum of \$1,000 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 / \$45 Copay for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP). Mail order through UHCP at 2.5 times the retail copay up to a 90 day supply.
- 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 – 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.
- Also available for Johnson & Wales students is a UnitedHealthcare Insurance Company fully insured Dental plan, to enroll go to www.uhcsr.com/JWU.
- 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.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2013-608-1.

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/JWU

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 \$1,000,000 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	Winter	Spring	Summer	Summer 1	Summer 2
	8/01/13 - 7/31/14	8/01/13 - 12/02/13	12/03/13 - 3/10/14	3/11/14 - 7/31/14	6/01/14 - 7/31/14	6/01/14 - 6/30/14	7/01/14 - 7/31/14
Student	\$1,299	\$433	\$433	\$433	\$218	\$109	\$109

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. Learning disabilities;
2. Circumcision;
3. Congenital conditions, except as specifically provided for Newborn Infants;
4. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn children;
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;
7. Elective Surgery or Elective Treatment;
8. 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;
9. Health spa or similar facilities; strengthening programs;
10. Hearing examinations; 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;
11. Hirsutism; alopecia;
12. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;
13. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
14. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
15. Injury sustained while (a) participating in any intercollegiate or professional sport, contest or competition; (b) travel 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;
16. Investigational services;
17. Lipectomy;
18. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
19. 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 as specifically provided in the Benefits for Off-Label Drug Use for Cancer Treatment;
- 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.
20. 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; except as specifically provided in the Benefits for Treatment of Infertility; premarital examinations; impotence, organic or otherwise; female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
21. Routine Newborn Infant Care, well-baby nursery and related Physician charges, except as specifically provided in the policy;
22. 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;
23. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
24. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of a covered Injury;
25. 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;
26. Supplies, except as specifically provided in the policy;
27. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
28. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
29. 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
30. Weight management, weight reduction, nutrition programs, treatment for obesity, except surgery for morbid obesity, surgery for removal of excess skin or fat.