

# Student Injury and Sickness Insurance Plan for Pace University 2013-2014

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



Pace University is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company of New York. All full-time international students (F-1, J-1, J-2 and other visa statuses) are automatically enrolled in the University's insurance plan on a hard waiver basis.

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

- Up to \$500,000 for each Injury or Sickness Maximum Benefit for Covered Medical Expenses.
- \$100 Deductible Per Insured Person Per Policy Year. The Deductible will be waived when treatment is rendered at the University Health Center.
- Covered Medical Expenses for Preferred Providers are payable at 85% of Preferred Allowance and Out of Network benefits are payable at 65% 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).
- Prescription Drug Benefits: 85% of Usual and Customary Charges.
- 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>
- 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/Domestic Partner.
- 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](http://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](http://my.uhcsr.com) to access an electronic ID card.

This plan is underwritten by UnitedHealthcare Insurance Company of New York and is based on policy 2013-869-4.

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

If you have any questions, please contact Customer Service at 800-331-1096 or [Klaisclaims@klais.com](mailto:Klaisclaims@klais.com)

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



**Your student health insurance coverage, offered by UnitedHealthcare Insurance Company of New York 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 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 1-800-331-1096. 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	Spring 1	Summer 1	Summer 2	Special Coverage
	8/15/13 - 8/14/14	8/15/13 - 12/31/13	1/1/14 - 8/14/14	1/1/14 - 5/11/14	5/30/14 - 8/14/14	7/15/14 - 8/14/14	9/4/13 - 5/17/14
<b>Student</b>	\$924	\$374	\$592	\$353	\$218	\$102	\$668
<b>Spouse</b>	\$2,946	\$1,159	\$1,869	\$1,094	\$653	\$277	\$2,114
<b>All Children</b>	\$2,494	\$983	\$1,584	\$928	\$555	\$238	\$1,791

**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 any condition for which medical advice, diagnosis, care or treatment was recommended or received within the 6 months immediately prior to the Insured's enrollment date under the policy.

#### **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:

- Cosmetic procedures, except that cosmetic procedures does not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect. It also does not include breast reconstructive surgery after a mastectomy;
- 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;
- Dental treatment, except for accidental Injury to Sound, Natural Teeth or due to congenital disease or anomaly;
- Elective Surgery or Elective Treatment;
- Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses. Vision correction or other treatment for visual defects and problems; except when due to a covered Injury or disease process or a Medical Necessity;
- Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet;
- Hearing examinations; hearing aids; or cochlear implants; 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
- The Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician;
- Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
- Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by mandatory automobile no-fault benefits;
- Injury sustained while (a) participating in any interscholastic 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;
- Investigational services or experimental treatment, except for experimental or investigational treatment approved by an External Appeal Agent in accordance with Insured Persons Right to an External Appeal. If the External Appeal Agent approves benefits of an experimental or investigational treatment that is part of a clinical trial, this policy will only cover the costs of services required to provide treatment to the Insured according to the design of the trial. The Company shall not be responsible for the cost of investigational drugs or devices, the costs of non-health cares services, the cost of managing research, or costs which would not be covered under this policy for non-experimental or non-investigational treatments provided in such clinical trial;
- Commission of or attempt to commit a felony, or participation in a riot or insurrection;
- Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured was covered under Creditable Coverage which was continuous to a date not more than 63 days prior to the Insured's enrollment date under this policy. This exclusion will not be applied to an Insured Person who is under age 19;
- Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
- Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
- Suicide or attempted suicide or intentionally self-inflicted Injury;
- Supplies, except as specifically provided in the policy;
- Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
- Treatment, service or supply which is not a Medical Necessity, subject to Article 49 of N.Y. Insurance Law; and
- 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).



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**POLICY NUMBER: 2013-869-4**

**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 (8/22/13)**

1. **Removed the following parenthetical language from the Prescription Drug benefit on both Benefit Summary Flyer and Benefit Summary Flyer-ELI:** Prescriptions must be filled at an Express Scripts pharmacy network, up to a 30 day supply per prescription. Mail order through Express Scripts at 2 times the retail Coinsurance up to a 90 day supply per prescription.