

## Student Injury and Sickness Insurance Plan



*Designed especially for the students of*

## The College of William and Mary

All international students are eligible and are required to participate in the plan on a mandatory basis. All full-time domestic undergraduate and graduate students will be enrolled in this insurance plan and premium added to their tuition billing unless proof of comparable coverage is provided. All Visiting Faculty Scholars and Graduate Research and Graduate Teaching Assistants who are approved by the College to pursue academic work are eligible and are required to have the insurance plan unless proof of other insurance has been furnished. All other domestic full-time undergraduate or graduate students are eligible to enroll in this insurance plan.

If you have any questions, please contact Customer Service at 1-800-767-0700, or visit our website at [www.uhcsr.com/wm](http://www.uhcsr.com/wm).

**This Policy is a Non-Renewable One-Year Term Policy.**



## 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 Per Policy Year, \$350 Deductible for Out of Network Providers Per Insured Person Per Policy Year.
- Covered Medical Expenses for Preferred Providers are payable at 80% of Preferred Allowance and Out of Network benefits are payable at 50% 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 \$6,350 Per Insured Person, Per Policy Year. Preferred Provider Out-of-Pocket maximum of \$12,700 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 certificate for details about how the Out-of-Pocket Maximum applies.
- Prescription Drug Benefits: \$15 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 2.5 times the retail copay up to a 90 day supply.
- Refer to Plan certificate for details about pediatric dental and vision benefits. (Age limits apply.)
- 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.
- 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.
- Also available for William and Mary students is a UnitedHealthcare Insurance Company fully insured Dental plan, to enroll go to [www.uhcsr.com/wm](http://www.uhcsr.com/wm)
- 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 download our UHCSR Mobile App available on Google Play and Apple’s App Store.
- Insured students also have access to the UnitedHealth Allies® discount program. Simply log in to *My Account* and select *UnitedHealth Allies Plan* to learn more about the discounts available. When the Medical ID card is viewed or printed, the UnitedHealth Allies card is also included. The UnitedHealth Allies Program is not insurance and is offered by UnitedHealth Allies, a UnitedHealth Group company.

Rates	Annual 8/1/14 - 7/31/15	Fall 8/1/14 - 1/15/15	Spring/Summer 1/16/15 - 7/31/15	Summer 5/28/15 - 7/31/15
Student	\$1,612	\$742	\$870	\$287
Spouse	\$1,612	\$742	\$870	\$287
Each Child	\$1,612	\$742	\$870	\$287
All Children	\$3,224	\$1,484	\$1,740	\$574
All Dependents	\$4,836	\$2,226	\$2,610	\$861

## 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 intellectual disability. Learning disabilities. Milieu therapy. Parent-child problems.
3. Circumcision.
4. Congenital Conditions, except as specifically provided for:
  - Habilitative Services.
  - Surgery or other procedure to correct a Congenital Condition that causes a functional impairment.
  - Adopted or Newborn Child.
5. 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 an Adopted or Newborn Child.
6. Dental treatment, except:
  - As provided in the Dental Treatment benefit.
  - For accidental Injury to Sound, Natural Teeth.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment.
8. Elective abortion.
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 routine or foot care for Insured Persons with diabetes.
10. 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.
  - Benefits specifically provided in Benefits for Newborn Infant Hearing Screening.
11. Hirsutism. Alopecia.
12. Immunizations for travel or work.
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. Lipectomy.
15. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
16. Prescription Drugs, services or supplies as follows, except as specifically provided in the Schedule of Benefits:
  - Therapeutic devices or appliances, including: 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.
  - 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, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene.
  - Growth hormones.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
17. Reproductive/Infertility services including but not limited to the following:
  - Procreative counseling.
  - Genetic counseling and genetic testing, except as specifically provided in 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, except to diagnose or treat the underlying cause of the infertility.

- a. Premarital examinations.
  - b. Impotence, organic or otherwise.
  - c. Female sterilization procedures, except as specifically provided in the policy.
  - d. Vasectomy.
  - e. Reversal of sterilization procedures.
  - f. Sexual reassignment surgery.
18. 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 eyeglasses or contact lenses as described under Vision Correction in the policy.
  - To benefits specifically provided in the Schedule of Benefits.
19. Routine Adopted or Newborn Child Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
20. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
21. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
22. Sleep disorders, except as specifically provided in the policy.
23. 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.
24. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
25. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
26. 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).
27. Weight management. Weight reduction. Treatment for obesity (except morbid obesity). Surgery for removal of excess skin or fat.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2014-1404-2.

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 College, or may be viewed and downloaded at [www.uhcsr.com/wm](http://www.uhcsr.com/wm).

**POLICY NUMBER: 2014-1404-2**

**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#2 10/3/14**

- Removed Flight Exclusion, Injury caused by addiction, IC Sports Exclusion, Preventive Care Exclusion and Supplies Exclusion.
- Updated the following exclusion: Congenital Conditions, Cosmetic Procedures; Dental Treatment; Foot care, Immunizations, Prescription Drug; Reproductive/Infertility; Routine Eye, Routine Adopted or Newborn Child.