The rates have been updated per state requirements.

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

2014–2015

Student Injury and Sickness Insurance Plan for St. Cloud State University

Who is eligible to enroll?

All international students, international scholars, international faculty, and international visitors engaged in educational activities (or on medical leave approved by the Dept. of Homeland Security) are required to enroll in the plan except for those whose sponsoring government or agency certifies in writing that coverage is in effect under a plan provided by the sponsoring government or agency. F and J visa International students and scholars on Optional Practical Training (OPT) and Academic Training are eligible to participate in the plan on a voluntary basis. Eligible Dependents of the above groups can participate in the plan on a voluntary basis. Eligible Dependents are the student's spouse and dependent children under 26 years of age.

Where can I get more information about the benefits available?

Please read the plan brochure to determine whether this plan is right before you enroll. The plan brochure provides details of the coverage including costs, benefits, exclusions, and 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 and may be viewed at www.uhcsr.com/mnscu.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 888-251-6243 or customerservice@uhcsr.com.

How much does the plan cost?

Rates	Annual 8/15/14 – 8/14/15	Spring/Summer 1/1/15 – 8/14/15	Summer 5/1/15 – 8/14/15
Student	$1,197.00	$ 741.00	$ 348.00
Spouse	$1,197.00	$ 741.00	$ 348.00
Each Child	$1,197.00	$ 741.00	$ 348.00
All Children	$2,394.00	$1,482.00	$ 695.00
All Dependents	$3,591.00	$2,223.00	$1,043.00

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2014-1757-4.
The Policy is a Non-Renewable One-Year Term Policy.

Highlights of the Coverage and Services offered by UnitedHealthcare **Student**Resources		
	Preferred Providers	**Out-of-Network Providers**
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	$50 For Each Injury or Sickness	
Out-of-Pocket Maximum *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.*	$6,350 Per Insured Person, Per Policy Year $12,700 For all Insureds in a Family, Per Policy Year	
Coinsurance *All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan brochure.*	80% to $2,500, then 100% thereafter	80% to $2,500, then 100% thereafter
Prescription Drugs *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.*	UnitedHealthcare Pharmacy (UHCP) $15 Copay for Tier 1 $30 Copay for Tier 2 40% Coinsurance for Tier 3 Up to a 31-day supply per prescription	No Benefits
Preventive Care Services *Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No copay or Deductible 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.*	100% of Preferred Allowance	No Benefits
Pediatric Dental and Vision Benefits	Refer to the plan brochure for details (age limits apply).	
FrontierMEDEX	International Students are covered worldwide except in their home country.	

Preferred Providers

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

Online Services

UnitedHealthcare ***Student***Resources 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 download our UHCSR Mobile App available on Google Play and Apple's App Store.

Other Coverage

Accident coverage for Intercollegiate sports injury is available under a separate policy, 2014-1757-48.

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. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
3. Learning disabilities.
4. Circumcision.
5. Congenital Conditions, except as specifically provided for:
   - Habilitative Services.
   - Services to remove port wine stains.
   - Benefits for Reconstructive Surgery and Benefits for Cleft Lip and Cleft Palate.
   - Newborn Infants.
6. 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.
   - Remove port wine stains.
   - Treat or correct Congenital Conditions of a Newborn Infant.
7. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As described under Dental Treatment in the policy.

   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
8. Elective Surgery or Elective Treatment.
9. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline or chartered aircraft only while participating in a school sponsored activity.
10. Foot care for the following:
    - 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.
11. 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.
    - External hearing aids or bone anchored hearing aids once every 3 years for an Insured Person age 18 or younger with a hearing lost that is not correctable by other services provided in the policy.
    - Benefits specifically provided in the policy.
12. Hirsutism.
13. 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.
14. Injury caused by, contributed to, or resulting from being under the influence of any narcotic unless on the advice of and prescribed by the Insured Person's Physician.
15. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
16. Injury sustained while:
    - Participating in any interscholastic, intercollegiate, or professional sport, contest or competition.
    - Traveling to or from such sport, contest or competition as a participant.
    - Participating in any practice or conditioning program for such sport, contest or competition.
17. Commission of or attempt to commit a felony.
18. 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.
    - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs, except as specifically provided in Benefits for Cancer Drug Coverage.
    - 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.

19. Reproductive/Infertility services including but not limited to the following:
    - Procreative counseling.
    - Genetic counseling and genetic testing, except as specifically provided in the policy under the Genetic Testing benefit.
    - 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 the underlying cause of the infertility.
    - Premarital examinations.
    - Impotence, organic or otherwise.
    - Female sterilization procedures, except as specifically provided in the policy.
    - Vasectomy.
    - Reversal of sterilization procedures.
20. 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 the initial evaluation, fitting, and initial pair of eyeglasses or contact lenses for: a) the post-operative treatment of cataracts; and b) the treatment of aphakia or keratoconous.
    - To benefits specifically provided in the policy.
21. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
22. 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.
23. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
24. Nasal and sinus surgery, except for treatment of a covered Injury.
25. Bungee jumping.
26. Sleep disorders.
27. 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. This exclusion does not apply to benefits specifically provided in Preventive Care Services.
28. Supplies, except as specifically provided in the policy.
29. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
30. Treatment in a Government hospital, unless there is an obligation for the Insured Person to pay for such treatment.
31. 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).
32. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in Preventive Care Services.

UnitedHealthcare
A UnitedHealth Group Company

POLICY NUMBER: 2014-1666-4

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# 4

Removed exclusion 17 "Outpatient Physiotherapy, except when referred by the Student Health Center."

NOC# 3 (12/19/14)

Rate change per state requirement.

NOC# 2 (10/15/14)

Exclusion 28 added "This exclusion does not apply to benefits specifically provided in Preventive Care Services."

Exclusion 33. Added "This exclusion does not apply to benefits specifically provided in Preventive Care Services."

NOC# 1 (9/24/14)

Added exclusion: Outpatient Physiotherapy, except when referred by the Student Health Center.