



**2014–2015**

# Student Injury and Sickness Insurance Plan for Chinese Service Center for Scholarly Exchange

## ***Who is eligible to enroll?***

International students, scholars, exchange program participants, participating in Optional Practical Training, internships, research and teaching, with a valid passport and all types of visas that allow for study who have not applied for permanent residency in the U.S. are eligible to enroll in this Insurance plan.

## ***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 Chinese Service Center for Scholarly Exchange and may be viewed at [www.uhcsr.com/chineseservicecenter](http://www.uhcsr.com/chineseservicecenter).

## ***Who can answer questions I have about the plan?***

If you have questions please contact Customer Service at 1-888-344-6017 or [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com).

## ***How much does the plan cost?***

<b>Rates*</b>	<b>Three Months</b>	<b>Four Months</b>	<b>Five Months</b>	<b>Six Months</b>	<b>Seven Months</b>
Student – 24 and Under	\$165.26	\$219.66	\$275.08	\$329.50	\$384.92
Student – Age 25 - 29	\$266.25	\$354.34	\$443.42	\$531.51	\$620.58
Student – 30 and Older	\$552.76	\$736.33	\$920.92	\$1,104.50	\$1,289.09

<b>Rates*</b>	<b>Eight Months</b>	<b>Nine Months</b>	<b>Ten Months</b>	<b>Eleven Months</b>	<b>Twelve Months</b>
Student – 24 and Under	\$439.34	\$494.76	\$549.16	\$604.58	\$659.00
Student – Age 25 - 29	\$708.66	\$797.75	\$885.83	\$974.92	\$1,063.00
Student – 30 and Older	\$1,472.67	\$1,657.26	\$1,840.83	\$2,025.42	\$2,209.00

\*This plan is effective from 7/15/14 – 10/15/15 and enrollment is for a maximum of 12 months during this time.

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may include amounts which are retained by your school (to, for example, cover your school's administrative costs associated with offering this health plan) as well as amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

This plan is underwritten by Student Resources (SPC) Ltd., a UnitedHealth Group Company, and is based on policy number 2014-1716-15.

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

## Highlights of the Coverage and Services

Highlights of the Coverage and Services		
	<i>Preferred Providers</i>	<i>Out-of-Network Providers</i>
<b>Overall Plan Maximum</b>	\$500,000 Per Insured Person, Per Policy year	
<b>Plan Deductible</b>	\$500 per Insured Person, per Policy Year	\$1,250 per Insured Person, per Policy Year
<b>Out-of-Pocket Maximum</b> <i>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.</i>	\$10,000 Per Insured Person, Per Policy Year	There is no Out-of-Pocket Maximum for Out-of-Network benefits.
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan brochure.</i>	75% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Customary Charges for Covered Medical Expenses
<b>Prescription Drugs</b> <i>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.</i>	\$25 Copay for Tier 1 \$40 Copay for Tier 2 \$60 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	No Benefits
<b>The following services have per Service Copays/Deductibles</b> <i>This list is not all inclusive. Please read the plan brochure for complete listing of Copays/Deductibles.</i>	Physician's Visits: \$25 Medical Emergency: \$150	Physician's Visits: \$25 Medical Emergency: \$150
<b>FrontierMEDEX</b>	International Students are covered worldwide except in their home country.	

### **Preferred Providers**

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>

### **Online Services**

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.

### **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. Nicotine addiction, except as specifically provided in the policy;
4. Milieu therapy, learning disabilities, behavioral problems, intensive behavioral therapies, such as applied behavioral analysis; parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation;
5. Biofeedback;
6. Circumcision;
7. Congenital conditions;
8. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;

9. 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;
10. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
11. Elective Surgery or Elective Treatment;
12. Elective abortion;
13. 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;
14. Flat foot conditions; supportive devices for the foot; subluxations of the foot; fallen arches; weak feet; chronic foot strain; symptomatic complaints of the feet; and routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery);
15. Health spa or similar facilities; strengthening programs;
16. 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;
17. Hirsutism; alopecia;
18. Hypnosis;
19. 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;
20. Injury caused by, contributed to, or resulting from the addiction to or 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;
21. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
22. Injury or Sickness inside the Insured's home country;
23. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency when traveling for academic study abroad programs, business or pleasure, to or from the Insured's home country;
24. Injury or Sickness when claims payment and/or coverage is prohibited by applicable law;
25. Injury sustained while (a) participating in any 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;
26. Investigational services;
27. Lipectomy;
28. Maternity; pregnancy; and Complications of Pregnancy;
29. Motor vehicle Injury;
30. Nuclear, chemical or biological Contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death;
31. 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;
32. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
33. Pre-existing Conditions, except for individuals who have been continuously insured under the Chinese Service Center for Scholarly Exchange Low Option Plan insurance policy for at least 12 consecutive months.
34. 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;
  - i. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
35. 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; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;

36. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study;
37. Routine Newborn Infant Care, well-baby nursery and related Physician charges;
38. Preventive care services; routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness;
39. Services provided normally without charge by the Health Service of the institution attended by the Insured; or services covered or provided by a student health fee;
40. 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 or treatment of chronic purulent sinusitis;
41. 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;
42. Sleep disorders;
43. Speech therapy; naturopathic services;
44. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
45. Supplies, except as specifically provided in the policy;
46. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
47. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all-terrain vehicle (ATV); jet ski; ski cycle; or snowmobile;
48. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
49. 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
50. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.