2014–2015

Student Injury and Sickness Insurance Plan for University of Alaska Anchorage

Who is Eligible to Enroll?

All international students on F-1 or J-1 visas are required to enroll in this insurance Plan at registration, unless proof of comparable coverage is furnished. All students attending UAA, UAS, KPC and extended sites taking 6 or more credit hours, students living in UA housing regardless of course load, and students in Optional Practical Training with no lapses in coverage, may enroll in this plan on a voluntary basis. Graduate students or undergraduate students who are taking a reduced load to complete final degree requirements may be covered for one additional semester at the discretion of the director of the campus health service regardless of course load. In order to meet the Eligibility requirements that the student actively attend classes, the student must take at least 3 credits of on-campus (in the classroom) courses. The remaining credits may include home study, correspondence, Internet classes and television (TV) courses. Distance Education: Students enrolled at UAA, UAF, UAS, KPC or extended sites taking 6 or more credit hours which do not meet the eligibility requirements because they are not taking at least 3 on-campus courses, may enroll in the plan on a voluntary basis using the Distance Education forms. Eligible students may also insure their Dependents. Eligible Dependents are the student's spouse or Domestic Partner and dependent children under 26 years of age. See the Definitions section of the Brochure for the specific requirements needed to meet Domestic Partner eligibility.

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.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-888-344-5989 or customerservice@uhcsr.com.

How much does the plan cost?

Rates	Annual 8/15/14 – 8/14/15	Fall 8/15/14 – 12/31/14	Spring 1/1/15 – 5/10/15	Spring/Summer 1/1/15 – 8/14/15	Summer 5/11/15 – 8/14/15
Student	$2,056.00	$783.00	$732.00	$1,273.00	$541.00
Spouse	$6,863.00	$2,613.00	$2,444.00	$4,250.00	$1,805.00
Each Children	$2,938.00	$1,118.00	$1,046.00	$1,820.00	$772.00
All Children	$6,766.00	$2,577.00	$2,410.00	$4,189.00	$1,779.00

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 UnitedHealthcare Insurance Company and is based on policy number 2014-248-1.
The Policy is a Non-Renewable One-Year Term Policy.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources		
	Preferred Providers	**Out-of-Network Providers**
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	$400 Per Insured Person, Per Policy Year in addition to $5,000 Per Insured Person, Per Policy Year (The $5,000 Deductible will not be applied until the Company has paid $2,500 in Covered Medical Expenses.)	$800 Per Insured Person, Per Policy Year in addition to $5,000 Per Insured Person, Per Policy Year (The $5,000 Deductible will not be applied until the Company has paid $2,500 in Covered Medical Expenses.)
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	$12,700 Per Insured Person, Per Policy Year $25,400 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, Deductible applies after $2,500, then 80% thereafter for Covered Medical Expenses	70% to $2,500, Deductible applies after $2,500, then 70% thereafter for Covered Medical Expenses
Prescription Drugs *Mail order through UHCP at 2.5 times the retail copay up to a 90 day supply. (Prescription Drugs dispensed at the Student Health Center are payable at 100% and are not subject to the Copays. Self-Injectables are not covered.)*	$25 Copay for Tier 1 $45 Copay for Tier 2 $75 Copay for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	$25 Deductible per prescription for generic drugs $75 Deductible per prescription for brand name up to a 31 day supply per prescription
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
The following services have per Service Copays/Deductibles *This list is not all inclusive. Please read the plan brochure for complete listing of Copays/Deductibles.*	Medical Emergency: $100 (waived if admitted to the Hospital and in addition to the Policy Deductible.)	Medical Emergency: $100 (waived if admitted to the Hospital and in addition to the Policy Deductible.)
Pediatric Dental and Vision Benefits	Refer to the plan brochure for details (age limits apply).	
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.	

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.

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. Allergy testing.
3. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
4. Learning disabilities.
5. Biofeedback.
6. Circumcision.
7. Congenital Conditions, except as specifically provided for:
   - Habilitative Services.
   - Newborn or adopted Infants.
8. 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 a Newborn or adopted Infant.
9. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As specifically provided in the Schedule of Benefits.
   - As described under Dental Treatment in the policy.

   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
10. Elective Surgery or Elective Treatment.
11. 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.
12. Hearing examinations, except as specifically provided in the Benefits for Newborn Infant Hearing Screening. 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.
13. Hirsutism. Alopecia.
14. 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.
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. Participation in a riot or civil disorder. 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. Blood or blood products administered on an outpatient basis.
    - 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 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.
    - Cryopreservation of reproductive materials. Storage of reproductive materials.
    - Fertility tests.
    - Infertility treatment (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, except as specifically provided in the policy.
- Vasectomy.
- Reversal of sterilization procedures.
- Sexual reassignment surgery.

20. 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, except as specifically provided in the policy.
21. Routine eye examinations, except as specifically provided in Benefits for Well-Baby Exams. 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.
22. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
23. 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.
24. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
25. 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 sinusitis.
26. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
27. Sleep disorders.
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 a legal 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.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.