2014–2015

Student Injury and Sickness Insurance Plan for Embry Riddle Aeronautical University

Prescott Campus

Who is eligible to enroll?

All registered Domestic students taking credit hours are automatically enrolled in this insurance Plan (Policy 2014-735-2) at registration, unless proof of comparable coverage is furnished. All International students who are in traditional academic programs are automatically enrolled in this insurance Plan (2014-735-3) at registration, unless proof of comparable coverage is furnished. 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 Certificate for the specific requirements needed to meet Domestic Partner eligibility.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage 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 certificate of coverage are available from the University and may be viewed at www.uhcsr.com/eraup.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-800-767-0700 or customerservice@uhcsr.com.

What important dates or deadlines should I be aware of?

Waiver deadlines are September 2, 2014 for Fall, January 14, 2015 for Spring, May 14, 2015 for Summer A, and July 2, 2015 for Summer B.

How much does the plan cost?

Rates	Annual 8/16/14 – 8/15/15	Fall 8/16/14 – 1/5/15	Spring/Summer 1/6/15 – 8/15/15	Summer A 5/6/15– 8/15/15	Summer B 6/24/15– 8/15/15
Student	$ 1,216.00	$ 476.00	$ 740.00	$ 340.00	$ 177.00
Spouse	$ 6,109.00	$2,393.00	$3,716.00	$1,707.00	$ 887.00
Each Child	$ 4,545.00	$1,781.00	$2,764.00	$1,270.00	$ 660.00
All Children	$ 8,021.00	$3,142.00	$4,879.00	$2,241.00	$1,165.00
All Dependents	$10,653.00	$4,174.00	$6,479.00	$2,977.00	$1,547.00

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2014-735-2 and 2014-735-3.
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	$0	$250 per Insured Person, per Policy Year
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 certificate 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	There is no Out-of-Pocket Maximum for Out-of-Network benefits.
Coinsurance *All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.*	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Customary Charges for Covered Medical Expenses
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.*	$15 Copay for Tier 1 $35 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
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 Usual and Customary Charges	60% of Usual and Customary Charges
The following services have per Service Copays/Deductibles *This list is not all inclusive. Please read the plan certificate for complete listing of Copays/Deductibles.*	Physician's Visits: $25 Medical Emergency: $100	Physician's Visits: $25 Medical Emergency: $100
Pediatric Dental and Vision Benefits	Refer to the plan certificate 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 Choice Plus. Preferred Providers can be found using the following link: http://www.uhcsr.com/lookupredirect.aspx?delsys=52

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

Also available for Embry Riddle Aeronautical University students are UnitedHealthcare Insurance Company fully insured Dental and Vision plans. To enroll go to www.uhcsr.com/eraup. Accident coverage for Intercollegiate and Club Sports injuries is provided under a separate policy number 2014-735-8.

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. Behavioral problems. Conceptual handicap. Developmental delay or disorder or mental retardation. Learning disabilities. Milieu therapy. Parent-child problems.
4. Biofeedback.
5. Congenital Conditions, except as specifically provided for:
   - Habilitative Services.
   - Benefits for Newborn Infant, Adopted or Foster Child
   - Benefits for Cleft Lip and Cleft Palate.
   - Reconstructive surgery to correct deformity caused by birth defects or growth defects.
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.
   - Correct deformity caused by birth defects or growth defects.
   - Treat or correct Congenital Conditions of a Newborn or adopted Infant.
7. 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.
8. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.

   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
9. Elective Surgery or Elective Treatment, except cosmetic surgery made necessary as the result of a covered Injury or to correct a disorder of a normal bodily function.
10. Elective abortion.
11. 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.
12. 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 foot care for Insured Persons with diabetes.
13. Health spa or similar facilities. Strengthening programs.
14. 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 for Cleft Lip and Cleft Palate.
    - Benefits for Child Health Assurance.
    - Benefits for Newborn Infant, Adopted or Foster Child.
15. Hirsutism. Alopecia.
16. Hypnosis.
17. 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.
18. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
19. Injury sustained while:
    - Participating in any interscholastic, club, or 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.
20. Investigational services.
21. Lipectomy.
22. Marital or family counseling.
23. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting, except in self-defense.
24. 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.

25. 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.
    - Reversal of sterilization procedures.
    - Sexual reassignment surgery.
26. 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.
27. 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 benefits specifically provided in Benefits for Newborn Infant, Adopted or Foster Child.
    - To benefits specifically provided in Benefits for Child Health Assurance.
28. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
29. 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.
30. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
31. 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.
32. Skiing. Snowboarding. Scuba diving. Surfing. Roller skating. Skateboarding. Riding in a rodeo.
33. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
34. Sleep disorders, except as specifically provided in the policy.
35. Speech therapy, except as specifically provided in Benefits for Cleft Lip and Cleft Palate. or except as specifically provided in the policy. Naturopathic services.
36. 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.
37. Supplies, except as specifically provided in the policy.
38. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
39. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any:
    - 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.
40. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
41. 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).
42. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat.