

2015–2016 Student Injury and Sickness Plan for Washington University in St. Louis



Who is eligible to enroll?

All enrolled degree-seeking undergraduate students in the day program and full-time graduate students on the Danforth Campus are automatically enrolled in this insurance Plan at registration unless proof of comparable coverage is furnished. All eligible international students on the Danforth Campus are required to purchase this insurance Plan. Eligible students may also insure their Dependents. Eligible Dependents are the student's legal 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/wustl.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-866-346-4826 or customerservice@uhcsr.com.

What important dates or deadlines should I be aware of?

The deadline to waive coverage is September 5, 2015. The waiver is available at shs.wustl.edu.

How much does the plan cost?

Rates	Annual 8/1/15 – 7/31/16	Fall 8/1/15 – 12/31/15	Spring 1/1/16 – 7/31/16
Student	\$1,512.00	\$632.00	\$880.00
Spouse	\$1,512.00	\$632.00	\$880.00
Each Child	\$1,512.00	\$632.00	\$880.00
All Children	\$3,024.00	\$1,264.00	\$1,760.00
All Dependents	\$4,536.00	\$1,896.00	\$2,640.00

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2015-1326-1.
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	\$350 Per Insured Person, Per Policy Year	\$1,000 Per Insured Person, Per Policy Year
SHC Benefits	The Deductible will be waived and benefits will be paid at the Preferred Provider level of benefits with applicable Copays for Covered Medical Expenses incurred when treatment is rendered at the Habib Health and Wellness Center. Ancillary services provided at the Student Health Center include Durable Medical Equipment, Supplies, Laboratory Tests, X-Rays and Minor Procedures. Routine and Preventive Care Services are payable at 100%.	
Out-of-Pocket Maximum <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 certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$6,350 Per Insured Person, Per Policy Year \$12,700 For all Insureds in a Family, Per Policy Year	\$25,000 Per Insured Person, Per Policy Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs <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>	\$15 Copay for Tier 1 \$40 Copay for Tier 2 \$75 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	No Benefits
Preventive Care Services <i>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.</i>	100% of Preferred Allowance	No Benefits
The following services have per Service Copays/Deductibles <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays/Deductibles.</i>	Physician's Visits: \$20	
Pediatric Dental and Vision Benefits	Refer to the plan certificate for details (age limits apply).	

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 **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. 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 your wustl.edu 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. Acupuncture, except as specifically provided in the policy.
2. 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.
 - Correct hemangiomas and port wine stains of the head and neck areas for Insureds age 18 years and younger.
 - Correct limb deformities such as club hand, club foot, syndactyly, polydactyly, or macrodactyly.
 - Improve hearing by directing sound in the ear canal by performing Otoplasty, when ear or ears are absent or deformed from Injury, surgery, disease, or Congenital Condition.
 - Correct diagnosis of tongue-tied by performing tongue release.
 - Treat or correct Congenital Conditions causing skull deformity such as Crouzon's disease.
 - Correct cleft lip and cleft palate.
3. 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.
4. Dental treatment, except:
 - For accidental Injury to Sound, Natural Teeth.
 - As specifically provided in Benefits for Dental General Anesthesia.
 - As specifically provided in the Schedule of Benefits.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
5. Elective Surgery or Elective Treatment.
6. Elective abortion.
7. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
8. 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.
9. Health spa or similar facilities. Strengthening programs.
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 for Newborn Hearing Screening as specifically provided in the policy.
 - Benefits for Treatment of Speech and Hearing Disorders.
11. Hirsutism. Alopecia.
12. Hypnosis.
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 or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
15. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except when traveling for academic study abroad programs, business or pleasure.
16. Injury sustained while:
 - Participating in any 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. Investigational services.
18. Lipectomy.
19. Marital or family counseling.
20. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
21. 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.
22. Reproductive/Infertility services including but not limited to the following, except as specifically provided in the policy:
- 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.
23. 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 Benefits for Clinical Trial for Cancer Treatment.
24. 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 first pair of eyeglasses or contact lenses following intraocular lens implantation for the treatment of cataracts or aphakia or to replace the function of the human lens for conditions caused by cataract surgery or Injury.
25. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
26. 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.
27. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
28. Skeletal irregularities of one or both jaws, except for temporomandibular and craniomandibular joint or jaw disorders. 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.
29. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
30. Speech therapy, except as specifically provided in the policy. Naturopathic services.
31. 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.
32. Medical supplies, except as specifically provided in the policy.
33. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
34. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
35. 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 notice for such period not covered).
36. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat.

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Student Health Center (SHC) Referral Required Outpatient Services Only

The student and Spouse/Domestic Partner must use the services the Health Center first where outpatient treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health Center for which no prior approval or referral is obtained are excluded from coverage. A referral issued by the SHC must accompany the claim when submitted. Only one referral is required for each Injury or Sickness per Policy Year.

A SHC referral for outside care is not necessary only under any of the following conditions:

1. Medical Emergency. The student and Spouse/Domestic Partner must return to SHC for necessary follow-up care.
2. When the Student Health Center is closed.
3. When service is rendered at another facility during break or vacation periods.
4. Medical care received when the student is more than 50 miles from campus.
5. Medical care obtained when a student is no longer able to use the SHC due to a change in student status.
6. Maternity, obstetrical and gynecological care.
7. Mental Illness treatment and Substance Use Disorder treatment.

Dependent children are not eligible to use the SHC and therefore are exempt from the above limitations and requirements.

NOTE: 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. The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare and does not constitute a promise of coverage. Benefits and rates under any Student policy are subject to state and federal requirements and review. Company reserves the right to make any changes necessary to meet such requirements.

