

# 2015–2016 Student Injury and Sickness Plan for University of Illinois – Urbana / Champaign

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



## Who is eligible to enroll?

All registered graduate students taking credit hours are automatically enrolled in this Health Insurance Program at registration, unless proof of comparable coverage is furnished. Eligible students may also insure their Dependents. Eligible Dependents are the student's spouse, a party to a civil union established according to Illinois law, 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/illinois](http://www.uhcsr.com/illinois).

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

If you have general questions please contact us at 1-217-333-0165 or e-mail [insure@illinois.edu](mailto:insure@illinois.edu). For all claims inquiries please contact UnitedHealthcare Customer Service at 1-888-224-4883 or [customerservice@uhcsr.com/illinois](mailto:customerservice@uhcsr.com/illinois).

## How much does the plan cost?

Rates	Annual 8/21/15 – 8/20/16	Fall 8/21/15 – 1/16/16	Spring 1/17/16 – 5/15/16	Summer 5/16/16 – 8/20/16
Student	\$1,110.00	\$370.00	\$370.00	\$370.00
Spouse	\$1,068.00	\$356.00	\$356.00	\$356.00
One Child	\$1,068.00	\$356.00	\$356.00	\$356.00
Two or More Children	\$2,136.00	\$712.00	\$712.00	\$712.00
Spouse + Two or More Children	\$3,204.00	\$1,068.00	\$1,068.00	\$1,068.00

**NOTE:** The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this health plan.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2015-1351-2.  
The Policy is a Non-Renewable One-Year Term Policy.

## Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources

<b>Overall Plan Maximum</b>	There is no overall maximum dollar limit on the policy
<b>Plan Deductible</b>	\$150 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>	\$1,800 Per Insured Person, Per Policy Year and \$3,600 For all Insureds in a Family, Per Policy Year
<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>	80% of Usual and Customary Charges for Covered Medical Expenses
<b>Prescription Drugs</b> <i>Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply. No benefits outside of UnitedHealthcare Network Pharmacy. Prescriptions filled utilizing McKinley Health Center are subject to a \$20 copay per generic/\$35 copay per brand name.</i>	\$15 Copay for Tier 1 \$30 Copay for Tier 2 \$50 Copay for Tier 3 20% Coinsurance for Tier 4 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)
<b>Preventive Care Services</b> <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 <a href="http://www.healthcare.gov">www.healthcare.gov</a> for complete details of the services provided for specific age and risk groups.</i>	100% of Billed Charges
<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>	Medical Emergency: \$50
<b>Pediatric Dental and Vision Benefits</b>	Refer to the plan brochure for details (age limits apply).
<b>UnitedHealthcare Global: Global Emergency Services</b>	Domestic Students are eligible for UnitedHealthcare Global 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.

### 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](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.

## Other Coverage

Accident coverage for Intercollegiate sports injury is provided under a separate policy, 2015-1351-8.

### 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. Learning disabilities.
3. Biofeedback.
4. 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
5. Dental treatment, except:
  - As described under Dental Treatment in the policy.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
6. Elective Surgery or Elective Treatment.
7. Foot care for the following:
  - Routine foot care including the care, cutting and removal of corns, calluses, and bunions (except capsular or bone surgery).

This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
8. Hearing examinations. Hearing aids, except as specifically provided for in the policy. 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.
  - Cochlear hearing aids.
  - A bone anchored hearing aid for an Insured Person with: a) craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or b) hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid.
9. Hirsutism. Alopecia.
10. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
11. 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.
12. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
13. 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.
  - Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use; except as specifically provided in Preventive Care Services.
  - Immunization agents, except as specifically provided in the policy. Biological sera.
  - 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, except when a Medical Necessity.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

14. Reproductive/Infertility services including the following:
  - Procreative counseling.
  - Genetic counseling and genetic testing.
  - Cryopreservation of reproductive materials. Storage of reproductive materials.
  - Premarital examinations.
  - Impotence, organic or otherwise.
  - Female sterilization procedures, except as specifically provided in the policy.
  - Vasectomy.
  - Reversal of sterilization procedures.
15. Routine eye examinations. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. This exclusion does not apply as follows:
  - When due to a covered Injury or disease process.
  - To benefits specifically provided in Pediatric Vision Services.
16. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
17. 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.
18. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, except for treatment of temporomandibular joint dysfunction and craniomandibular disorders.
19. 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.
20. Suicide or attempted suicide while sane or insane (including drug overdose). Intentionally self-inflicted Injury.
21. Supplies, except as specifically provided in the policy.
22. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
24. 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).
25. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid 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.**



**POLICY NUMBER: 2015-1351-2**

**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#2 (5/5/15)**

1. Added the following rates per below –

	<u>Annual</u>	<u>Fall</u>	<u>Spring</u>	<u>Summer</u>
Each Child	\$1,068.00	\$356.00	\$356.00	\$356.00
All Dependents	\$3,204.00	\$1,068.00	\$1,068.00	\$1,068.00

**NOC#1 (4/28/15)**

Applied to brochure