2015–2016 Student Injury and Sickness Plan for

Bismarck State College
Dakota College at Bottineau
Dickinson State University
Lake Region State College
Mayville State University
Minot State University
North Dakota State University
North Dakota State College of Science
University of North Dakota
Valley City State University
Williston State College

Who is eligible to enroll?

All fulltime undergraduate and graduate students may enroll in the plan on a voluntary basis.
Full-time student status, for this purpose, is defined as:

a. Undergraduate student enrolled in 12 or more credit hours during the fall or spring semester.
b. Graduate students who are enrolled in:
   i. 9 credits each fall and spring term, or
   ii. UND student enrolled in 6 credits and a 20-hour per week graduate assistantship each fall and spring term, or
   iii. UND student enrolled in 1 credit and a program required internship each fall and spring term, or
   iv. NDSU student enrolled in 5 credits and a 20-hour per week graduate assistantship each fall and spring term, or
   v. NDSU or UND student who's Certification of Enrollment Status, approved by the Graduate School, confirms the student's full-time status.

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.

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.

How much does the plan cost?

Rates	Annual 8/16/15 – 8/15/16	Fall 8/16/15 – 12/31/15	Spring/Summer 1/1/16 – 8/15/16
Student	$2,364.00	$891.00	$1,473.00
Spouse	$2,364.00	$891.00	$1,473.00
One Child	$2,364.00	$891.00	$1,473.00
Two or More Children	$4,729.00	$1,783.00	$2,946.00
Spouse + Two or More Children	$7,093.00	$2,674.00	$4,419.00

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include 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 2015-530-1.
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	$100 Per Insured Person, per Policy Year $200 For all Insureds in a Family, per Policy Year	$500 Per Insured Person, per Policy Year $1,000 For all Insureds in a Family, 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 brochure for details about how the Out-of-Pocket Maximum applies.*	$5,000 Per Insured Person, Per Policy Year $10,000 For all Insureds in a Family, Per Policy Year	$10,000 Per Insured Person, Per Policy Year $20,000 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% 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.*	$10 Copay for Tier 1 $30 Copay for Tier 2 $50 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 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.*	Physician's Visits: $25 Copay per visit Medical Emergency: $200	Medical Emergency: $200 Deductible per visit
Pediatric Dental and Vision Benefits	Refer to the plan brochure for details (age limits apply).	
UnitedHealthcare Global: Global Emergency Services	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.	

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. Acupuncture.
2. Behavioral problems. Conceptual handicap. Developmental delay or disorder or mental retardation. Intensive behavioral therapies, such as applied behavioral analysis. Learning disabilities. Milieu therapy. Parent-child problems.
3. 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.
4. 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.
5. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.

   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
6. Elective Surgery and Elective Treatment, including any service, treatment or supplies that are not recognized and generally accepted medical practices in the United States.
7. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline, except while participating in educational or training activities.
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.
11. Hirsutism.
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 sustained while:
    - Participating in any interscholastic, high school, 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.
16. Investigational services.
17. Lipectomy.
18. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
19. 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.
20. Reproductive/Infertility services including but not limited to the following, except as specifically provided in the policy:
    - Genetic counseling and genetic testing.
    - Cryopreservation of reproductive materials. Storage of reproductive materials.

- 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.

21. 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.
22. 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 one pair of eyeglasses or contact lenses following a diagnosis of aphakia or a Congenital Condition resulting in complications which include the detachment of the vitreous or retina, or glaucoma.
23. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
24. 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.
    - To one pair of eyeglasses or contact lenses following a diagnosis of aphakia or a Congenital Condition resulting in complications which include the detachment of the vitreous or retina, or glaucoma.
25. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
26. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. 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.
27. Skiing. Snowboarding. Scuba diving. Surfing. Roller skating. Skateboarding. Riding in a rodeo.
28. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
29. Speech therapy, except as specifically provided in the policy. Naturopathic services.
30. 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.
31. Supplies, except as specifically provided in the policy.
32. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
33. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
34. 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).
35. Weight management. Weight reduction. Nutrition programs. Treatment for obesity, (except surgery for morbid obesity limited to one operative procedure per lifetime). 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.