

# 2015–2016 Student Injury Only Plan for Johnson and Wales University



## Who is eligible to enroll?

All registered Culinary weekend students are automatically enrolled in this Insurance plan at registration.

## 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/JWU](http://www.uhcsr.com/JWU).

## 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](mailto:customerservice@uhcsr.com).

## How much does the plan cost?

Rates	Annual 8/1/15 – 7/31/16	Fall 8/1/15 – 11/30/15	Winter 12/1/15 – 3/7/16	Spring 3/8/16 – 7/31/16
Student	\$85.00	\$28.00	\$28.00	\$28.00

Rates	Summer 6/1/16 – 7/31/16	Summer 1 6/1/16 – 6/30/16	Summer 2 7/1/16 – 7/31/16
Student	\$14.50	\$7.25	\$7.25

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 2014-608-16.

The Policy is a Non-Renewable One-Year Term Policy.

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

<b>Basic Plan Maximum</b>	\$5,000 Maximum Benefit Paid As Specified Below (For Each Injury)
<b>Major Medical Maximum</b>	\$45,000 (For Each Injury)
<b>Plan Deductible</b>	\$0
<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>	100% (Basic) 80% (Major Medical)
<b>Prescription Drugs</b>	\$10 Deductible per prescription for generic drugs/ \$20 Deductible per prescription for brand name/ \$500 maximum Per Policy Year
<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.

### 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. Assistant Surgeon Fees;
2. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
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 Natural Teeth;
5. Elective Surgery or Elective Treatment;
6. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems;
7. Hearing examinations, or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
8. Preventive medicines or vaccines, except where required for treatment of a covered Injury;
9. Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
10. Injury sustained while (a) participating in any club, or intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
11. Investigational services;
12. Voluntary participation in a riot or civil disorder; commission of or attempt to commit a felony;
13. Prescription Drugs, services or supplies as follows:
  - a. Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
  - b. Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
  - c. Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs, except for drugs for the treatment of cancer that have not been approved by the Federal Food and Drug Administration, provided the

drug is recognized for treatment of the specific type of cancer for which the drug has been prescribed in one of the following established reference compendia: (1) The U.S. Pharmacopeia Drug Information Guide for the Health Care Professional (USP DI); (2) The American Medical Association's Drug Evaluations (AMA DE); or (3) The American Society of Hospital Pharmacist's American Hospital Formulary Service Drug Information (AHFS-DI);

- d. Anabolic steroids used for body building; or
  - e. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
14. 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;
  15. Screening exams or testing in the absence of Injury;
  16. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
  17. Sickness or disease in any form; over-exertion; fainting; or hernia, regardless of how caused;
  18. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
  19. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
  20. Supplies, except as specifically provided in the policy;
  21. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and
  22. 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).

**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.**

