

# 2016–2017 Student Injury and Sickness Plan for Wright State University



## Who is eligible to enroll?

Students living in campus housing are required to purchase this plan on a hard waiver basis. International students must enroll in this plan on a hard waiver basis (unless they are granted an exemption from enrollment through the University Center for International Education. Exemptions will only be granted to those international students who have U.S. based insurance coverage through the employer of a spouse or parent). Students registered for six or more semester credit hours, and students who participate in cooperative education and other internship programs sponsored by WSU may purchase this plan on a voluntary basis. 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 Dependent and 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](http://www.uhcsr.com).

## How much does the plan cost?

Rates	Annual 08/29/16 – 08/27/17	Fall 08/29/16 – 01/08/17	Spring 01/09/17 – 05/07/17	Spring/Summer 01/09/17 – 08/27/17	Summer 05/08/2017 – 08/27/2017
Student	\$1,645.00	\$599.00	\$537.00	\$1,041.00	\$504.00
Spouse	\$1,645.00	\$599.00	\$537.00	\$1,041.00	\$504.00
One Child	\$1,645.00	\$599.00	\$537.00	\$1,041.00	\$504.00
Two or More Children	\$3,227.00	\$1,175.00	\$1,053.00	\$2,042.00	\$989.00

**NOTICE:** Please be aware there is Student Health Center referral requirements for further information refer to your brochure.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number # 2016-212-1  
The Policy is a Non-Renewable One-Year Term Policy.

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

**METALLIC VALUE – GOLD with actuarial value of 81.974%**

	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	There is no overall maximum dollar limit on the policy	
<b>Plan Deductible</b>	\$500 Per Insured Person, Per Policy Year \$1,000 For all Insureds in a Family, Per Policy Year	\$1000 Per Insured Person, Per Policy Year \$2,000 For all Insureds in a Family, 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>	\$5,500 Per Insured Person, Per Policy Year \$11,000 For all Insureds in a Family, Per Policy Year	\$10,000 Per Insured Person, Per Policy Year \$22,000 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 Preferred Allowance for Covered Medical Expenses	60% 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.</i>	\$15 Copay for Tier 1 \$30 Copay for Tier 2 \$45 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	60% of Usual and Customary Charges \$15 Deductible for generic drugs \$30 Deductible for brand name drugs Up to a 31-day supply per prescription
<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/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for complete details of the services provided for specific age and risk groups.</i>	100% of Preferred Allowance	60% of Usual and Customary 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. Only one Preferred Provider Copay is due if X-rays and Lab services are rendered in the same visit.</i>	Physician's Visits: \$25 Lab: \$25 X-rays: \$25 Medical Emergency: \$125 will be waived if admitted to the Hospital	Medical Emergency: \$125 will be waived if admitted to the Hospital
<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.	

### 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](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

Also available for Wright State University students is a UnitedHealthcare Insurance Company fully insured Dental and Vision plan. To enroll go to [www.uhcsr.com](http://www.uhcsr.com).

## NurseLine and Student Assistance

Insureds have immediate access to nurse advice, a health information library, and counseling support 24 hours a day by calling the toll-free number listed on their medical ID card. NurseLine is staffed by both English and Spanish speaking Registered Nurses who can provide health information, support, and guidance on when to seek medical care. The Student Assistance Program coordinates services using a network of resources. Services available include financial and legal advice, as well as mediation. Counseling is also available by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into **My Account** at [www.uhcsr.com/MyAccount](http://www.uhcsr.com/MyAccount).

## Exclusions and Limitations:

This Exclusions and Limitations section describes items which are excluded from coverage and are not considered to be Covered Medical Expenses.

**Read the Definitions section and the Schedule of Benefits sections carefully. Refer to the Medical Expense Benefits section for benefit specific limitations.**

No benefits will be paid for services designated as "No Benefits" in the Schedule of Benefits or for procedures, equipment, services, supplies, or charges which the Company determines are not Medically Necessary or do not meet the Company's medical policy, clinical coverage guidelines, or benefit policy guidelines.

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. Cosmetic procedures. Cosmetic procedures are primarily intended to preserve, change, or improve the Insured person's appearance, including surgery or treatments to change the size, shape, or appearance of facial or body features (such as the Insured's skin, nose, eyes, ears, cheeks, chin, chest, or breast).  
This exclusion does not apply to:
  - Benefits specifically provided in the policy for Reconstructive Procedures.
  - Myocardial infarction.
  - Pulmonary embolism.
  - Thrombophlebitis.
  - Exacerbations of co-morbid conditions.
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. Any Dental treatment not specifically provided for in the policy.
5. Elective Surgery or Elective Treatment.
6. Elective abortion. This exclusion does not apply to therapeutic abortions as specified under Maternity Benefits.
7. Examinations related to research screenings.
8. Foot care for the following:
  - Flat foot conditions.
  - Supportive devices for the foot, except custom made orthotic shoe inserts.
  - 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).

9. Health spa or similar facilities. Strengthening programs.
10. Hearing aids or exams to prescribe or fit them.
11. Hypnosis.
12. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
13. Investigational services.
14. Marital counseling.
15. Voluntary participation in a riot or civil disorder. Commission of or attempt to commit a felony.
16. Physical exams and immunizations required for enrollment in any insurance program, as a condition of employment, or for licensing.
17. 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 under Preventive Care Services.
  - 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 for children born small for gestational age.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
18. Reconstructive procedures, except as specifically provided in the policy benefits for Reconstructive Procedures.
19. Reproductive/Infertility services including but not limited to the following:
  - 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.
  - Impotence, organic or otherwise.
  - Reversal of sterilization procedures.
  - Sexual reassignment surgery.
20. When the Policyholder has a Student Health Center, services provided by the Student Health Center for which the Insured Person has no legal obligation to pay.
21. Naturopathic services.
22. Surgical treatment of gynecomastia.
23. Services provided by any governmental unit, unless otherwise required by law or regulation.
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. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the policy benefits for Preventive Care Services.

**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.**

