

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

# 2016–2017 Student Injury and Sickness Plan for University of Utah



## Who is eligible to enroll?

Undergraduate students enrolled for six (6) or more credit hours each semester and graduate students enrolled in three (3) or more credit hours are eligible to enroll in this insurance plan. All full-time degree seeking international students with F1 or J1 visas are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished. Students enrolled in online classes, with a minimum of three (3) credit hours on campus are eligible to enroll in the plan. Eligible graduate students for the University of Utah subsidized graduate plan include research and teaching assistants. Eligible students may also insure their Dependents. Eligible Dependents are the student's spouse and dependent children under 26 years of age.

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

## 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 8/16/16 – 8/15/17	Fall 8/16/16 – 12/31/16	Spring/Summer 1/1/17 – 8/15/17	Summer 5/12/17 – 8/15/17
Student	\$1,847	\$698	\$1,149	\$486
Spouse	\$1,836	\$694	\$1,142	\$483
One Child	\$1,836	\$694	\$1,142	\$483
Two or More Children	\$3,672	\$1,388	\$2,284	\$966
Spouse + 2 or More Children	\$5,508	\$2,082	\$3,426	\$1449

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 2016-2310-1.  
 The Policy is a Non-Renewable One-Year Term Policy.

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

Metallic Level - Gold with actuarial value of 78.530 %

	Preferred Providers	In-Network Providers	Out of Network Providers
<b>Overall Plan Maximum</b>	There is no overall maximum dollar limit on the policy		
<b>Plan Deductible</b>	\$250 per Insured Person, per Policy Year \$500 per Family, per Policy Year	\$500 per Insured Person, per Policy Year \$1,000 per Family, per Policy Year	\$1,000 per Insured Person, per Policy Year \$2,000 per 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 certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$4,000 Per Insured Person, Per Policy Year \$8,000 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 certificate.</i>	80% of Preferred Allowance for Covered Medical Expenses	65% of Preferred Allowance for Covered Medical Expenses	55% of Usual and Customary Charges for Covered Medical Expenses
<b>Prescription Drugs</b>	50% of Preferred Allowance	50% of Preferred Allowance	50% of Usual and Customary Charges
<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	100% of Preferred Allowance	75% 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 certificate for complete listing of Copays/Deductibles.</i>	Preferred Allowance Medical Emergency: \$150 (The Copay will be waived if admitted to the Hospital.)	80% of Preferred Allowance Medical Emergency: \$150 (The Copay will be waived if admitted to the Hospital.)	80% of Usual and Customary Charges Medical Emergency: \$150 (The per visit Deductible will be waived if admitted to the Hospital.)

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

<b>Pediatric Dental and Vision Benefits</b>	Refer to the plan certificate 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.

### In-Network Providers

The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. In-Network Providers can be found using the following link: <http://www.uhcsr.com/lookupredirect.aspx?delsys=01>

### Preferred Providers:

University Health Sciences Center, University Hospital and Primary Children's Medical Center and UnitedHealthcare Options PPO (In-Network).

### 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.

### 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:

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. Biofeedback.
4. Circumcision.
5. 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.
  - Restore bodily function to an abnormal structure of the body caused by a congenital defect or developmental abnormality.

This exclusion does not apply as specifically provided for Benefits for Mastectomy, Breast Surgery, Reconstruction and Prostheses.
6. 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.

7. Dental treatment, except:
  - For accidental Injury to Sound, Natural Teeth.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
8. Elective Surgery or Elective Treatment.
9. Elective abortion.
10. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline. Foot care for the following:
  - Flat foot conditions.
  - Supportive devices for 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.
11. Health spa or similar facilities. Strengthening programs.
12. 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.
13. Hypnosis.
14. 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.
15. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
16. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance or under a no-fault automobile insurance policy.
17. Injury sustained while:
  - Participating in any 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.
18. Investigational services.
19. Lipectomy.
20. Marital or family counseling.
21. Active participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
22. 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.
23. Reproductive/Infertility services including but not limited to the following:
  - 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.
  - Female sterilization procedures, except as specifically provided in the policy.
  - Vasectomy.
  - Reversal of sterilization procedures.

24. 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.
25. 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 lens for the affected eye following corneal transplant surgery and contact lenses for the Medically Necessary treatment of keratoconus.
26. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
27. 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.
28. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
29. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Temporomandibular joint dysfunction. 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.
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. 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 request 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. This exclusion does not apply to benefits specifically provided in the policy.

**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.**



POLICY NUMBER: 2016-2310-1

**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 - 08/31/2016

NOC #1 8/31/2016

**Policy:**

Removed separate OOP Max for Preferred Provider and Out of Network and made one combined OOP Max of \$4,000 (Per Insured Person, Per Policy Year) and \$8,000 (For all Insureds in a Family, Per Policy Year). Now showing as

OOP Maximum \$4,000 (Per Insured Person, Per Policy Year)

OOP Maximum \$8,000 (For all Insureds in a Family, Per Policy Year)

**Brochure:**

Removed separate OOP Max for Preferred Provider and Out of Network and made one combined OOP Max of \$4,000 (Per Insured Person, Per Policy Year) and \$8,000 (For all Insureds in a Family, Per Policy Year). Now showing as

OOP Maximum \$4,000 (Per Insured Person, Per Policy Year)

OOP Maximum \$8,000 (For all Insureds in a Family, Per Policy Year)

**Summary Brochure:**

Removed separate OOP Max for Preferred Provider/In-Network and Out of Network and made one combined OOP Max of \$4,000 (Per Insured Person, Per Policy Year) and \$8,000 (For all Insureds in a Family, Per Policy Year). Now showing as

OOP Maximum \$4,000 (Per Insured Person, Per Policy Year)

OOP Maximum \$8,000 (For all Insureds in a Family, Per Policy Year)