

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

2016–2017 Student Injury and Sickness Plan for University of Florida



Who is eligible to enroll?

Effective July 30, 2014, all newly admitted or re-admitted students who are enrolled at least half-time* in a degree-seeking program are required to purchase this plan unless proof of comparable coverage is provided. All International Students, including ELI, are also required to purchase this plan unless proof of comparable coverage is provided.

All other Domestic Undergraduate Students and Unsupported Graduate Students enrolled in 6 or more credit hours, Unsupported Graduate Students working on a dissertation, visiting Scholar Students and Post Doc Students are eligible to enroll in this insurance Plan. Study Abroad students are eligible to enroll in this insurance Plan.

University of Florida graduate students on an appointment as a pre-doctoral fellow may participate in the plan and have the individual premium paid by UF or supporting grant funds. To be eligible, University of Florida graduate students must be enrolled in a UF graduate degree program, on an appointment through University of Florida, appropriately registered and appointed as a pre-doctoral fellow. In order to ensure that pre-doctoral fellows meet the above eligibility criteria, departments must ensure the following:

The pre-doctoral fellowship appointment must occur via the Letter of Appointment (LOA) process in PeopleSoft, and all Letter of Appointment criteria met. The student receives a stipend as a bi-weekly paycheck from the appropriate UF account. The student receives a tuition waiver from the appropriate UF account

*Half time is defined as 6 eligible credit hours for undergrads and 5 eligible credit hours (3 credit hours during summer) for grad students including for post-candidacy doctoral students. This applies to both Domestic and International students.

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. The Named Insured may also cover a dependent child to the end of the year in which the Dependent reaches age 30 under certain circumstances. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

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/uf.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-800-996-4698 or customerservice@uhcsr.com or Scarborough Company Insurance, Inc. 1-352-377-2002 or www.scarins.com.

How much does the plan cost?

Rates	Annual 8/16/16 – 8/15/17	Fall 8/16/16 – 1/3/17	Spring 1/4/17 – 5/7/17	Spring/Summer 1/4/17 – 8/15/17
Student	\$1,862.00	\$ 719.00	\$ 633.00	\$1,143.00
Spouse	\$1,812.00	\$ 700.00	\$ 616.00	\$1,112.00
One Child	\$1,812.00	\$ 700.00	\$ 616.00	\$1,112.00
Two or More Children	\$3,624.00	\$1,400.00	\$1,232.00	\$2,224.00
Spouse + Two or More Children	\$5,436.00	\$2,100.00	\$1,848.00	\$3,336.00

Rates	Summer 5/8/17 – 8/15/17	Summer 1 6/26/17 – 8/15/17
Student	\$ 510.00	\$ 260.00
Spouse	\$ 496.00	\$ 253.00
One Child	\$ 496.00	\$ 253.00
Two or More Children	\$ 992.00	\$ 506.00
Spouse + Two or More Children	\$1,488.00	\$ 759.00

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 2016-330-2.
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	\$200 per Insured Person, per Policy Year	
Out-of-Pocket Maximum <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>	\$6,350 Per Insured Person, Per Policy Year \$12,700 For all Insureds in a Family, Per Policy Year	\$0
Coinsurance <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	70% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs <i>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.</i>	\$20 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) (Self injectables are covered.) (Prescriptions dispensed at the Student Health Center will have the following per prescription Copays: \$10 for Tier 1 / \$25 for Tier 2.) (A 3 month maintenance supply is available at the Student Health Center.)	No Benefits
Preventive Care Services <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 www.healthcare.gov for complete details of the services provided for specific age and risk groups.</i>	100% of Preferred Allowance	70% of Usual and Customary Charges
The following services have per Service Copays/Deductibles <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays/Deductibles.</i>	Lab: \$25 Medical Emergency: \$100	Lab: \$25 Medical Emergency: \$100
Pediatric Dental and Vision Benefits	Refer to the plan certificate 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. 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. 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.

Healthiest You: National Telehealth Service

Starting on the effective date of your policy, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service. By calling the toll-free number listed on the front of your medical ID card or visiting www.telehealth4students.com, you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor's office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor's office, urgent care facility, or emergency room. As an insured with **StudentResources**, there is no consultation fee for this service.* Every call with a HealthiestYou doctor is covered 100% during your policy period.

This service is meant to compliment your Student Health Center. If possible, we encourage you to visit your SHC first before using this service.

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Not available in Arkansas; limited services in California, Idaho, Iowa, Louisiana, and Texas.

*If you are an Insured under this insurance Plan, and you call prior to the plan effective date, you will be charged a \$40 service fee before being connected to a board-certified physician.

Student Assistance

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA's and Certified Financial Planners offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. 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.

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.
This exclusion does not apply to benefits specifically provided in the policy.
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.
 - Correct deformity caused by birth defects or growth defects.
 - Treat or correct Congenital Conditions of a Newborn or adopted Infant.
6. Dental treatment, except:
 - For accidental Injury to Sound, Natural Teeth.
 - As specifically provided in the Schedule of Benefits.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment, except cosmetic surgery made necessary as the result of a covered Injury or to correct a disorder of a normal bodily function.
8. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.

9. 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.
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.
 - Benefits for Cleft Lip and Cleft Palate.
 - Benefits for Child Health Assurance
 - Benefits for Newborn Infant, Adopted or Foster Child.
11. 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.
12. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
13. Injury or Sickness for which benefits are paid or payable by the prior insurer to the extent of its accrued liability and extension of benefits or benefit period as required by F.S. 627.667.
14. 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.
15. Investigational services.
16. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting, except in self-defense.
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 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.
18. Reproductive/Infertility services for 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.
 - Reversal of sterilization procedures.
 - Sexual reassignment surgery.
19. 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 benefits specifically provided in Benefits for Newborn Infant, Adopted or Foster Child.
 - To benefits specifically provided in Benefits for Child Health Assurance.
 - To benefits specifically provided in the policy.
20. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
21. 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.
22. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
23. 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.
24. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.

25. Sleep disorders.
26. Supplies, except as specifically provided in the policy.
27. Speech therapy, except as specifically provided in Benefits for Cleft Lip and Cleft Palate, or except as specifically provided in the policy.
28. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
29. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
30. 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).
31. 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.





POLICY NUMBER: 2016-330-2

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#1 (7/8/16)

Updated Healthiest You section. Added Student Assistance section.