



**CU
NY**

The City
University
of
New York

2013 – 2014 Student Injury and Sickness Insurance Plan



Open Enrollment

Fall Semester, August 1 through October 31, 2013

www.UHCSR.com/CUNY

2013-202801-1 BENEFIT SUMMARY

IMPORTANT: Please see the notice on the next page concerning student health insurance coverage.

RATES

PERIOD CODES	Monthly	Quarterly
Student	\$ 314.00	\$942.00
Student & Spouse	\$ 816.00	\$2,448.00
Student & All Children	\$ 533.00	\$1,599.00
Student & Family	\$ 1,028.00	\$3,084.00

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.

Eligibility

All registered graduate, undergraduate and international students taking 6 or more credits are eligible to participate in this insurance Plan. The 6 credit hour requirement is not applicable for June, July, or August of 2014.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. The Company maintains its right to investigate Eligibility or student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Notice Regarding Your Student Health Insurance Coverage

Your student health insurance coverage, offered by UnitedHealthcare Insurance Company of New York, may not meet the minimum standards required by the health care reform law for restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions on annual dollar limits for student health insurance coverage are \$500,000 for policy years beginning on or after September 23, 2012 but before January 1, 2014. Your student health insurance coverage puts a policy year limit of \$1,000,000 that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified.

If you have any questions or concerns about this notice, contact Customer Service at 1-800-767-0700. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

Dear Students:

The City University of New York is pleased to announce its new student health insurance program for the 2013-14 academic year. The selection of United Healthcare, the nation's largest health insurer, was completed through a careful proposal evaluation process placing the needs of students as a top priority. **Our new program meets or exceeds all of the requirements of the Affordable Care Act (ACA) including but not limited to:**



- ✓ 100% coverage for ACA required preventive care services when service is received from a Preferred Provider;
- ✓ \$1 million maximum benefit per Insured Person per Policy Year;
- ✓ no pre-existing condition exclusion;
- ✓ copayments for medical office visits, mental health care services, prescription drugs, and diagnostic X-ray and laboratory services;
- ✓ access to a 24-hour nurse and counseling telephone consultation;
- ✓ easy to find participating hospitals and health care providers; and
- ✓ world-wide coverage, including medical evacuation benefits when traveling abroad or away from the New York area.

Please read this brochure carefully for information regarding the exclusions and limitations, the deductible, coinsurance, and maximum annual out-of-pocket expense limitation.

At a monthly cost of \$314.00 for student coverage, most of our students will find the scope of coverage and cost to be an outstanding value compared to coverage available on the forthcoming insurance exchanges, particularly for students who do not qualify for Medicaid or premium subsidies.

If you have questions, please call United Healthcare at **800-767-0700**. Please note that you can enroll on line at www.UHCSR.com/CUNY during the open enrollment periods.

Sincerely yours,

Frank D. Sanchez, Ph.D.

Vice Chancellor for Student Affairs

CUNY-UnitedHealthcare Insurance for International Students

The CUNY-United Healthcare insurance plan meets the Department of State Exchange Visitor Program's mandatory insurance specifications. Both J-1 and F-1 students, and their J-2 and F-2 dependents are eligible to apply for the CUNY-UnitedHealthcare insurance plan.

Important Note: Prior to applying, international students should contact their college's International Student Advisor to discuss their insurance compliance requirements and options. For more information, click on the following link: <http://cuny.edu/about/administration/offices/sa/services/international-students/ISinsurance.html>



Schedule of Medical Expense Benefits Injury and Sickness

	Per Policy Year	
	Per Insured Person	For all Insureds in a Family
Maximum Benefit: Paid as Specified Below	\$1,000,000	
Deductible Preferred Provider:	\$500	\$1,000
Deductible Out-of-Network:	\$700	\$1,500
Coinsurance Preferred Provider: 80% except as noted below		
Coinsurance Out-of-Network: 70% except as noted below		
Out-of-Pocket Maximum Preferred Providers:	\$3,500	\$7,500
Out-of-Pocket Maximum Out-of-Network:	\$5,000	\$10,000

The Policy provides benefits for the Covered Medical Expenses incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Per Policy Year of \$1,000,000. The Preferred Provider for this plan is UnitedHealthcare Options PPO.

If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.

Out-of-Pocket Maximum: After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the policy Maximum Benefit subject to any benefit maximums that may apply. Separate Out-of-Pocket Maximums apply to Preferred Provider and Out-of-Network benefits. The policy Deductible, Copays and per service Deductibles and services that are not Covered Medical Expenses do not count toward meeting the Out-of-Pocket Maximum. Even when the Out-of-Pocket Maximum has been satisfied, the Insured Person will still be responsible for Copays and per service Deductibles.

All benefits maximums are combined Preferred Provider and Out-of-Network, unless otherwise noted below. Benefits are subject to the policy Maximum Benefit unless otherwise specifically stated. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

INPATIENT	Preferred Providers	Out-of-Network Providers
Room and Board Expense , daily semi-private room rate when confined as an Inpatient and general nursing care provided by the Hospital.	80% of PA \$150 Copay per Hospital Confinement	70% of U&C \$150 Deductible per Hospital Confinement
Intensive Care	80% of PA	70% of U&C
Hospital Miscellaneous Expenses , such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	80% of PA	70% of U&C
Routine Newborn Care , as mandated by state of NY. See <i>Benefits for Maternity Expenses in the certificate of coverage for details.</i>	Paid as any other Sickness	
Physiotherapy	80% of PA	70% of U&C
Surgeon's Fees , if two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	80% of PA	70% of U&C
Assistant Surgeon	80% of PA	70% of U&C
Anesthetist , professional services administered in connection with Inpatient surgery.	80% of PA	70% of U&C
Registered Nurse's Services , private duty nursing care.	80% of PA	70% of U&C
Physician's Visits , non-surgical services when confined as an Inpatient. Benefits do not apply when related to surgery.	80% of PA	70% of U&C
Pre-Admission Testing , payable within 3 working days prior to admission.	80% of PA	70% of U&C
OUTPATIENT		
Surgeon's Fees , if two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	80% of PA	70% of U&C
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	80% of PA \$25 Copay per date of service	70% of U&C \$25 Deductible per date of service
Assistant Surgeon	80% of PA	70% of U&C
Anesthetist , professional services administered in connection with outpatient surgery.	80% of PA	70% of U&C



OUTPATIENT	Preferred Providers	Out-of-Network Providers
<p>Physician's Visits, benefits for Physician's Visits do not apply when related to surgery or Physiotherapy. Benefits include surgery, X-rays, laboratory procedures and tests and procedures when performed in the Physician's Office. Benefits include chiropractic care in connection with the detection or correction, by manual or mechanical means, of structural imbalance, distortion or subluxation in the human body for the purpose of removing nerve interference, and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.</p>	<p>100% of PA \$30 Copay per visit <i>(The Policy Deductible does not apply)</i></p>	<p>70% of U&C</p>
<p>Physiotherapy, all chiropractic care is payable under Physician's visits. Physiotherapy includes but is not limited to the following: 1) physical therapy; 2) occupational therapy; 3) cardiac rehabilitation therapy; 4) manipulative treatment; and 5) speech therapy. Speech therapy will be paid only for the treatment of speech, language, voice, communication and auditory processing when the disorder results from Injury, trauma, stroke, surgery, cancer or vocal nodules.</p> <p>Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.</p>	<p>100% of PA \$30 Copay per visit <i>(The Policy Deductible does not apply)</i></p>	<p>70% of U&C</p>
<p>Medical Emergency Expenses, facility charge for use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.</p> <p><i>(The Copay/per visit Deductible will be waived if admitted to the Hospital.)</i></p>	<p>80% of PA \$50 Copay per visit <i>(The Policy Deductible does not apply)</i></p>	<p>80% of U&C \$50 Deductible per visit</p>
<p>Diagnostic X-ray Services</p>	<p>100% of PA <i>(The Policy Deductible does not apply)</i></p>	<p>70% of U&C</p>
<p>Radiation Therapy</p>	<p>80% of PA</p>	<p>70% of U&C</p>
<p>Chemotherapy</p>	<p>80% of PA</p>	<p>70% of U&C</p>

OUTPATIENT	Preferred Providers	Out-of-Network Providers
Laboratory Services	100% of PA <i>(The Policy Deductible does not apply)</i>	70% of U&C
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures. The following therapies will be paid under this benefit: inhalation therapy, infusion therapy, pulmonary therapy and respiratory therapy.	80% of PA	70% of U&C
Injections , when administered in the Physician's office and charged on the Physician's statement.	80% of PA	70% of U&C
<p>Prescription Drugs, benefits for prescription eye drop medications will not be denied for refills based upon any restriction on the number of days before a refill may be obtained; provided that such refill shall, to the extent practicable, be limited in quantity so as not to exceed the remaining dosage initially approved for coverage. The pharmacist may contact the prescribing Physician to verify the prescription.</p> <p><i>(Mail order Prescription Drugs through UHCP at 2 times the retail Copay up to a 90 day supply.)(If a retail UnitedHealthcare Pharmacy offers to accept a price that is comparable to that of mail order pharmacy, then up to a consecutive 90 day supply of a Prescription Drug Product at 2 times the Copay that applies to a 31 day supply per prescription.)</i></p>	UnitedHealthcare Pharmacy (UHCP) \$10 Copay per prescription for Tier 1 \$20 Copay per prescription for Tier 2 \$40 Copay per prescription for Tier 3 up to a 31-day supply per prescription	\$20 Deductible per prescription for generic drugs \$40 Deductible per prescription for brand name up to a 31-day supply per prescription
OTHER		
Ambulance Services	80% of PA	70% of U&C
<p>Durable Medical Equipment, a written prescription must accompany the claim when submitted. Benefits are limited to the initial purchase or one replacement purchase per Policy Year. Durable Medical Equipment includes external prosthetic devices that replace a limb or body part but does not include any device that is fully implanted into the body.</p> <p><i>(\$100 Deductible Per Policy Year) (The \$100 Per Policy Year Deductible is in addition to the policy Deductible.)</i></p>	80% of PA	70% of U&C
Consultant Physician Fees , when requested and approved by the attending Physician.	100% of PA \$30 Copay per visit <i>(The Policy Deductible does not apply)</i>	No Benefits
<p>Dental Treatment, made necessary by Injury to Sound, Natural Teeth only.</p> <p><i>(Benefits are not subject to the \$1,000,000 Maximum Benefit.)</i></p>	80% of UC	80% of U&C
Mental Illness Treatment , as mandated by state of NY. See Benefits for Mental Illness Treatment, Benefits for Biologically Based Mental Illness, and Benefits for Children with Serious Emotional Disturbances in the certificate of coverage for details.	Paid as any other Sickness	



OTHER	Preferred Providers	Out-of-Network Providers
Substance Use Disorder Treatment , as mandated by state of NY. <i>See Benefits for Chemical Dependence (Alcoholism/ Drug Abuse) in the certificate of coverage for details.</i>	Paid as any other Sickness	
Maternity , as mandated by state of NY. <i>See Benefits for Maternity Expenses in the certificate of coverage for details.</i>	Paid as any other Sickness	
Complications of Pregnancy	Paid as any other Sickness	
Elective Abortion , (<i>Elective Abortion benefits are not subject to the \$1,000,000 Maximum Benefit.</i>)	80% of PA	70% of U&C
<p>Preventive Care Services, includes only those medical services that have been demonstrated by clinical evidence to be safe and effective in either the early detection of disease or in the prevention of disease, have been proven to have a beneficial effect on health outcomes and are limited to the following as required under applicable law: 1) Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the <i>United States Preventive Services Task Force</i>; 2) immunizations that have in effect a recommendation from the <i>Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention</i>; 3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the <i>Health Resources and Services Administration</i>; and 4) with respect to women, such additional preventive care and screenings provided for in comprehensive guidelines supported by the <i>Health Resources and Services Administration</i>.</p> <p>No Deductible, Copays or Coinsurance will be applied when the services are received from a Preferred Provider.</p>	100% of PA	No Benefits



OTHER	Preferred Providers	Out-of-Network Providers
<p>Reconstructive Breast Surgery Following Mastectomy, in connection with a covered mastectomy or partial mastectomy as mandated by state of NY. <i>See Benefits for Breast Cancer Treatment in the certificate of coverage for details.</i></p>	Paid as any other Sickness	
<p>Diabetes Services, in connection with the treatment of diabetes as mandated by state of NY. <i>See Benefits for Diabetes Expense in the certificate of coverage for details.</i></p>	Paid as any other Sickness	
<p>Hospice Care, services received from a licensed hospice agency and when recommended by a Physician for an Insured Person that is terminally ill with a life expectancy of six months or less. <i>(Hospice Care benefits are not subject to the \$1,000,000 Maximum Benefit.)</i></p>	80% of PA 180 days maximum <i>(Per Policy Year)</i>	No Benefits
<p>Home Health Care, services received from a licensed home health agency that are ordered by a Physician, provided or supervised by a Registered Nurse in the Insured Person's home, and pursuant to a home health plan. <i>(40 visits maximum (Per Policy Year))</i></p>	80% of PA	70% of U&C
<p>Infertility Service</p>	80% of PA	70% of U&C
<p>Urgent Care Center, facility or clinic fee billed by the Urgent Care Center. All other services rendered during the visit will be paid as specified in the Schedule of Benefits.</p>	100% of PA \$30 Copay per visit <i>(The Policy Deductible does not apply)</i>	70% of U&C
<p>Dental Treatment, benefits paid for removal of impacted wisdom teeth only.</p>	80% of U&C	80% of U&C

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. Cosmetic procedures, except that cosmetic procedures does not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect. It also does not include breast reconstructive surgery after a mastectomy;
2. 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;
3. Dental treatment, except for accidental Injury to Sound, Natural Teeth or due to congenital disease or anomaly;
4. Elective Surgery or Elective Treatment;
5. Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses. Vision correction or other treatment for visual defects and problems; except when due to a covered Injury or disease process or a Medical Necessity;
6. Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet;
7. Hearing aids;
8. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
9. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by mandatory automobile no-fault benefits;
10. Investigational services or experimental treatment, except for experimental or investigational treatment approved by an External Appeal Agent in accordance with Insured Persons Right to an External Appeal. If the External Appeal Agent approves benefits of an experimental or investigational treatment that is part of a clinical trial, this policy will only cover the costs of services required to provide treatment to the Insured according to the design of the trial. The Company shall not be responsible for the cost of investigational drugs or devices, the costs of non-health care services, the cost of managing research, or costs which would not be covered under this policy for non-experimental or non-investigational treatments provided in such clinical trial;
11. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
12. Supplies, except as specifically provided in the policy;
13. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
14. Treatment, service or supply which is not a Medical Necessity, subject to Article 49 of N.Y. Insurance Law; and
15. 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).

This plan is underwritten by UnitedHealthcare Insurance Company of New York and is based on policy 2013-202801-1. Please read the certificate of coverage to determine whether this plan is right for you before you enroll. The certificate of coverage provides details of the coverage, including costs, benefits, exclusions, any reduction or limitations and the terms under which the coverage may remain in force. Copies of the certificate are available from the University or may be viewed and downloaded at www.UHCSR.com.

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