



# 2011-2012

## STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for the Students of



**LOYOLA  
UNIVERSITY  
CHICAGO**

*Preparing people to lead extraordinary lives*





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## **Privacy Policy**

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We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-800-964-4698 or by visiting us at [www.uhcsr.com/LUC](http://www.uhcsr.com/LUC).

## **Eligibility**

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All Undergraduate students enrolled for 12 or more credits; Graduate students enrolled for 8 or more credits (or registered for thesis or dissertation supervision) are automatically enrolled in this insurance Plan at registration, unless proof of comparable coverage is furnished. All other students are eligible to enroll in this insurance Plan.

Students must actively attend classes for at least the first 60 days after the date for which coverage is purchased. Home study, correspondence, Internet and Television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate 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.

Eligible students who do enroll in this Plan may also insure their Dependents. Eligible Dependents are the spouse or Domestic Partner and unmarried children under 19 years of age or 24 years if a full-time student at an accredited institution of higher learning, who are not self supporting. See the Definitions section of the Brochure for the specific requirements needed to meet Domestic Partner eligibility.

Dependent Eligibility expires concurrently with that of the Insured Student.

Alternative Coverage: If you do not meet the eligibility requirements of this student policy, please call 1-800-980-7395 for information on alternative coverage. This information can also be accessed at our web site: <http://www.goldenrulehealth.com/studentresources>.

## **Effective and Termination Dates**

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The Master Policy on file at the school becomes effective 12:01 a.m. August 1, 2011. The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates 11:59 p.m. July 31, 2012. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

If paying premiums by any payment period other than annual, coverage is in effect as follows:

Spring	01/01/2012 to 07/31/2012
Summer	05/01/2012 to 07/31/2012

Refunds of premiums are allowed only upon entry into the armed forces. The Policy is a Non-Renewable One Year Term Policy.

## **Extension of Benefits After Termination**

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The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

## **Pre-admission Notification**

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UMR Care Management should be notified of all Hospital Confinements prior to admission.

1. **PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:**  
The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.
2. **NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:** The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission, or as soon as possible after the patient becomes lucid and able to communicate, to provide notification of any admission due to Medical Emergency.

UMR Care Management is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m. C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

**IMPORTANT:** Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

## Schedule of Medical Expense Benefits

Up To \$500,000 Maximum Lifetime Benefit Paid as Specified Below  
 Preferred Provider Deductible: \$250 (Per Insured Person) (Per Policy Year)  
 Out of Network Deductible: \$450 (Per Insured Person) (Per Policy Year)

The Policy provides benefits for the Usual & Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Lifetime Benefit of \$500,000.

The Preferred Provider for this plan is UnitedHealthcare Choice Plus.

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 on Out-of-Network provider is used.

Out-of-Pocket Maximums Per Policy Year: Preferred Provider is \$3,000 and Out-of-Network is \$6,000. This does not include Deductibles. After the Deductible and Out-of-Pocket maximums have been satisfied, additional Covered Medical Expenses will be paid at 100% up to the Maximum Lifetime Benefit of \$500,000.

The Pre-existing Condition limit will be reduced by the total number of months that there was prior creditable health insurance coverage if there is no more than a 63 day break in coverage prior to the effective date of this student plan. The Pre-existing limitation does not apply to pregnancy.

Needle Stick / Face splash as a result of course work will be paid as any other Injury or Sickness.

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

PA= Preferred Allowance	U&C = Usual and Customary Charges	
INPATIENT	Preferred Providers	Out-of-Network Providers
<b>Room &amp; Board</b> , daily semi-private room rate; and general nursing care provided by the Hospital.	80% of PA	60% of U&C
<b>Intensive Care</b>	80% of PA	60% of U&C
<b>Hospital Miscellaneous Expenses</b> , 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	60% of U&C
<b>Routine Newborn Care</b> , while Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness / 48 hours vaginal / 96 hours cesarean delivery Hospital Confinement expense maximum	
<b>Physiotherapy</b>	80% of PA	60% of U&C

<b>INPATIENT</b>	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<b>Surgeon's Fees</b> , in accordance with data provided by FAIR Health, Inc. 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	60% of U&C
<b>Assistant Surgeon</b>	80% of PA	60% of U&C
<b>Anesthetist</b> , professional services administered in connection with inpatient surgery.	80% of PA	60% of U&C
<b>Registered Nurse's Services</b> , private duty nursing care.	80% of PA	60% of U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.	80% of PA	60% of U&C
<b>Pre-Admission Testing</b> , payable within 3 working days prior to admission.	Paid under Hospital Miscellaneous Expenses	
<b>Psychotherapy</b> , *Serious Mental Illness is limited to 45 days maximum Per Policy Year. Inpatient Mental Illness (other than *Serious Mental Illness) is limited to 30 days maximum Per Policy Year. Benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	80% of PA	60% of U&C
<b>OUTPATIENT</b>		
<b>Surgeon's Fees</b> , in accordance with data provided by FAIR Health, Inc. 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	60% of U&C
<b>Day Surgery Miscellaneous</b> , 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	60% of U&C
<b>Assistant Surgeon</b>	80% of PA	60% of U&C
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	80% of PA	60% of U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy. Benefits include one annual routine physical exam.	80% of PA	60% of U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
<b>Medical Emergency Expenses</b> , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. (Copay/Deductible is in addition to the Policy Deductible and coinsurance. The copay/Deductible is waived if admitted.)	80% of PA / \$100 copay	80% of U&C / \$100 Deductible
<b>Physiotherapy</b> , benefits are limited to one visit per day. Benefit includes Occupational therapy. Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.	80% of PA	60% of U&C
<b>Diagnostic X-ray Services</b>	80% of PA	60% of U&C
<b>Radiation Therapy</b>	80% of PA	60% of U&C
<b>Laboratory Services</b>	80% of PA	60% of U&C
<b>Tests &amp; Procedures</b> , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	80% of PA	60% of U&C
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement. Benefit includes childhood immunizations (as required by law or recommended under the guidelines of the American Academy of Pediatrics) and allergy shots. Benefit Includes adult immunizations limited to Measles, Mumps, Rubella and Hepatitis B. \$20 copay / Deductible is waived if administered in conjunction with a Physician's visit.	80% of PA / \$20 copay per Injection	60% of U&C / \$20 Deductible per Injection
<b>Chemotherapy</b>	80% of PA	60% of U&C
<b>Prescription Drugs</b> , \$3,000 maximum per Insured Person, per Policy Year. Infertility drugs and growth hormones are covered under this benefit. Self injectables are available up to 20% coinsurance per prescription up to a \$200 max copay per prescription. Mail order prescriptions are available through UnitedHealthcare Network Pharmacy with a \$40 copay for Tier 1 / \$80 copay for Tier 2 / and \$120 copay for Tier 3; up to a 90 day supply.	UnitedHealthcare Network Pharmacy \$20 copay per prescription for Tier 1 / \$40 copay per prescription for Tier 2 / \$60 copay per prescription for Tier 3 / up to a 31 day supply per prescription	No Benefits
<b>Psychotherapy</b> , *Serious Mental Illness is limited to a maximum of 60 visits Per Policy Year plus an additional 20 Speech Therapy visits for treatment of pervasive developmental disorders. Outpatient Mental Illness (other than *Serious Mental Illness) is limited to 20 visits maximum Per Policy Year. Benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of a Mental & Nervous Disorder.	80% of PA	60% U&C



<b>OTHER</b>	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<b>Ambulance Services</b>	80% of PA	80% of U&C
<b>Durable Medical Equipment</b> , \$2,000 maximum Per Policy Year. A written prescription must accompany the claim when submitted. Replacement equipment is not covered.	80% of PA	80% of U&C
<b>Consultant Physician Fees</b> , when requested and approved by the attending Physician.	80% of PA	60% of U&C
<b>Dental Treatment</b> , made necessary by Injury to Sound, Natural Teeth and removal of impacted wisdom teeth.	80% of U&C	60% of U&C
<b>Maternity</b> , pregnancy will not be considered a Pre-existing condition.	Paid as any other Sickness	
<b>Alcoholism</b> (inpatient)	Paid as any other Sickness	
<b>Alcoholism</b> , (outpatient) 20 visits maximum Per Policy Year.	Paid as any other Sickness	
<b>Complications of Pregnancy</b>	Paid as any other Sickness	
<b>Drug Abuse</b> , (inpatient) 30 days maximum Per Policy Year.	80% of PA	60% of U&C
<b>Drug Abuse</b> , (outpatient) 20 visits maximum Per Policy Year.	80% of PA	60% of U&C
<b>Home Health Care</b>	80% of PA	60% of U&C
<b>Skilled Nursing Facility</b>	80% of PA	60% of U&C
<b>Hospice Care</b>	80% of PA	60% of U&C
<b>Preventive Care</b> , benefits include an annual pap smear, annual mammogram screening, prostate screening, and colorectal screening. See additional benefits, pages 10-12.	Paid as any other Sickness	
<b>Allowable Non-Surgical Back Treatment</b>	80% of PA	60% of U&C

**“Serious Mental Illness”** means psychiatric illness defined in the most current edition of the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association, including: Schizophrenia; Paranoid and other psychotic disorders; Bipolar disorders (hypomanic, manic, depressive, and mixed); Major depressive disorders (single episode or recurrent); Schizoaffective disorders (bipolar or depressive); Pervasive developmental disorders; Obsessive-compulsive disorders; Depression in childhood and adolescence; and Post-traumatic stress disorders (acute, chronic or with delayed onset).

### **Maximum Lifetime Benefit**

Amounts paid to the Insured under this policy and under all prior year's policies for Injury or Sickness will be considered payments accrued under the Maximum Lifetime Benefit. The Maximum Lifetime Benefit will not exceed an amount determined by subtracting from \$500,000 all amounts paid to the Insured under any student Injury and Sickness policy issued to the University for Injury or Sickness.

## **Preferred Provider Information**

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**“Preferred Providers”** are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in the local school area are UnitedHealthcare Choice Plus.

The availability of specific providers is subject to change without notice. Insured's should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-800-964-4698, by checking the network's website at [www.uhcsr.com/LUC](http://www.uhcsr.com/LUC) and/or by asking the provider when making an appointment for services.

**“Preferred Allowance”** means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

**“Out of Network”** providers have not agreed to any prearranged fee schedules. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

### **Inpatient Hospital Expenses**

**PREFERRED HOSPITALS** - Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at the coinsurance percentages specified in the Schedule of Benefits, up to any limits specified in the Schedule of Benefits. Call 1-800-964-4698 for information about Preferred Hospitals.

**OUT-OF-NETWORK HOSPITALS** - If care is provided at a Hospital that is not a Preferred Provider, eligible inpatient Hospital expenses will be paid according to the benefit limits in the Schedule of Benefits.

### **Outpatient Hospital Expenses**

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits. Insureds are responsible for any amounts that exceed the benefits shown in the Schedule, up to the Preferred Allowance.

### **Professional & Other Expenses**

Benefits for Covered Medical Expenses provided by UnitedHealthcare Choice Plus will be paid at the coinsurance percentages or up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.

## **UnitedHealthcare Network Pharmacy Benefits**

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Benefits are available for outpatient Prescription Drugs on our Prescription Drug List (PDL) when dispensed by a UnitedHealthcare Network Pharmacy. Benefits are subject to supply limits and copayments and/or coinsurance that vary depending on which tier of the PDL the outpatient drug is listed. There are certain Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

You are responsible for paying the applicable copayments and/ or coinsurance. Your copayment/ coinsurance is determined by the tier to which the Prescription Drug Product is assigned on the PDL. Tier status may change periodically and without prior notice to you. Please access [www.uhcsr.com/LUC](http://www.uhcsr.com/LUC) or call 877-417-7345 for the most up-to-date tier status.

\$20 copay per prescription order or refill for a Tier 1 Prescription Drug up to 31 day supply

\$40 copay per prescription order or refill for a Tier 2 Prescription Drug up to 31 day supply

\$60 copay per prescription order or refill for a Tier 3 Prescription Drug up to 31 day supply

20% coinsurance per prescription for self-injectables up to a \$200 maximum copay per prescription order or refill up to a 31 day supply.

Mail order Prescription Drugs are available at 2 times the retail copay up to a 90 day supply.

**Your maximum allowed benefit is \$3,000 per Policy Year.**

Please present your ID card to the network pharmacy when the prescription is filled. If you do not use a network pharmacy, you will be responsible for payment of the full cost for the prescription.

If you do not present the card, you will need to pay for the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please visit [www.uhcsr.com/LUC](http://www.uhcsr.com/LUC) and log in to your online account or call 877-417-7345.

### **Additional Exclusions:**

In addition to the policy Exclusions and Limitations, the following Exclusions apply to Network Pharmacy Benefits:

1. Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.
2. Experimental or Investigational Services or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by the Company to be experimental, investigational or unproven.
3. Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a Prescription Order or Refill. Compounded drugs that are available as a similar commercially available Prescription Drug Product. Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill are assigned to Tier-3.
4. Drugs available over-the-counter that do not require a Prescription Order or Refill by federal or state law before being dispensed, unless the Company has designated the over-the-counter medication as eligible for coverage as if it were a Prescription Drug Product and it is obtained with a Prescription Order or Refill from a Physician. Prescription Drug Products that are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent. Certain Prescription Drug Products that the Company has determined are Therapeutically Equivalent to an over-the-counter drug. Such determinations may be made up to six times during a calendar year, and the Company may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.

5. Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, even when used for the treatment of Sickness or Injury.

**Definitions:**

**Prescription Drug or Prescription Drug Product** means a medication, product or device that has been approved by the U.S. Food and Drug Administration and that can, under federal or state law, be dispensed only pursuant to a Prescription Order or Refill. A Prescription Drug Product includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. For the purpose of the benefits under the policy, this definition includes insulin.

**Prescription Drug List** means a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration. This list is subject to the Company's periodic review and modification (generally quarterly, but no more than six times per calendar year). The Insured may determine to which tier a particular Prescription Drug Product has been assigned through the Internet at [www.uhcsr.com/LUC](http://www.uhcsr.com/LUC) or call Customer Service at 1-877-417-7345.

**Maternity Testing**

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This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered if all other policy provisions have been met: **Initial screening at first visit** – Pregnancy test: Urine human chorionic gonatropin (HCG), Asymptomatic bacteriuria: Urine culture, Blood type and Rh antibody, Rubella, Pregnancy-associated plasma protein-A (PAPPA) (first trimester only), Free beta human chorionic gonadotrophin (hCG) (first trimester only), Hepatitis B: HBsAg, Pap smear, Gonorrhea: Gc culture, Chlamydia: chlamydia culture, Syphilis: RPR, HIV: HIV-ab; and Coombs test; **Each visit** – Urine analysis; **Once every trimester** – Hematocrit and Hemoglobin; Once during first trimester – Ultrasound; **Once during second trimester** – Ultrasound (anatomy scan); Triple Alpha-fetoprotein (AFP), Estriol, hCG or Quad screen test Alpha-fetoprotein (AFP), Estriol, hCG, inhibin-a; **Once during second trimester if age 35 or over** - Amniocentesis or Chorionic villus sampling (CVS); **Once during second or third trimester** – 50g Glucola (blood glucose 1 hour postprandial); and **Once during third trimester** - Group B Strep Culture. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-964-4698.

**Accidental Death and Dismemberment Benefits**

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**Loss of Life, Limb or Sight**

If such Injury shall independent of disease or bodily infirmity and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below. Payment under this benefit will not exceed the policy Maximum Benefit.

**For Loss Of:**

Life	\$10,000
Two or More Members	\$10,000
One Member	\$ 5,000
Thumb or Index Finger	\$ 2,500

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

## **Excess Provision**

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No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectible insurance.

However, this Excess Provision will not be applied to the first \$100 of medical expenses incurred.

Covered Medical Expenses exclude amounts not covered by the primary carrier due to penalties imposed as a result of the Insured's failure to comply with policy provisions or requirements.

**IMPORTANT:** The Excess Provision has no practical application if you do not have other medical insurance or if your other group insurance does not cover the loss.

## **Continuation Privilege**

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All Insured Persons who have been continuously insured under the school's regular student Policy for at least 6 consecutive months and who no longer meet the Eligibility requirements under that Policy are eligible to continue their coverage for a period of not more than six months under the school's policy in effect at the time of such continuation. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that policy year.

Application must be made and premium must be paid directly to UnitedHealthcare **StudentResources** and be received within 31 days after the expiration date of your student coverage. For further information on the Continuation privilege, please contact UnitedHealthcare **StudentResources**.

## **Benefits for Mammography**

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Benefits will be paid the same as any other Sickness for screening by Low-dose Mammography for the presence of occult breast cancer according to the following guidelines:

1. A baseline mammogram for women thirty-five to thirty-nine years of age.
2. An annual mammogram for women forty years of age or older.
3. A mammogram at the age and intervals considered medically necessary by the woman's Physician for women under 40 years of age and having a family history of breast cancer or other risk factors.

**"Low-dose mammography"** means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, and image receptor, with radiation exposure delivery of less than one rad per breast for 2 views of an average size breast.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

## **Benefits for Mastectomy, Prosthetic Device & Reconstructive Surgery**

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Benefits will be paid the same as any other Sickness for the surgical procedure known as a mastectomy and the prosthetic device or reconstructive surgery incident to the mastectomy.

Benefits for breast reconstruction in connection with a mastectomy shall include:

1. Reconstruction of the breast upon which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prosthesis and treatment for physical complications at all stages of mastectomy, including lymphedemas.

When a mastectomy is performed and there is no evidence of malignancy, benefits will be limited to the cost of the prosthesis or reconstructive surgery to within 2 years after the date of the mastectomy. Benefits for the prosthetic device and reconstructive surgery shall be subject to the Deductible and coinsurance provisions applied to the mastectomy and all other terms and conditions applicable to other benefits under the policy.

**"Mastectomy"** means the removal of all or part of the breast for medically necessary reasons as determined by a licensed Physician.

## **Benefits for Cervical Cancer Screening Test**

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Benefits will be paid the same as any other Sickness for an annual cervical smear or pap smear test and annual Surveillance Tests for ovarian cancer for female Insureds who are At Risk for Ovarian Cancer.

Surveillance Tests for ovarian cancer means annual screening using (1) CA-125 serum tumor marker testing, (2) transvaginal ultrasound, and (3) pelvic examination.

At Risk for Ovarian Cancer means: 1) having a family history (i) with one or more first-degree relatives with ovarian cancer, (ii) of clusters of women relatives with breast cancer, or (iii) of nonpolyposis colorectal cancer, or 2) testing positive for BRCA1 or BRCA2 mutations.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

## **Benefits for Prostate Cancer Screening**

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Benefits will be paid the same as any other Sickness for an annual digital rectal examination and a prostate-specific antigen test upon the recommendation of a licensed Physician for asymptomatic men age 50 and over; African-American men age 40 and over; and men age 40 and over with a family history of prostate cancer.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **Benefits for Colorectal Cancer Tests**

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Benefits will be paid the same as any other Sickness for colorectal cancer examinations and laboratory tests for colorectal cancer as prescribed by a Physician, in accordance with the published American Cancer Society guidelines on colorectal cancer screening or other existing colorectal cancer screening guidelines issued by nationally recognized professional medical societies or federal government agencies, including the National Cancer Institute, the Centers for Disease Control and Prevention, and the American College of Gastroenterology.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **Benefits for Dental Care Services**

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Benefits will be paid the same as any other Sickness for anesthetics and associated Hospital or ambulatory facility charges provided in conjunction with dental care for:

1. a child age 6 or under;
2. an individual with a medical condition that requires hospitalization or general anesthesia for dental care; or
3. an individual who is disabled.

This benefit does not cover charges for the dental care itself, only the charges for the anesthesia and associated Hospital or ambulatory facility charges.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **Benefits for Bone Mass Measurement/Osteoporosis**

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Benefits will be paid the same as any other Sickness for medically necessary bone mass measurement and for the diagnosis and treatment of osteoporosis.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

## **Benefits for Diabetes**

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Benefits will be paid as specified below for an Insured Person with type 1, type 2 or gestational diabetes mellitus for Medically Necessary equipment, supplies, foot care exams, and Diabetes Self-Management Training including medical nutrition therapy when prescribed by a Physician.

### **Diabetes Self-Management Training:**

Diabetes Self-Management Training means instruction in an outpatient setting which enables a diabetic patient to understand the diabetic management process and daily management of diabetic therapy as a means of avoiding frequent hospitalization and complications. Diabetes Self-Management Training includes the content areas listed in the National Standards for Diabetes Self-Management Education Programs as published by the American Diabetes Association, including medical nutrition therapy, which shall have the same meaning ascribed to "medical nutrition care" in the Dietetic and Nutrition Services Practices Act.

Diabetes Self-Management Training, including nutrition education, may be provided as a part of an office visit, group setting or home visit as authorized by the Insured's Physician.

Benefits are limited to the following:

- 1) Up to 3 medically necessary visits to a Physician with expertise in diabetes management upon initial diagnosis of diabetes by the Insured's Physician.
- 2) Up to 2 medically necessary visits to a Physician with expertise in diabetes management upon a determination by an Insured's Physician that a significant change in the Insured's symptoms or medical condition has occurred. A "significant change" means symptomatic hyperglycemia (greater than 250 mg/dl on repeated occasions), severe hypoglycemia (requiring assistance of another person), onset or progression of diabetes, or a significant change in medical condition that would require a significantly different treatment regimen.

**Foot Care Exams:** Benefits will be paid the same as any other Sickness for regular foot care exams by a Physician.

**Durable Medical Equipment:** If the policy provides benefits for Durable Medical Equipment, benefits will be paid the same as any other Sickness for the following medically necessary equipment when prescribed by the Insured's Physician:

- 1) blood glucose monitors;
- 2) blood glucose monitors for the legally blind;
- 3) cartridges for the legally blind; and
- 4) lancets and lancing devices.

**Pharmaceuticals and Supplies:** If the policy provides benefits for Prescription Drugs, benefits will be paid the same as any other Sickness for the following medically necessary pharmaceuticals and supplies when prescribed by the Insured's Physician:

- 1) insulin;
- 2) syringes and needles;
- 3) test strips for glucose monitors;
- 4) FDA approved oral agents used to control blood sugar; and
- 5) Glucagons emergency kits.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.



## **Definitions**

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**Domestic Partner** means a person who is neither married nor related by blood or marriage to the Named Insured but who is: 1) the Named Insured's sole spousal equivalent; 2) lives together with the Named Insured in the same residence and intends to do so indefinitely; and 3) is responsible with the Named Insured for each other's welfare. A domestic partner relationship may be demonstrated by any three of the following types of documentation: 1) a joint mortgage or lease; 2) designation of the domestic partner as beneficiary for life insurance; 3) designation of the domestic partner as primary beneficiary in the Named Insured's will; 4) domestic partnership agreement; 5) powers of attorney for property and/or health care; and 6) joint ownership of either a motor vehicle, checking account or credit account.

**Injury** means bodily injury which is: 1) the direct cause of loss, independent of disease cause of loss, independent of disease or bodily infirmity; 2) a source of loss; 3) treated by a Physician within 30 days after the date of accident; and 4) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

**Pre-existing Condition** means any condition which is diagnosed, treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under the policy.

**Sickness** means sickness or disease of the Insured Person which causes loss, and first manifests itself while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.

**Usual and Customary Charges** means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the policy holder. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges. The definition of Usual and Customary Charges does not apply to charges made by Preferred Providers.

## **Exclusions and Limitations**

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No benefits will be paid for: a) loss or expense caused by or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Acne; acupuncture; allergy, including allergy testing; except as specifically provided in the policy;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy;
4. Biofeedback;
5. Chronic pain disorders;
6. Circumcision; except if medically necessary due to injury, illness, disease or functional congenital disorder;
7. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
8. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children;
9. Dental treatment, except as specifically provided in the Schedule of Benefits;
10. Elective Surgery or Elective Treatment;
11. Elective abortion;
12. 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; except when due to a disease process;
13. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
14. Health spa or similar facilities; strengthening programs;
15. 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;
16. Hirsutism; alopecia;
17. Hypnosis;
18. 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;
19. Injury caused by or resulting from the addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician; Intoxication is defined and determined by the laws of the state where the loss or cause of the loss was incurred;
20. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
21. Injury sustained while (a) participating in any interscholastic, 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;

22. Investigational services;
23. Liposuction;
24. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
25. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months; The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy;
26. Prescription Drugs, services or supplies as follows; except as specifically provided in the policy:
  - 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;
  - d) Products used for cosmetic purposes;
  - e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
  - f) Anorectics - drugs used for the purpose of weight control;
  - g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
  - h) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
27. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (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; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
28. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
29. Preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
30. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
31. 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 chronic purulent sinusitis;
32. Sleep disorders;
33. Speech therapy, except when a Medical Necessity due to Injury or Sickness; naturopathic services;
34. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
35. Supplies, except as specifically provided in the policy;

36. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
37. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
38. 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); and
39. Weight management, weight reduction, nutrition programs, treatment for obesity, (except surgery for morbid obesity), surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia, Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

### **Collegiate Assistance Program**

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Insured Students have access to nurse advice, health information, and counseling support 24 hours a day, 7 days a week by dialing the number located on the permanent ID card. Collegiate Assistance Program is staffed by Registered Nurses and Licensed Clinicians who can help students determine if they need to seek medical care, need legal/financial advice or may need to talk to someone about everyday issues that can be overwhelming.

### **Disclosure of Limited Benefit**

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#### **WARNING, LIMITED BENEFITS WILL BE PAID WHEN NON-PARTICIPATING PROVIDERS ARE USED.**

You should be aware that when you elect to utilize the services of a non-participating provider for a covered service in non-emergency situations, benefit payments to such non-participating provider are not based upon the amount billed. The basis of your benefit payment will be determined according to your policy's fee schedule, usual and customary charge (which is determined by comparing charges for similar services adjusted to the geographical area where the services are performed), or other method as defined by the policy.

#### **YOU CAN EXPECT TO PAY MORE THAN THE COINSURANCE AMOUNT DEFINED IN THE POLICY AFTER THE PLAN HAS PAID ITS REQUIRED PORTION.**

Non-participating providers may bill members for any amount up to the billed charge after the plan has paid its portion of the bill. Participating providers have agreed to accept discounted payments for services with no additional billing to the member other than co-insurance and deductible amounts. You may obtain further information about the participating status of professional providers and information on out-of-pocket expenses by calling the toll free telephone number on your identification card.

### **Online Access to Account Information**

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UnitedHealthcare **StudentResources** insureds have online access to claims status, Explanation of Benefits, correspondence and coverage information via My Account at [www.uhcsr.com/LUC](http://www.uhcsr.com/LUC). Insureds can also print a temporary ID card, request a replacement ID card and locate network providers from My Account.

If you don't already have an online account, simply select the "Create an Account" link from the home page at [www.uhcsr.com/LUC](http://www.uhcsr.com/LUC). Follow the simple, onscreen directions to establish an online account in minutes. Note that you will need your 7-digit insurance ID number to create an online account. If you already have an online account, just log in from [www.uhcsr.com/LUC](http://www.uhcsr.com/LUC) to access your account information.

## **Scholastic Emergency Services: Global Emergency Medical Assistance**

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If you are a student insured with this insurance plan, you and your insured spouse or Domestic Partner and minor child(ren) are eligible for Scholastic Emergency Services (SES). The requirements to receive these services are as follows:

International Students, insured spouse or Domestic Partner and insured minor child(ren): You are eligible to receive SES worldwide, except in your home country.

Domestic Students, insured spouse or Domestic Partner and insured minor child(ren): You are eligible for SES when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

SES includes Emergency Medical Evacuation and Return of Mortal Remains that meet the US State Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All SES services must be arranged and provided by SES, Inc.; any services not arranged by SES, Inc. will not be considered for payment.

### **Key Services include:**

- \* Medical Consultation, Evaluation and Referrals
- \* Foreign Hospital Admission Guarantee
- \* Emergency Medical Evacuation
- \* Medically Supervised Repatriation
- \* Emergency Counseling Services
- \* Lost Luggage or Document Assistance
- \* Care for Minor Children Left Unattended Due to a Medical Incident
- \* Prescription Assistance
- \* Critical Care Monitoring
- \* Return of Mortal Remains
- \* Transportation to Join Patient
- \* Interpreter and Legal Referrals

Please visit your school's insurance coverage page at [www.uhcsr.com/LUC](http://www.uhcsr.com/LUC) for the SES Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations.

### **To access services please call:**

**(877) 488-9833** Toll-free within the United States

**(609) 452-8570** Collect outside the United States

Services are also accessible via e-mail at [medservices@assistamerica.com](mailto:medservices@assistamerica.com).

When calling the SES Operations Center, please be prepared to provide:

1. Caller's name, telephone and (if possible) fax number, and relationship to the patient;
2. Patient's name, age, sex, and Reference Number;
3. Description of the patient's condition;
4. Name, location, and telephone number of hospital, if applicable;
5. Name and telephone number of the attending physician; and
6. Information of where the physician can be immediately reached.

SES is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by SES, Inc. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES brochure or Program Guide at [www.uhcsr.com/LUC](http://www.uhcsr.com/LUC) for additional information, including limitations and exclusions pertaining to the SES program.

## **Claim Procedure**

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In the event of Injury or Sickness, students should:

- 1) Report to their Physician or Hospital.
- 2) Mail to the address below all medical and hospital bills along with the patient's name and Insured student's name, address, Student School ID number and name of the school under which the student is insured. A Company claim form is not required for filing a claim.
- 3) File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

**The Plan is Underwritten by:  
UnitedHealthcare Insurance Company**

***Submit all Claims or Customer Services Inquiries to:***

UnitedHealthcare **Student**Resources  
P.O. Box 809025  
Dallas, Texas 75380-9025  
1-800-964-4698  
[customerservice@uhcsr.com](mailto:customerservice@uhcsr.com)  
[claims@uhcsr.com](mailto:claims@uhcsr.com)

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control the payment of benefits.

***This Brochure is based on Policy Number: 2011-1291-1***

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