

# 2011 - 2012

## STUDENT INJURY AND SICKNESS INSURANCE PLAN



Designed Especially for Graduate Teaching Assistants, Graduate Research Assistants and Graduate Assistants Attending:

Emporia State University

[www.uhcsr.com/emporia](http://www.uhcsr.com/emporia)

Kansas State University

[www.uhcsr.com/k-state](http://www.uhcsr.com/k-state)

Pittsburg State University

[www.uhcsr.com/pittstate](http://www.uhcsr.com/pittstate)

University of Kansas

[www.uhcsr.com/ku](http://www.uhcsr.com/ku)

University of Kansas Medical Center

[www.uhcsr.com/kumc](http://www.uhcsr.com/kumc)

Wichita State University

[www.uhcsr.com/wichita](http://www.uhcsr.com/wichita)



Dear Student:

The Kansas Board of Regents (KBOR) in cooperation with the Regents Institutions of the State of Kansas, is pleased to offer to students and their dependents, a Blanket Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company and administered by UnitedHealthcare **StudentResources**.

Preferred Providers are members of the UnitedHealthcare Choice Plus Network. Additionally, for Pittsburg State University students, Mount Carmel Regional Medical Center is a Preferred Provider. These providers offer you superior access to a choice of qualified physicians, hospitals, and Preferred Provider network programs nationwide, while reducing the costs of your medical care with rates that are usually much lower than normal charges.

If you choose to seek treatment from an out-of-network provider, your benefits may be reduced.

Participation in this program is voluntary; however, we encourage you to carefully read the entire booklet to familiarize yourself with the available plan and benefits. Any questions about this plan should be directed to UnitedHealthcare **StudentResources** at 1-888-344-6104.

### **Student Health Center Information**

This student health insurance plan is designed to coordinate with the services provided by the Student Health Center for students. Please check with your university's health center to determine whether spouses and/or dependent children are eligible to use the health center. The Student Health Center acts as a Gatekeeper for the plan and can evaluate your condition and provide treatment or a referral to a specialist as necessary. The Student Health Center is staffed with professionals that are familiar with the unique needs of students and can meet most of the health care needs the student may have. Check to see what hours and what services are available. The treatment provided by the Student Health Center is of high quality and is cost efficient for the patient.

When possible, it is recommended that you go to your Student Health Center when seeking treatment.

Emporia State University	<a href="http://www.emporia.edu/shc/">www.emporia.edu/shc/</a>	620-341-5223
Kansas State University	<a href="http://www.k-state.edu/lafene/">www.k-state.edu/lafene/</a>	785-532-6544
Pittsburg State University	<a href="http://www.pittstate.edu/health/">www.pittstate.edu/health/</a>	620-235-4452
University of Kansas	<a href="http://www.studenthealth.ku.edu/">www.studenthealth.ku.edu/</a>	785-864-9500
University of Kansas Medical Center	<a href="http://www.kumc.edu/studentcenter/health.html">www.kumc.edu/studentcenter/health.html</a>	913-588-1941
Wichita State University	<a href="http://www.wichita.edu/shs">www.wichita.edu/shs</a>	316-978-3620

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## **Eligibility and How To Enroll**

Each student who is a graduate teaching assistant, graduate research assistant or graduate assistant holding a 50% appointment is eligible for an employer contribution toward the cost of coverage. The reduced premium rates for the graduate teaching, graduate research assistants and graduate assistants program reflects the cost to the student after the employer contribution has been made. **To enroll go to [www.uhcsr.com/kbor](http://www.uhcsr.com/kbor), select your university, click Enroll Now and follow the instructions, as applications are now submitted online. For WSU students only: Complete the enrollment form and return it to the designated university contact. Your premium will be added to your student fee bill.** After August 1, brochures can be picked up at your Graduate Office, Human Resources Department or Student Health Center. If you do not hold a qualifying 50% GTA, GRA and/or GA appointment, you may be eligible for other student insurance coverage. Information is available at the student health centers or online at [www.uhcsr.com/kbor](http://www.uhcsr.com/kbor).

Please read the following carefully to understand your opportunities with respect to enrollment.

On or before August 1, brochures can be picked up at your Graduate Office, Human Resources Department or Student Health Center. Eligibility is verified by the university once the first step of the online application process is completed. **For WSU students only:** Eligibility will be verified prior to applications and premiums being sent to UnitedHealthcare StudentResources.

All applications with correct premium payments received within 31 days of the period effective date will be effective the first day of the period. For example: Applications and premium payments received August 1-August 31, 2011, will receive an effective date of August 1, 2011. For all other applications received outside of the open enrollment period, coverage will be effective the date the correct premium is received by the Company or representative of the Company or the effective date of the coverage period, whichever is later.

Eligibility to participate as a GTA/GRA/GA is determined by the university. Many unique situations may occur throughout the academic year related to enrollment as well as movement between the GTA/GRA/GA plan and the voluntary student health insurance program. See the designated contact for your university for assistance.

GTA/GRA/GA's with F-1 and J-1 visas are required to participate in this plan unless proof of other insurance is provided. The premium for coverage will be added to the tuition billing of those International Students attending Kansas University and Pittsburg State who do not show proof of comparable coverage and are required to participate in this plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, internet classes, 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 may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student. Dependent coverage must be applied for by completing the online application (and for WSU students, filling out the enrollment card) and by paying the required premium. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student. Dependents that are not in the country at the time the student enrolls will be eligible to be enrolled in coverage within 30 days of entering the country.

## **Effective and Termination Dates**

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The Master Policy on file at the Kansas Board of Regents (KBOR) becomes effective 12:01 a.m., August 1, 2011. 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, except as specified in the How to Enroll section. 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. The Master Policy can be viewed at [www.kansasregents.org](http://www.kansasregents.org).

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

**Refunds of premiums are allowed only upon entry into the armed forces. This 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 30 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 to provide the notification of any admission due to Medical Emergency.

**IMPORTANT: Pre-Admission Notification is not a guarantee or Pre-Certification that specific benefits will be paid. All provisions and exclusions in this policy apply to any services received, regardless of Medical Necessity.**

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.

**Student Benefits**  
**Schedule of Medical Expense Benefits**  
**Up To \$100,000 Maximum Benefit Paid as**  
**Specified Below (For Each Injury or Sickness, Per Policy Year)**  
**Student Deductible \$250 (Per Policy Year)**

For information about exclusions and limitations, including Pre-existing Conditions, please refer to information on page 20. The policy provides benefits for the Covered Medical Expenses incurred for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$100,000 for each Injury or Sickness, Per Policy Year.

If care is received from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider 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.

After the Deductible of \$250 has been satisfied, benefits will be paid for the Covered Medical Expenses as noted below, up to the \$100,000 Maximum Benefit for each Injury or Sickness, Per Policy Year.

Usual and Customary Charges will be calculated based on the 80th percentile of FAIR Health, Inc.

The Deductible will be waived and benefits paid at 100% for treatment rendered for Covered Medical Expenses at the Student Health Center. A \$5 copay will apply for all lab procedures and X-Rays (except as noted below) at the Student Health Center. The outpatient Prescription Drug Per Policy Year benefit of \$1,000 also applies at the Student Health Center.

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 & Customary Charges		
INPATIENT	Preferred Providers	Out-of-Network Providers
<b>Room &amp; Board</b> , daily semi-private room rate; general nursing care provided by the Hospital.	80% of PA	60% of U&C
<b>Hospital Miscellaneous Expense</b> , such as the cost of the operating room, laboratory tests, including pap smears, x-ray examinations, including mammograms, 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>Intensive Care</b>	Paid under Room & Board	
<b>Routine Newborn Care</b> , 4 days Hospital Confinement expense maximum. While Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness	
<b>Physiotherapy</b>	Paid under Hospital Miscellaneous	

INPATIENT	Preferred Providers	Out-of-Network Providers
<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.	80% of PA	60% of U&C
OUTPATIENT		
<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.	80% of PA	60% of U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
<p><b>Medical Emergency, \$100 copay / Deductible per visit.</b> This is in addition to the Policy Deductible. The \$100 copay/Deductible will be waived if admitted to the Hospital. Use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.</p>	80% of PA / \$100 copay per visit	60% of U&C/ \$100 Deductible per visit
<p><b>Diagnostic X-ray,</b> includes Mammograms. <i>Benefits are payable at 100% for a chest x-ray as a result of a positive TB test required by the school, not subject to the Deductible, \$5 copay or Pre-existing Condition limitation.</i></p>	80% of PA	60% of U&C
<p><b>Laboratory Services</b></p>	80% of PA	60% of U&C
<p><b>Injections,</b> when administered in the Physician's office and charged on the Physician's statement.</p>	80% of PA	60% of U&C
<p><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. Benefits provided for a TB test required by the school is payable at 100% and is not subject to the Deductible, \$5 copay or Pre-existing Condition limitation.</p>	80% of PA	60% of U&C
<p><b>Chemotherapy &amp; Radiation Therapy</b></p>	80% of PA	60% of U&C
<p><b>Physiotherapy, \$1,000 maximum Per Policy Year.</b> No maximum when following surgery or Hospital Confinement. Benefits are limited to one visit per day.</p>	80% of PA	60% of U&C
<p><b>Prescription Drugs, \$1,000 maximum Per Policy Year.</b>  Student Health Center: \$5 copay per prescription for generic prescriptions/30% coinsurance for brand name prescriptions  <b>UnitedHealthcare Network Pharmacy:</b> \$15 copay per prescription for Tier 1/30% coinsurance for Tier 2. Up to a 31 day supply per prescription.  Prescriptions must be filled at the SHC or a UnitedHealthcare Network participating pharmacy. Birth control means dispensed at the SHC are covered up to \$15/month. This monthly coverage can be aggregated for means that provide protection for more than 31 days such as Depo Provera. The Deductible does not apply.</p>	See page 11 for details	No Benefits. Prescriptions must be filled at the <b>Student Health Center</b> or a <b>UnitedHealthcare participating pharmacy.</b>

OTHER	Preferred Providers	Out-of-Network Providers
<b>Ambulance Services</b>	80% of PA	60% of U&C
<b>Durable Medical Equipment</b> , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	80% of PA	60% of U&C
<b>Dental Treatment</b> , made necessary by Injury to Sound, Natural teeth.	80% of U&C	60% of U&C
<b>Consultant Physician Fees</b> , when requested and approved by the attending physician.	80% of PA	60% of U&C
<b>Maternity and Complications of Pregnancy</b>	Paid as any other Sickness	
<b>Repatriation/Medical Evacuation</b>	Benefits provided by Scholastic Emergency Services	

**Dependent Benefits  
Schedule of Medical Expense Benefits  
Up To \$100,000 Maximum Benefit Paid as  
Specified Below (For Each Injury or Sickness, Per Policy Year)  
Dependent Deductible \$500 (Per Policy Year) (Per Insured Person)**

For information about exclusions and limitations, including Pre-existing Conditions, please refer to information on page 20. The Policy provides benefits for the Covered Medical Expenses incurred for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$100,000 for each Injury or Sickness, Per Policy Year.

If care is received from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider 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.

After the Deductible of \$500 has been satisfied, benefits will be paid for the Covered Medical Expenses as noted below, up to the \$100,000 Maximum Benefit for each Injury or Sickness, Per Policy Year.

Usual and Customary Charges will be calculated based on the 80th percentile of FAIR Health, Inc.

The Deductible will be waived and benefits paid at 100% for treatment rendered for Covered Medical Expenses at the Student Health Center. A \$5 copay will apply for all lab procedures and X-Rays (except as noted below) at the Student Health Center. The outpatient Prescription Drug Per Policy Year benefit of \$1,000 also applies at the Student Health Center. (See Student Health Center Information at the beginning of this booklet regarding spouses and children.)

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 & Customary Charges

INPATIENT	Preferred Providers	Out-of-Network Providers
<b>Room &amp; Board</b> , daily semi-private room rate; general nursing care provided by the Hospital.	70% of PA	50% of U&C
<b>Hospital Miscellaneous Expense</b> , such as the cost of the operating room, laboratory tests, including pap smears, x-ray examinations, including mammograms, 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.	70% of PA	50% of U&C
<b>Intensive Care</b>	Paid under Room & Board	
<b>Routine Newborn Care</b> , 4 days Hospital Confinement expense maximum. While Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness	
<b>Physiotherapy</b>	Paid under Hospital Miscellaneous	

<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.	70% of PA	50% of U&C
<b>Assistant Surgeon</b>	70% of PA	50% of U&C
<b>Anesthetist</b> , professional services administered in connection with inpatient surgery.	70% of PA	50% of U&C
<b>Registered Nurse's Services</b> , private duty nursing care.	70% of PA	50% of U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.	70% of PA	50% of U&C
<b>Pre-Admission Testing</b> , payable within 3 working days prior to admission.	70% of PA	50% 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.	70% of PA	50% 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.	70% of PA	50% of U&C
<b>Assistant Surgeon</b>	70% of PA	50% of U&C
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	70% of PA	50% 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.	70% of PA	50% of U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
<b>Medical Emergency</b> , \$100 copay / Deductible per visit. This is in addition to the Policy Deductible. <i>The \$100 copay/Deductible will be waived if admitted to the Hospital.</i> Use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	70% of PA / \$100 copay per visit	50% of U&C/ \$100 Deductible per visit
<b>Diagnostic X-ray</b> , includes Mammograms. <i>Benefits are payable at 100% for a chest x-ray as a result of a positive TB test required by the school, not subject to the Deductible, \$5 copay or Pre-existing Condition limitation.</i>	70% of PA	50% of U&C
<b>Laboratory Services</b>	70% of PA	50% of U&C
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement.	70% of PA	50% 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. <i>Benefits provided for a TB test required by the school is payable at 100% and is not subject to the Deductible, \$5 copay or Pre-existing Condition limitation.</i>	70% of PA	50% of U&C
<b>Chemotherapy &amp; Radiation Therapy</b>	70% of PA	50% of U&C
<b>Physiotherapy</b> , \$1,000 maximum Per Policy Year. No maximum when following surgery or Hospital Confinement. Benefits are limited to one visit per day.	70% of PA	50% of U&C
<b>Prescription Drugs</b> , \$1,000 maximum Per Policy Year. Student Health Center: \$5 copay per prescription for generic prescriptions/30% coinsurance for brand name prescriptions UnitedHealthcare Network Pharmacy: \$15 copay per prescription for Tier 1/30% coinsurance for Tier 2. Up to a 31 day supply per prescription. Prescriptions must be filled at the SHC or a UnitedHealthcare Network participating pharmacy. Birth control means dispensed at the SHC are covered up to \$15/month. This monthly coverage can be aggregated for means that provide protection for more than 31 days such as Depo Provera. The Deductible does not apply.	See page 11 for details	No Benefits. Prescriptions must be filled at the Student Health Center or a UnitedHealthcare participating pharmacy.

OTHER	Preferred Providers	Out-of-Network Providers
<b>Ambulance Services</b>	70% of PA	50% of U&C
<b>Durable Medical Equipment</b> , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	70% of PA	50% of U&C
<b>Dental Treatment</b> , made necessary by Injury to Sound, Natural teeth.	70% of U&C	50% of U&C
<b>Consultant Physician Fees</b> , when requested and approved by the attending physician.	70% of PA	50% of U&C
<b>Maternity and Complications of Pregnancy</b>	Paid as any other Sickness	
<b>Repatriation/Medical Evacuation</b>	Benefits provided by Scholastic Emergency Services	

## Prescription Drug Benefit

### *Student Health Center*

You will also be able to purchase drugs prescribed for a Covered Injury or Sickness at the Student Health Center. There is a \$5 copay for each generic drug and a 30% coinsurance for each brand name drug. Please see the Schedule of Benefits for additional information.

### *UnitedHealthcare Network Pharmacy*

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

\$15 copay per prescription order or refill for a Tier 1 Prescription Drug up to a 31 day supply  
 30% coinsurance per prescription order or refill for a Tier 2 Prescription Drug up to a 31 day supply.

**Your maximum allowed benefit is \$1,000 Per Policy Year.**

Please present your ID card to the Student Health Center or network pharmacy when the prescription is filled. If you do not use a Student Health Center or a network pharmacy, you will be responsible for paying the full cost for the prescription. If you do not present the card, you will need to pay 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](http://www.uhcsr.com) or call 877-417-7345.

NOTE: Insureds will not be able to pay only their copays at participating UnitedHealthcare Network Pharmacies until they are assigned an ID number and receive their permanent ID Card. If you need to purchase a prescription prior to receiving your ID number, visit [www.uhcsr.com](http://www.uhcsr.com) or call 1-877-417-7345 for information on submitting a prescription drug claim for reimbursement.

### **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](http://www.uhcsr.com) or call Customer Service at 1-877-417-7345.

### **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, except for drugs for the treatment of cancer that are a recognized treatment in one of the standard reference compendia or in substantially accepted peer reviewed medical literature.
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 2.)
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.

## **Preferred Providers**

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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 your local school area are members of the UnitedHealthcare Choice Plus Network. Additionally, for Pittsburg State University students, Mount Carmel Regional Medical Center is a Preferred Provider.

The availability of specific providers is subject to change without notice. You should always confirm that a Preferred Provider is participating at the time services are required by calling us at 1-888-344-6104, on the website at [www.uhcsr.com](http://www.uhcsr.com), and/or by asking the provider when you make 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. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility.

"**Network Area**" means the 40 mile radius around the local school campus the Named Insured is attending.

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 levels specified on the Schedule of Benefits, up to any limits specified in the Schedule of Benefits. Call 1-888-344-6104 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 a Preferred Provider will be paid at the coinsurance levels specified on the Schedule of Benefits 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.

## **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 1-888-394-6104.

## **Continuation Benefits**

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Insureds may pay for continuing coverage for a maximum of up to 18 months due to loss of appointment. There are certain instances that may permit an insured to receive a maximum of 36 months coverage. The Insured has a right to choose to continue benefits as long as the school maintains a plan with our Company. The Insured must exercise this right within 60 days of termination by calling UnitedHealthcare **StudentResources** at 1-888-344-6104 or see the designated contact for your university. Upon request a Certificate of prior creditable coverage will be provided when an employee or their dependent ceases to be covered under this policy.

## **Coordination of Benefits**

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The Policy contains a Coordination of Benefits provision. If you, or any of your Eligible Dependents, are covered under any other plan of insurance, we will coordinate benefit payments with the other plan. Benefit payments by both plans will never exceed 100% of the Allowable Expenses. You are required to furnish to UnitedHealthcare **StudentResources** the Explanation of Benefit statement from your other carrier in order for claims to be payable under the Policy.

## **Diabetes Benefit**

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Benefits will be paid the same as any other Sickness for equipment, supplies, and Diabetes Self-management Training and educational services used to treat diabetes, if a Physician certifies that such services are medically necessary. If prescription drugs are provided under the Schedule of Benefits, insulin is also provided under this section. Diabetes self-management training, educational services and nutrition counseling must be provided under the direct supervision of a Physician.

"Diabetes self-management training" means instruction in an inpatient or outpatient setting including medical nutrition therapy relating to diet, caloric intake and diabetes management, excluding programs the primary purposes of which are weight reduction, which enables diabetic patients to understand the diabetic management process and daily management of diabetic therapy as a method of avoiding frequent hospitalizations and complications when the instruction is provided in accordance with a program in compliance with the National Standards for Diabetes Self-Management Education Program as developed by the American Diabetes Association.

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

## **Mandated Benefits**

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### ***Benefits for Childhood Immunizations***

Benefits will be paid the same as any other Sickness for immunizations for children from birth to 72 months of age. Immunizations shall consist of at least five doses of vaccine against diphtheria, pertussis, tetanus; at least four doses of vaccine against polio and Haemophilus B (Hib); and three doses of vaccine against Hepatitis B; two doses of vaccine against measles, mumps and rubella; one dose of vaccine against varicella and such other vaccines and dosages as may be prescribed by the Secretary of Health and Environment.

Benefits shall not be subject to any Deductible, copayment or coinsurance requirements.

### ***Benefits for Breast Reconstruction Following Mastectomy***

Benefits will be paid the same as any other Sickness for Insureds who elect breast reconstruction in connection with a mastectomy. Benefits include:

- (1) reconstruction of the breast on which the mastectomy was performed;
- (2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- (3) prostheses and physical complications in all stages of mastectomy, including lymphedemas.

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

### ***Benefits for Mental Illness, Alcoholism, Drug Abuse or Substance Use Disorders***

Benefits will be paid the same as any other Sickness for the diagnosis and treatment of mental illnesses and alcoholism, drug abuse or other substance use disorders.

For the purposes of this benefit, "mental illness, alcoholism, drug abuse or substance use" means any disorder as such terms are defined in the most recent edition of the diagnostic and statistical manual of mental disorders of the American psychiatric association.

Benefits will be provided for treatment in a medical care facility licensed under the provisions of K.S.A. 65-429 and amendments thereto, treatment facilities licensed under K.S.A. 65-4605 and amendments thereto, a community mental health center or clinic licensed under the provisions of K.S.A. 75-3307b and amendments thereto, a psychiatric hospital licensed under the provisions of K.S.A. 75-3307b and amendments thereto or by a Physician or psychologist licensed to practice under the laws of the state of Kansas.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy except the maximum benefit will be the same as the policy maximum benefit.

Benefits will be provided for treatment in a medical care facility licensed under the provisions of K.S.A. 65-429 and amendments thereto, treatment facilities licensed under K.S.A. 65-4605 and amendments thereto, a community mental health center or clinic licensed under the provisions of K.S.A. 75-3307b and amendments thereto, a psychiatric hospital licensed under the provisions of K.S.A. 75-3307b and amendments thereto or by a Physician or psychologist licensed to practice under the laws of the state of Kansas.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy except the maximum benefit will be the same as the policy maximum benefit.

***Benefits for Cytologic Screening and Mammography***

Benefits will be paid the same as any other Sickness for mammograms, cytologic screening, or (pap) smears when performed at the direction of a Physician.

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

***Benefits for General Anesthesia and Medical Care Facility Coverage for Dental Care***

Benefits will be paid the same as any other Sickness for the administration of general anesthesia and medical care facility charges for dental care provided to the following Insureds:

- (1) A Dependent child five years of age and under; or
- (2) An Insured who is severely disabled; or
- (3) An Insured that has a medical or behavioral condition which requires hospitalization or general anesthesia when dental care is provided.

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

***Benefits for Osteoporosis***

Benefits will be paid the same as any other Sickness for Insureds with a condition or medical history for which bone mass measurement is medically necessary. Benefits include services for the diagnosis, treatment and management of osteoporosis when provided by a Physician.

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

***Benefits for Cancer Clinical Trials***

Benefits will be paid the same as any other Sickness for Routine Patient Care Costs for an Insured who has been diagnosed with cancer and accepted into a phase I, phase II, phase III, or phase IV clinical trial for cancer and the treating Physician determines that participation in the clinical trial has a meaningful potential to benefit the Insured.

“Routine patient care costs” means those costs associated with the provision of health care services, including, items, devices, treatments, diagnostics, and services that would typically be covered in the policy for patients not participating in a clinical trial.

“Routine patient care costs” shall not include the costs associated with the provision of any of the following:

- (1) Drugs or devices that have not been approved by the federal food and drug administration and that are associated with the clinical trial;
- (2) Services other than health care services, including travel, housing, companion expense, other non-clinical expenses that an Insured could require as a result of the treatment being provided for purposes of the clinical trial;
- (3) Any item or service that is provided solely to satisfy data collection and analysis needs and that is not used in the clinical management of the patient;
- (4) Health care services, except for the fact that they are being provided in a clinical trial, or otherwise specifically excluded from coverage under this policy; or
- (5) Health care services customarily provided by the research sponsors of a trial free of charge for any in the trial.

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

## **Definitions**

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**ADOPTED CHILD** means the adopted child placed with an Insured while that person is covered under this policy. Such child will be covered from the moment of placement for the first 31 days. The Pre-existing Conditions limitation will not apply to an adoptive child. The Insured must notify the Company, in writing, of the adopted child not more than 30 days after placement or adoption.

In the case of a newborn adopted child, coverage begins at the moment of birth if a written agreement to adopt such child has been entered into by the Insured prior to the birth of the child, whether or not the agreement is enforceable. However, coverage will not continue to be provided for an adopted child who is not ultimately placed in the Insured's residence.

The Insured will have the right to continue such coverage for the child beyond the first 31 days. To continue the coverage the Insured must, within the 31 days after the child's date of placement: 1) apply to us; and 2) pay the required additional premium, if any, for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's date of placement.

**COMPLICATION OF PREGNANCY** means a condition: 1) caused by pregnancy; 2) requiring medical treatment prior to, or subsequent to termination of pregnancy; 3) the diagnosis of which is distinct from pregnancy; and 4) which constitutes a classifiably distinct complication of pregnancy. A condition simply associated with the management of a difficult pregnancy is not considered a complication of pregnancy. The term "complication of pregnancy" includes non-elective cesarean section; therapeutic abortion; ectopic pregnancy which is terminated; spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible; hyperemesis gravidarum; and, pre-eclampsia.

**COPAYMENT OR COPAY** means the amount to be paid by the Insured before benefits can be provided for a covered service. A Copayment is required each time a specific service such as a lab test is provided. A Copayment does not accumulate toward a specified maximum.

**COVERED MEDICAL EXPENSES** means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 3) made for services and supplies not excluded under the policy; 4) made for services and supplies which are a Medical Necessity; 5) made for services included in the Schedule of Benefits; and 6) in excess of the amount stated as a Deductible, if any.

**DEDUCTIBLE** means if an amount is stated in the Schedule of Benefits or any endorsement to this policy as a Deductible, it shall mean an amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made. The Deductible will apply per policy year or per occurrence (for each Injury or Sickness) as specified in the Schedule of Benefits.

**DEPENDENT** means the spouse (husband or wife) of the Named Insured and their dependent, unmarried children. Children shall cease to be dependent on the first to occur of:

- 1) The end of the month in which they marry; or,
- 2) The end of the month in which they attain the age of nineteen (19) years.

The attainment of the limiting age will not operate to terminate the coverage of such child while the child is and continues to be both:

- 1) Incapable of self-sustaining employment by reason of mental retardation or physical handicap; and,
- 2) Chiefly dependent upon the Insured Person for support and maintenance.

Proof of such incapacity and dependency shall be furnished to the Company: 1) by the Named Insured; and, 2) within 31 days of the child's attainment of the limiting age. Subsequently, such proof must be given to the Company annually following the child's attainment of the limiting age.

If a claim is denied under the policy because the child has attained the limiting age for dependent children, the burden is on the Insured Person to establish that the child is and continues to be handicapped as defined by subsections (1) and (2).

**ELECTIVE AND EXPERIMENTAL SURGERY OR TREATMENT** means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective surgery or elective treatment includes any service, treatment or supplies that: 1) are deemed by the Company to be research or experimental; or 2) are not recognized and generally accepted medical practices in the United States.

**HOSPITAL** means a licensed or properly accredited general hospital which: 1) is open at all times; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients; 3) is under the supervision of a staff of one or more legally qualified Physicians available at all times; 4) continuously provides on the premises 24 hour nursing service by Registered Nurses; 5) provides organized facilities for diagnosis and major surgery on the premises; and 6) 6) is not primarily a clinic, nursing, rest or convalescent home.

**HOSPITAL CONFINED/HOSPITAL CONFINEMENT** means confined in a Hospital for at least 18 hours by reason of an Injury or Sickness for which benefits are payable.

**INJURY** means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) 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. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. 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.

**INSURED PERSON** means: 1) the Named Insured; and, 2) Dependents of the Named Insured, if: 1) the Dependent is properly enrolled in the program, and 2) the appropriate dependent premium has been paid. The term "Insured" also means Insured Person.

**INTENSIVE CARE** means: 1) a specifically designated facility of the Hospital that provides the highest level of medical care; and 2) which is restricted to those patients who are critically ill or injured. Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. They must be: 1) permanently equipped with special life-saving equipment for the care of the critically ill or injured; and 2) under constant and continuous observation by nursing staff assigned on a full-time basis, exclusively to the Intensive Care Unit. Intensive Care does not mean any of these step-down units:

- 1) Progressive care;
- 2) Sub-acute intensive care;
- 3) Intermediate care units;

- 4) Private monitored rooms;
- 5) Observation units; or
- 6) Other facilities which do not meet the standards for intensive care.

**MEDICAL EMERGENCY** means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in:

- 1) Death;
- 2) Placement of the Insured's health in jeopardy;
- 3) Serious impairment of bodily functions;
- 4) Serious dysfunction of any body organ or part; or
- 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

**MEDICAL NECESSITY** means those services or supplies provided or prescribed by a Hospital or Physician which are:

- 1) Essential for the symptoms and diagnosis or treatment of the Sickness or Injury;
- 2) Provided for the diagnosis, or the direct care and treatment of the Sickness or Injury;
- 3) In accordance with the standards of good medical practice; and,
- 4) The most appropriate supply or level of service which can safely be provided to the Insured.

The Medical Necessity of being Hospital Confined means that: 1) the Insured requires acute care as a bed patient; and, 2) the Insured cannot receive safe and adequate care as an outpatient.

This policy only provides payment for services, procedures and supplies which are a Medical Necessity. No benefits will be paid for expenses which are determined not to be a Medical Necessity, including any or all days of Hospital Confinement.

**MENTAL AND NERVOUS DISORDER** means a Sickness that is a mental, emotional or behavioral disorder. If not excluded or defined elsewhere in the policy, all diagnoses classified as a "Mental Disorder" according to the (International Classification of Diseases) are considered one Sickness.

**NAMED INSURED** means an eligible, registered student of the Policyholder, if: 1) the student is properly enrolled in the program; and 2) the appropriate premium for coverage has been paid.

**NEWBORN INFANT** means any child born of an Insured while that person is insured under this policy. Newborn Infants will be covered under the policy for the first 31 days after birth. Coverage for such a child will be for Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child's parent.

The Insured will have the right to continue such coverage for the child beyond the first 31 days. To continue the coverage the Insured must, within the 31 days after the child's birth: 1) apply to us; and 2) pay the required additional premium, if any, for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's birth.

**PHYSICIAN** means a health care provider who is: 1) duly licensed under the Kansas healing arts act; 2) acting within his/her lawful scope of practice; and 3) not a member of the Insured Person's immediate family.

The term "member of the immediate family" means any person related to an Insured Person within the third degree by the laws of consanguinity or affinity.

**PHYSIOTHERAPY** means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a Physician.

**PRE-EXISTING CONDITION** means 1) the existence of symptoms within the 180 days immediately prior to the Insured's effective date under the policy; 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 180 days immediately prior to the Insured's effective date under the policy. The Pre-existing exclusion is not applicable to pregnancy.

**PRESCRIPTION DRUGS** means: 1) prescription legend drugs; 2) compound medications of which at least one ingredient is a prescription legend drug; 3) any other drugs which under the applicable state or federal law may be dispensed only upon written prescription of a Physician; and 4) injectable insulin.

**PSYCHOTHERAPY** means the treatment of a Mental and Nervous Disorder.

**REGISTERED NURSE** means a professional nurse (R.N.) who is not a member of the Insured Person's immediate family.

**SICKNESS** means sickness or disease of the Insured Person which causes loss, and originates 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.

**SOUND, NATURAL TEETH** means natural teeth, the major portion of the individual tooth is present, regardless of fillings or caps; and is not carious, abscessed, or defective.

**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 Policyholder. 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 data that is used to determine the Usual and Customary Charges is updated at least every six months.

## **Exclusions and Limitations**

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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:

1. Automobile Excess- No payment will be made for Hospital, medical or other health services resulting from accidental bodily Injury arising out of a motor vehicle accident to the extent that benefits are payable under any medical expense payment provision of any automobile insurance policy, including such benefits mandated by law;
2. Congenital conditions, except as specifically provided for Newborn or adopted Infants; circumcision;

3. 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;
4. Custodial Care services and supplies related to custodial care such as 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 also are not covered for domiciliary or custodial care;
5. Acne; acupuncture; alopecia; biofeedback-type services; breast implants; breast reduction; corns, calluses and bunions; deviated nasal septum; gynecomastia; hirsutism; learning disabilities; nasal and sinus surgery; nicotine addiction; nonmalignant warts, moles and lesions for cosmetic reasons; obesity and any condition resulting therefrom; patient controlled analgesia (PCA); skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing thereof; temporomandibular joint dysfunction; Elective and Experimental Surgery or Treatment;
6. Elective abortion;
7. 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;
8. Injury sustained while (a) participating in any intercollegiate, interscholastic, club 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;
9. 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;
10. Immunizations services and supplies related to immunizations, except as specifically provided in a benefit section; preventive medicines or vaccines, except where required for treatment of a covered Injury;
11. Injury caused by, contributed to, 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;
12. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
13. Organ transplants, including organ donation;
14. Pre-existing Conditions except for: 1) individuals who have been continuously insured for at least 9 months under any plan as defined under Creditable Prior Coverage if the previous coverage was continuous to a date not more than 63 days prior to the Insured's Effective Date under the Policy; or 2) individuals who have been continuously insured for at least 9 months under the Kansas Board of Regent's student insurance policy; or 3) a child that is adopted or placed for adoption before attaining eighteen years of age.

"Creditable Prior Coverage" means any individual or group policy, contract or program provided by an HMO, Insurer, self-insured employer plan or any other entity that arranges or provides medical, hospital or surgical coverage, not designed to supplement other private or governmental plans. It should include prior coverage under a group or individual sickness and accident policy, provided by a government plan (such as Medicaid and Medicare) COBRA, CHAMPUS, the Federal Employee Health Benefits Plan, Peace Corps Plans, the Indian Health Service, coverage provided through state high risk pools and other public plans.

Insured person who have been insured under a coverage as defined in Creditable Prior Coverage and have no gap in such coverage that exceeds 63 days immediately prior to enrollment in this plan will receive the applicable amount of credit for prior coverage. If an Insured Person has 9 months prior creditable coverage with no gap in coverage exceeding 63 days immediately prior to enrollment in this plan the pre-existing limitation is satisfied.

15. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
16. Prescription Drug 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, except for drugs for the treatment of cancer that are a recognized treatment in one of the standard reference compendia or in substantially accepted peer reviewed medical literature;
  - 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) Growth hormones; or
  - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
17. 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. Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproductive ability; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery;
18. 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; except as specifically provided in the Policy;
19. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the Policy;
20. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
21. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
22. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and
24. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).

## **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 indicated 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.

## **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 and minor child(ren) are eligible for SES services. The requirements to receive these services are as follows:

International Students, insured spouse and insured minor child(ren): You are eligible to receive SES services worldwide, except in your home country. 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. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES brochure for Program Guidelines as well as limitations and exclusions pertaining to the SES program.

Domestic Students, insured spouse and insured minor child(ren): You are eligible for SES services 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 services include Emergency Medical Evacuation and Return of Mortal Remains that meet the US Visa requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace or local emergency services such as an ambulance requested through emergency 911 telephone assistance. All SES services must be arranged and provided by SES, any services not arranged by SES will not be considered for payment.

### **Key Services include:**

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

Please log into your online account [www.uhcsr.com](http://www.uhcsr.com) for additional information on SES Global Emergency Assistance Services, including 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 SES's 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. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES Program Guide at [www.uhcsr.com](http://www.uhcsr.com) for additional information, including limitations and exclusions pertaining to the SES program.

### **General Provisions**

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The Insurer will furnish the Insured the necessary forms for filing proof of loss. Claim forms may be obtained at the Company, P.O. Box 809025, Dallas, Texas 75380-9025.

If the person making claim does not receive the necessary claim forms before the expiration of 15 days after first requesting such forms, the Insured Person shall be deemed to have complied with the requirements as to the proof of loss upon submitting to the Insured within 90 days written proof covering the occurrence, character and extent of the loss for which claim is made.

Written proof of loss must be submitted to the Company at P.O. Box 809025, Dallas, Texas 75380-9025 within 90 days after expense is incurred, or as soon thereafter as reasonably possible.

The Company, at its own expense, shall have the right and opportunity to examine the Insured as often as it may reasonably require and also may make an autopsy in case of death if not prohibited by law. Failure of an insured to present himself or herself for examination by a Physician when requested shall authorize the Company to: 1) withhold any payment of Covered Medical Expenses until such examination is performed and Physician's report received; and 2) deduct from any amounts otherwise payable hereunder any amount for which the Company has been obligated to pay a Physician retained by the Company to make an examination for which the insured failed to appear. Said deduction shall be made with the same force and effect as a Deductible herein defined.

All benefits payable under the Policy will be paid upon receipt of due written proof of loss. All benefits are payable to the Insured or his designated beneficiary or beneficiaries or to his estate, except that if the person insured be a minor, such benefits may be made payable to his parents, guardian or other person actually supporting him. Subject to any written direction of the Insured, all or a portion of any benefits payable under the policy may be paid directly to the Hospital, Physician or person rendering the service or treatment.

No action shall be brought under the policy prior to the expiration of 60 days after filing written proof of loss and no action may be brought after 5 years from the date within which proof of loss is required by the policy.

### **Resolution of Grievance**

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You, the Insured, will be notified in writing by us if a claim or any part of your claim is denied. The notice will include the specific reason or reasons for the denial and the reference to the pertinent plan provision(s) on which the denial was based.

If you have a complaint about your claim denial, you may call our Member Services telephone number 1-888-344-6104 for further explanation to informally resolve your complaint. If you are not satisfied with our explanation of why the claim was denied, you, your authorized representative or provider may request an internal review of the claim denial.

The Kansas Department of Insurance is available to assist insurance consumers with insurance related problems and questions. You may inquire in writing to the Department at 420 SW 9th St, Topeka KS 66612 or by telephone at 1-800-432-2484.

## **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 [UHCSR.com](http://UHCSR.com). 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 [UHCSR.com](http://UHCSR.com). 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 [UHCSR.com](http://UHCSR.com) to access your account information.

## **Claim Procedure**

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In the event of Injury or Sickness, the student should:

- 1) Report to the Student Health Service or Infirmary for treatment or referral, or when not in school, 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, social security number and name of the college 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.

### **Submit all Claims or Inquiries to:**

UnitedHealthcare **StudentResources**  
P.O. Box 809025  
Dallas, Texas 75380-9025  
1-888-344-6104  
[customerservice@uhcsr.com](mailto:customerservice@uhcsr.com)  
[claims@uhcsr.com](mailto:claims@uhcsr.com)

### **This Plan is Underwritten by:**

UnitedHealthcare Insurance Company

**Online Services:** Please visit our website at [www.uhcsr.com](http://www.uhcsr.com) to buy insurance online or to view and print Certificates, enrollment cards (printable using Adobe Acrobat), coverage receipts, ID cards, check claims status and other services.

Please keep this Certificate as a general summary of the insurance. The Master Policy is on file at the Kansas Board of Regents (KBOR) at [www.kansasregents.org](http://www.kansasregents.org) and contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Certificate. The Master Policy is the contract and will govern and control payment of benefits.

**NOTICE TO STUDENT:** Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By enrolling online or, for WSU students completing the enrollment form, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll; 2) Rates are not pro-rated other than as listed; 3) He/She meets the eligibility requirements for this coverage as described in this brochure; and 4) If it is later determined that the student is not eligible, the premium will be refunded. **Premium will not be refunded except for ineligibility or entrance into the armed forces.**

### **Period Dates and Rates**

#### **2011-200118-3**

	<b>Fall</b>	<b>Spring</b>	<b>Summer</b>
A. Student	\$ 113.00	\$ 113.00	\$ 44.00
B. Student and Spouse	\$1970.00	\$1970.00	\$ 790.00
C. Student and All Children	\$1715.00	\$1715.00	\$ 683.00
D. Student, Spouse & All Children	\$3572.00	\$3572.00	\$ 1429.00

Fall 08-01-2011 through 12-31-2011 Spring 01-01-2012 through 05-31-2012  
 Summer 06-01-2012 through 07-31-2012

#### **Payment Instructions: (all except WSU students)**

Students must enroll online at [www.uhcsr.com/kbor](http://www.uhcsr.com/kbor). Select your university, click Enroll Now and follow the instructions.

Your cancelled check or credit card billing is your only receipt and notification of coverage. It is the student's responsibility for timely renewal payments whether or not a renewal notice is received.

#### **Payment Instructions: Wichita State University Only:**

Complete the enrollment form and return it to the designated university contact. Your premium will be added to your student fee bill.

#### **Emporia State University**

Jennifer Stout,  
 Human Resources  
 1200 Commercial - Box 44  
 Emporia, KS 66801  
 phone (620) 341-5379  
 fax (620) 341-6014  
 email: [jstout@emporia.edu](mailto:jstout@emporia.edu)

#### **Pittsburg State University**

Debbie Amershek  
 Human Resources Dept.  
 204 Russ Hall,  
 701 S. Broadway  
 Pittsburg, KS 66762  
 phone (620) 235-4187  
 fax (620) 235-6002  
 email: [damershe@pittstate.edu](mailto:damershe@pittstate.edu)

#### **University of Kansas**

Mary Karten  
 Benefits/HREO  
 Carruth O'Leary Hall  
 1246 W. Campus Rd,  
 Room 135  
 Lawrence, KS 66045-7505  
 phone (785) 864-7346  
 fax (785) 864-5200  
 email: [mkarten@ku.edu](mailto:mkarten@ku.edu)

#### **Kansas State University**

Stephanie Harvey  
 Human Resources Dept.  
 103 Edwards Hall  
 Manhattan, KS 66506-4801  
 phone (785)532-6277  
 fax (785)532-6095  
 email: [Benadmin@ksu.edu](mailto:Benadmin@ksu.edu)

#### **University of Kansas Medical Center**

Lisa Shryock  
 3901 Rainbow Blvd.  
 1012 Student Center  
 Kansas City, KS 66160  
 phone (913) 588-2983  
 fax (913) 588-1943  
 email: [lshryock@kumc.edu](mailto:lshryock@kumc.edu)

#### **\*Wichita State University**

Constance Noble  
 Graduate School  
 1845 Fairmont  
 Wichita, KS 67260-0004  
 phone (316) 978-6241  
 fax (316) 978-3253