

# 2011-2012

## STUDENT INJURY AND SICKNESS INSURANCE PLAN



Designed Especially for the Domestic Students Attending



# Table of Contents

---

Privacy Policy .....	1
Eligibility .....	1
Effective and Termination Dates .....	1
Extension of Benefits After Termination .....	1
Student Health Center (SHC) Referral Required .....	2
Pre-Admission Notification .....	2
Schedule of Medical Expense Benefits - INJURY ONLY .....	3
Schedule of Medical Expense Benefits - SICKNESS ONLY .....	6
Preferred Provider Information .....	9
UnitedHealthcare Network Pharmacy Benefits .....	10
Maternity Testing .....	10
Intercollegiate Sports .....	11
Accidental Death and Dismemberment Benefits .....	11
Coordination of Benefits .....	11
Mandated Benefits .....	12
Benefits for Reconstructive Surgery .....	12
Benefits for Prosthetic Devices for Speaking Post Laryngectomy .....	12
Benefits for Diabetes .....	12
Benefits for Osteoporosis .....	13
Benefits for Phenylketonuria .....	13
Benefits for Cancer Clinical Trials .....	13
Benefits for Breast Cancer Screening and Treatment .....	13
Benefits for Cancer Screening Tests .....	14
Benefits for Severe Mental Illnesses and Serious Emotional Disturbances .....	14
Benefits for Prostate Cancer Screening .....	15
Benefits for Upper and Lower Jawbone Surgery .....	15
Benefits for AIDS Vaccine .....	15
Benefits for Cervical Cancer Screening .....	15
Benefits for Telemedicine .....	15
Benefits for Mammography .....	16
Continuation Privelege .....	16
Definitions .....	16
Exclusions and Limitations .....	17
Collegiate Assistance Program .....	19
Scholastic Emergency Services: Global Emergency Medical Assistance .....	20
Claim Procedure .....	21
Online Access to Account Information .....	21

## **Privacy Policy**

---

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public 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 non-public personal information. You may obtain a copy of our privacy practices by calling us toll-free at 800-767-0700 or visiting us at [www.uhcsr.com](http://www.uhcsr.com).

## **Eligibility**

---

All undergraduate domestic students who are enrolled in 12 or more units of study, students living on campus or in University controlled residential facilities, and students enrolled in approved exchange, study abroad or off-campus programs are automatically enrolled in this Plan at registration.

All domestic full time graduate students, part time grad students on assistantships and undergraduate students taking less than 12 credit hours but not less than 6 credit hours are also eligible to enroll in this insurance Plan.

Students must actively attend classes for at least the first 31 days after the 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 refund of premium.

## **Effective and Termination Dates**

---

The Master Policy on file at the school becomes effective at 12:01 a.m. August 01, 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. The Master Policy terminates at 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.

Refunds of premiums are allowed only upon entry in the armed forces.

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

## **Extension of Benefits After Termination**

---

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.

## **Student Health Center (SHC) Referral Required**

\$50 deductible for each Injury or Sickness. Deductible will be reduced to \$25 for each Injury or Sickness when a referral issued by the Student Health Center for treatment rendered outside the Student Health Center. Students must use the services of the Student Health Center first. A Student Health Center referral for outside care is not required under limited circumstances such as when the Student Health Center is closed (refer to the section in the plan brochure entitled "Student Health Center Referral Required" for specific details.)

A SHC referral for outside care is not necessary only under the following conditions:

1. Medical Emergency. The student must return to SHC for necessary follow-up care;
2. When the Student Health Center is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than 25 miles from campus;
5. Medical care obtained when a student is no longer able to use the SHC due to a change in student status; or
6. Maternity.

## **Pre-Admission Notification**

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.

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 - INJURY ONLY

Up To \$50,000 Maximum Benefit Paid as Specified Below (For each Injury)

\$50 Deductible (For each Injury)

*(Deductible will be reduced to \$25 for each Injury when treatment is rendered or referred by the Student Health Center.)*

Coinsurance Preferred Providers 90% (Except as noted below)

Coinsurance Out of Network 70% (Except as noted below)

The Policy provides benefits for the Usual and Customary Charges (U&C) incurred by an Insured Person for loss due to a covered Injury up to the Maximum Benefit of \$50,000 for each Injury.

The Preferred Provider for this plan is UnitedHealthcare Options PPO. If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred provider level of benefits.

All Covered Medical Expenses will be paid at 100% of Usual and Customary Charges once the Insured person has incurred \$2,000 in Out-of-Pocket expenses Per Policy Year. Per service benefit maximums will no longer apply, only Policy maximum will apply. (Copayments do not apply toward the Out-of-Pocket limit).

The exclusion will be waived and benefits will be provided for "Suicide or attempted suicide while sane or insane (including drug overdose); intentionally self-inflicted Injury" up to \$5,000.

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**

INPATIENT	Preferred Provider	Out-of-Network Provider
<b>Room &amp; Board Expense</b> , daily semi-private room rate; and general nursing care provided by the Hospital. ( <i>\$600 maximum per day.</i> )	90% of PA	70% 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.	90% of PA	70% of U&C
<b>Intensive Care</b>	90% of PA	70% of U&C
<b>Physiotherapy</b>	90% of PA	70% of U&C
<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.	90% of PA	70% of U&C

INPATIENT	Preferred Provider	Out-of-Network Provider
<b>Assistant Surgeon</b>	20% of Surgery Allowance	20% of Surgery Allowance
<b>Anesthetist</b> , professional services in connection with inpatient surgery.	25% of Surgery Allowance	25% of Surgery Allowance
<b>Registered Nurse</b> , private duty nursing care.	90% of PA	70% of U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.	90% of PA	70% of U&C
<b>Pre-Admission Testing</b>	No Benefits	
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.	90% of PA	70% 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; therapeutic services and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	90% of PA	70% of U&C
<b>Assistant Surgeon</b>	90% of PA	70% of U&C
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	90% of PA	70% 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.	90% of PA	70% of U&C
<b>Physiotherapy</b> , benefits are limited to one visit per day. See exclusion number 29 for additional limitations.	90% of PA	70% of U&C
<b>Medical Emergency Expenses</b> , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury.	90% of PA	70% of U&C
<b>CAT Scan / MRI</b>	90% of PA	70% of U&C

OUTPATIENT	Preferred Provider	Out-of-Network Provider
<b>Diagnostic X-ray &amp; Laboratory Services</b>	90% of PA	70% of U&C
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement.	90% of PA	70% 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.	90% of PA	70% of U&C
<b>Prescription Drugs</b> UnitedHealthcare Network Pharmacy (UHPS). (\$500 maximum Per Policy Year is combined Injury and Sickness)	(UHPS) 75% of Actual Charges / up to a 31 day supply per prescription/ \$500 combined maximum for both Injury and Sickness	No Benefits
<b>OTHER</b>		
<b>Ambulance Services</b>	90% of PA	70% of U&C
<b>Durable Medical Equipment</b>	No Benefits	
<b>Consultant Physician Fees</b> , when requested and approved by the attending Physician.	90% of PA	70% of U&C
<b>Dental Treatment</b> , made necessary by Injury to Natural Teeth only. ( <i>\$200 maximum per tooth</i> )	90% of U&C	70% of U&C

## Schedule of Medical Expense Benefits - SICKNESS ONLY

Up To \$50,000 Maximum Benefit Paid as Specified Below (For each Sickness)

\$50 Deductible (For each Sickness)

*(Deductible will be reduced to \$25 for each Sickness when treatment is rendered or referred by the Student Health Center.)*

Coinsurance Preferred Providers 90% (Except as noted below)

Coinsurance Out of Network 70% (Except as noted below)

The Policy provides benefits for the Usual and Customary Charges (U&C) incurred by an Insured Person for loss due to a covered Sickness up to the Maximum Benefit of \$50,000 for each Sickness.

The Preferred Provider for this plan is UnitedHealthcare Options PPO. If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred provider level of benefits.

All Covered Medical Expenses will be paid at 100% of Usual and Customary Charges once the Insured person has incurred \$2,000 in Out-of-Pocket expenses Per Policy Year. Per service benefit maximums will no longer apply, only Policy maximum will apply. (Copayments do not apply toward the Out-of-Pocket limit).

The exclusion will be waived and benefits will be provided for Suicide or attempted suicide while sane or insane (including drug overdose); up to \$5,000.

Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

**PA = Preferred Allowance**

**U&C = CUsual and Customary**

INPATIENT	Preferred Provider	Out-of-Network Provider
<b>Room &amp; Board Expense</b> , daily semi-private room rate; and general nursing care provided by the Hospital. <i>(\$600 maximum per day. Up to 30 days)</i>	90% of PA	70% 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. <i>(\$5,000 maximum)</i>	90% of PA	70% of U&C
<b>Intensive Care</b>	Paid under Room & Board Expense	
<b>Routine Newborn Care</b> , while Hospital Confined; and routine nursery care provided immediately after birth. <i>(4 days Hospital Confinement expense maximum)</i>	Paid as any other Sickness	

INPATIENT	Preferred Providers	Out-of-Network Provider
<b>Physiotherapy</b> , (\$80 maximum per visit, 12 visits maximum.)	Paid under Physician's Visits	
<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.	90% of PA	70% of U&C
<b>Assistant Surgeon</b>	20% of Surgery Allowance	20% of Surgery Allowance
<b>Anesthetist</b> , professional services in connection with inpatient surgery.	25% of Surgery Allowance	25% of Surgery Allowance
<b>Registered Nurse</b> , private duty nursing care.	90% of PA	70% 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 maximum per visit)(12 visits maximum for each Sickness) (One visit per day when a Surgery benefit is not paid.)	90% of PA	70% of U&C
<b>Pre-Admission Testing</b> , this benefit is payable within 3 working days prior to admission.	Paid under Hospital Miscellaneous	
<b>Psychotherapy</b>	No Benefits	
<b>Severe Mental Illness</b>	See Benefits for Severe Mental Illness & Serious Emotional Disturbances	
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.	90% of PA	70% 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; therapeutic services and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge. (\$5,000 maximum)	90% of PA	70% of U&C

OUTPATIENT	Preferred Provider	Out-of-Network Provider
<b>Assistant Surgeon</b>	20% of Surgery Allowance	20% of Surgery Allowance
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	25% of Surgery Allowance	25% of Surgery Allowance
<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 maximum per visit)(12 visits maximum for each Sickness, \$1,000 maximum Per Policy Year.)	90% of PA	70% of U&C
<b>Physiotherapy</b> , benefits are limited to one visit per day. (Outpatient Physiotherapy benefits are payable only when referred by the Student Health Center or for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation.) (Review of Medical Necessity will be performed after 12 visits per Sickness.)	Paid under Physician's Visits	
<b>Medical Emergency Expenses</b> , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of onset of Sickness. (\$1,000 maximum)	90% of PA	80% of U&C
<b>Diagnostic X-ray &amp; Laboratory Services</b>	90% of PA	70% of U&C
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement. (Does not cover allergy injections.)	90% of PA	70% of U&C
<b>Radiation Therapy &amp; Chemotherapy</b>	No Benefits	
<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.	No Benefits	
<b>Prescription Drugs</b> UnitedHealthcare Network Pharmacy (UHPS). (\$500 maximum Per Policy Year is combined Injury and Sickness)	(UHPS) 75% of Actual Charges / \$500 maximum (Per Policy Year) / up to a 31 day supply per prescription.	No Benefits
<b>Psychotherapy</b>	No Benefits	
<b>Severe Mental Illness</b>	See Benefits for Severe Mental Illnesses & Serious Emotional Disturbances	

OTHER	Preferred Provider	Out-of-Network Provider
<b>Ambulance Services</b> , ( <i>\$500 maximum</i> ) ( <i>When required due to an emergency Sickness.</i> )	90% of PA	90% of U&C
<b>Consultant Physician Fees</b> , when requested and approved by the attending Physician.	90% of PA	70% of U&C
<b>Alcoholism / Drug Abuse</b>	No Benefits	
<b>Maternity</b> , ( <i>Pregnancy will not be considered a Pre-Existing condition.</i> )	Paid as any other Sickness	
<b>Complications of Pregnancy</b>	Paid as any other Sickness	
<b>Elective Abortion</b>	No Benefits	
<b>HIV Testing</b> , ( <i>Benefits will be paid for HIV testing approved by federal Food and Drug Administration and recommended by US Public Health Services regardless of whether the test is related to a primary HIV diagnosis.</i> )	Paid as any other Sickness	

## **Preferred Provider Information**

**"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 Options PPO Network**

The availability of specific providers is subject to change without notice. Insureds should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at (800) 767-0700, 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. Insureds may incur significant expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

**"Network Area"** means the 50 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 90%, up to any limits specified in the Schedule of Benefits. Call (800) 767-0700 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 Options PPO will be paid at coinsurance percentages specified in 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.

## **UnitedHealthcare Network Pharmacy Benefits**

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 (up to 31 days). There are a few 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 25% coinsurance.

Your maximum allowed benefit is \$500 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 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 network pharmacies, please visit [www.uhcsr.com](http://www.uhcsr.com) and log in to your online account or call 1-877-417-7345.

## **Maternity Testing**

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 1-800-767-0700.

## **Intercollegiate Sports \$5,000 Maximum (For Each Injury)**

---

Insured student athletes who are members of and are participating in intercollegiate football, baseball, softball, basketball, volleyball, soccer, golf, tennis, cheerleading, swimming, diving, track and field, cross country, and water polo sponsored by the Policyholder are covered for sports Injury as follows.

Benefits will be paid for 100% of the Usual & Customary Charges incurred for intercollegiate sports Injury up to \$5,000 for each Injury.

No benefits will be paid for:

1. Infections, except pyogenic infections caused wholly by a covered Injury;
2. Cysts, blisters, or boils;
3. Overexertion; heat exhaustion; fainting;
4. Hernia, regardless of how caused;
5. Artificial aids such as crutches, braces, appliances, and artificial limbs; or
6. Injury to Natural Teeth in excess of \$200 per tooth and an aggregate maximum of \$500 per Injury.

## **Accidental Death and Dismemberment Benefits**

---

### **Loss of Life, Limb or Sight**

If such Injury shall independently of all other causes 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
Both Hands, Both Feet or Sight of Both Eyes	\$10,000
One Hand and One Foot	\$10,000
Either One Hand or One Foot and Sight of One Eye	\$10,000
One Hand or One Foot or Sight of One Eye	\$ 5,000

Loss shall mean with regard to hands and feet, 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.

### **Coordination of Benefits**

---

Benefits will be coordinated with any other medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

## **Mandated Benefits**

---

### ***Benefits for Reconstructive Surgery***

Benefits will be paid the same as any other Injury or Sickness for reconstructive surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following (1) to improve function; or (2) to create a normal appearance, to the extent possible.

This benefit does not include cosmetic surgery or surgery performed to alter or reshape normal structures of the body in order to improve the Insured's appearance.

### ***Benefits for Prosthetic Devices for Speaking Post Laryngectomy***

Benefits will be paid the same as any other prosthetic device for Prosthetic Devices to restore a method of speaking incident to a laryngectomy.

For the purposes of this section "prosthetic devices" means and includes the provision of initial and subsequent prosthetic devices, including installation accessories, pursuant to an order of the Insured's Physician and "Prosthetic devices" does not include electronic voice producing machines.

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

### ***Benefits for Diabetes***

Benefits will be paid the same as any other Sickness for the following equipment and supplies for the management and treatment of insulin using diabetes, non-insulin using diabetes, and gestational diabetes as Medically Necessary even if the items are available without a prescription:

- (1) Blood glucose monitors and blood glucose testing strips.
- (2) Blood glucose monitors designed to assist the visually impaired.
- (3) Insulin pumps and all related necessary supplies.
- (4) Ketone urine testing strips.
- (5) Lancets and lancet puncture devices.
- (6) Pen delivery systems for the administration of insulin.
- (7) Podiatric devices to prevent or treat diabetes-related complications.
- (8) Insulin syringes.
- (9) Visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin.

Benefits will also be provided for diabetes outpatient self-management training, education, and medical nutrition therapy necessary to enable the Insured to properly use the equipment, supplies and medications noted above. The same policy limits will apply as to any other Physician's Visits.

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 the diagnosis, treatment and appropriate management of Osteoporosis. Benefits include all Food and Drug Administration approved technologies, including bone mass measurement technologies as deemed medically appropriate.

### ***Benefits for Phenylketonuria***

Benefits will be paid the same as any other Sickness for the testing and treatment of Phenylketonuria (PKU).

Benefits include those Formulas and Special Food Products that are part of a diet prescribed by a Physician and managed by a health care professional in consultation with a Physician who specializes in the treatment of metabolic disease, provided that the diet is deemed Medically Necessary to avert the development of serious physical or mental disabilities or to promote normal development or function as a consequence of PKU.

Benefits are not required except to the extent that the cost of necessary Formulas and Special Food Products exceeds the cost of a normal diet.

“Formula” means an enteral product for use at home prescribed by a Physician or nurse practitioner or ordered by a registered dietician upon referral by a health care provider authorized to prescribe dietary treatments as Medically Necessary for the treatment of PKU.

“Special food product” means a food product that is both:

- a) prescribed by a Physician or nurse practitioner for the treatment of PKU and is consistent with the recommendations and best practices of qualified health professional with expertise germane to, and experienced in the treatment and care of, PKU. It does not include a food that is naturally low in protein, but may include a food product that is specifically formulated to have less than one gram of protein per serving;
- b) used in place of normal food products, such as grocery store foods, used by the general population.

### ***Benefits for Cancer Clinical Trials***

Benefits will be paid the same as any other Sickness for all routine patient care costs related to the clinical trial for an insured diagnosed with cancer and accepted into a Phase I, Phase II, Phase III, or Phase IV clinical trial for cancer.

“Routine patient care costs” means the costs associated with the provision of health care services, including drugs, items, devices and services that would otherwise be covered under the plan or contract if those drugs, items, devices and services were not provided in connection with an approved clinical trial program.

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

### ***Benefits for Breast Cancer Screening and Treatment***

Benefits will be paid the same as any other Sickness for the screening for, diagnosis of, and treatment for breast cancer, consistent with generally accepted medical practice and scientific evidence, upon the referral of the insured's participating physician.

Treatment for breast cancer shall include coverage for prosthetic devices or reconstructive surgery to restore and achieve symmetry for the patient incident to a mastectomy.

Benefits for prosthetic devices and reconstructive surgery shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### ***Benefits for Cancer Screening Tests***

Benefits will be paid the same as any other Sickness for all generally medically accepted cancer screening tests.

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

### ***Benefits for Severe Mental Illnesses and Serious Emotional Disturbances***

Benefits will be paid the same as any other Sickness for the diagnosis and Medically Necessary treatment of Severe Mental Illnesses of an Insured of any age and of Serious Emotional Disturbances of an Insured child as specified below:

- (1) Outpatient services.
- (2) Inpatient hospitalization services.
- (3) Partial hospitalization services.
- (4) Prescription Drugs, if the policy includes coverage for Prescription Drugs.

#### **“Severe Mental Illness” includes:**

- (1) Schizophrenia.
- (2) Schizoaffective disorder.
- (3) Bipolar disorder (manic-depressive disorder).
- (4) Major depressive disorders.
- (5) Panic disorder.
- (6) Obsessive-Compulsive disorder.
- (7) Pervasive developmental disorder of Autism.
- (8) Anorexia nervosa.
- (9) Bulimia nervosa.

“Serious emotional disturbance of a child” means a child under the age of 18 years who has one or more mental disorders as identified in the most recent edition of the **Diagnostic and Statistical Manual of Mental Disorders**, other than a primary substance use disorder or developmental disorder, that result in behavior inappropriate to the child’s age according to expected developmental norms. Members of this target population must meet one or more of the following criteria:

- (A) As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur: (i) the child is at risk of removal from home or has already been removed from the home. (ii) The mental disorder and impairments have been present for more than 6 months or are likely to continue for more than one year without treatment.
- (B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
- (C) The child meets special education eligibility requirements under Chapter 26.5 of division 7 of Title 1 of the Government Code.

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

### ***Benefits for Prostate Cancer Screening***

Benefits will be paid the same as any other Sickness for screening and diagnosis of prostate cancer, including, but not limited to prostate-specific antigen testing (PSA) and digital rectal examinations when medically necessary and consistent with good professional practice.

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

### ***Benefits for Upper and Lower Jawbone Surgery***

Benefits will be paid the same as any other Injury or Sickness not to exceed \$500 maximum for surgical procedures for those covered conditions directly affecting the upper or lower jawbone, or associated bone joints provided the service is considered a Medical Necessity and does not include dental procedures other than those identified in the Schedule of Benefits.

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

### ***Benefits for AIDS Vaccine***

Benefits will be paid the same as any other Sickness for a vaccine for acquired immune deficiency syndrome (AIDS) that is approved for marketing by the federal Food and Drug Administration (excluding an investigational new drug application) and that is recommended by the United States Public Health Service.

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

Benefits will be paid the same as any other Sickness for an annual cervical cancer screening test, upon the referral of a nurse practitioner, certified nurse midwife, or Physician, subject to the following guidelines:

An annual screening test will include the conventional Pap test, a human papilloma virus screening test that is approved by the federal Food and Drug Administration and the option of any cervical cancer screening test approved by the federal Food and Drug Administration, upon referral by the Insured's health care provider.

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

### ***Benefits for Telemedicine***

Benefits will be paid for services provided through Telemedicine on the same basis as services provided through a face-to-face contact between a Physician and Insured. "Telemedicine" means the practice of health care delivery diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Neither a telephone conversation nor an electronic mail message between a Physician and Insured constitutes "telemedicine" for the purposes of this benefit.

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

## ***Benefits for Mammography***

Benefits will be paid the same as any other Covered Medical Expense as shown in the Schedule of Benefits for screening by low-dose mammography for the presence of occult breast cancer, upon the referral of a nurse practitioner, certified nurse midwife, or Physician, subject to the following guidelines:

1. A baseline mammogram for women thirty-five to thirty-nine years of age, inclusive.
2. A mammogram every two years for women forty to forty-nine years of age or more frequently based on the woman's Physician's recommendation.
3. An annual mammogram for women fifty years of age or older.

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

## **Continuation Privilege**

All Insured Persons who have been continuously insured under the school's regular student Policy for at least one semester 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 Student Insurance and be received within 14 days after the expiration date of your student coverage. For further information on the Continuation privilege, please contact Student Insurance.

## **Definitions**

**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.

**PRE-EXISTING CONDITION** means any condition for which medical advice, diagnosis, care or treatment, including the use of Prescription Drugs is recommended or received from a Physician within 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 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 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.

## **Exclusions and Limitations**

---

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

1. Acne; acupuncture; allergy, including allergy testing;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Alcoholism and Drug abuse;
4. 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;
5. Durable Medical Equipment;
6. Chemotherapy; Radiation Therapy;
7. Chronic pain disorders;
8. Circumcision;
9. Congenital conditions except as specifically provided in Benefits for Reconstructive Surgery or for Newborn Infants;
10. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy; or for newborn children;
11. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
12. Dental treatment, except for accidental Injury to Natural Teeth;
13. Elective Surgery or Elective Treatment;
14. 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;
15. 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;
16. Health spa or similar facilities; strengthening programs;
17. 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;
18. Hirsutism; alopecia;
19. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;
20. Loss sustained or contracted in consequence of the Insured's being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician;
21. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
22. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except when traveling for academic study abroad programs;
23. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance, except for automobile medical payments insurance;

24. Investigational services;
25. Lipectomy;
26. Motor vehicle Injury in excess of \$10,000;
27. Nuclear, chemical or biological Contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death;
28. Organ transplants, including organ donation;
29. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceeding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation;
30. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
31. Pre-Existing Conditions, except for individuals who have been continuously insured for at least 6 consecutive months under any health insurance plan or policy or employer-provided health benefit arrangement. Credit for time served will be given when covered under Creditable Coverage provided the individual becomes eligible and enrolls under this policy within 63 days of termination of the prior plan;
32. Prescription Drug Services - no benefits will be payable for:
  - a) Therapeutic devices or appliances, including hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Benefits for Diabetes;
  - 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 unapproved cosmetic indications;
  - e) Drugs used to treat or cure baldness, and anabolic steroids used for body building;
  - f) Anorectics - drugs used for the purpose of weight control;
  - g) Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene;
  - h) Growth hormones; or
  - i) Refills in excess of the number specified or dispensed after (1) year of date of the prescription.
33. 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;
34. 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;

35. 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;
36. Services provided normally without charge by the Student Health Center of the Policyholder; or services covered or provided by the student health fee;
37. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
38. 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;
39. Sleep disorders;
40. Speech therapy; naturopathic services;
41. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
42. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
43. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
44. 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
45. Weight management, weight reduction, nutrition programs, treatment for obesity, (except surgery for morbid obesity), surgery for removal of excess skin or fat.

## **Collegiate Assistance Program**

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

---

If you are a student insured with this insurance plan, you are eligible for Scholastic Emergency Services (SES). The requirements to receive these services are as follows:

Domestic Students: 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 service 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 log into your online account at [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 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 for 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.

## **Claim Procedure**

---

In the event of Injury or Sickness, students should:

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

## **Online Access to Account Information**

---

UnitedHealthcare **StudentResources** insureds have online access to claims status, explanation of benefits, correspondence and coverage information via My Account at [www.uhcsr.com](http://www.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 [www.uhcsr.com](http://www.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 [www.uhcsr.com](http://www.uhcsr.com) to access your account information.

**The Plan is Underwritten by:**

UnitedHealthcare Insurance Company

**Submit all Claims or Inquiries to:**

UnitedHealthcare **Student**Resources

P.O. Box 809025

Dallas, Texas 75380-9025

800-767-0700

customerservice@uhcsr.com

claims@uhcsr.com

**Sales/Marketing Service:**

UnitedHealthcare **Student**Resources

805 Executive Center Drive West Suite 220

St. Petersburg, FL 33702

800-237-0903

E-Mail: info@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 2011-200828-1**

**v4**