



2011-2012

STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for the
International Students of West Lafayette Campus

PURDUE
UNIVERSITY™

West Lafayette, Indiana



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Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-888-224-4754 or by visiting us at www.uhcsr.com/purdue.

Eligibility

All International Students who are registered full time in a degree-seeking program or in an approved professional certificate program are required to enroll in this insurance Plan. Students who have insurance through an approved US based employer may apply for a waiver exemption and purchase Repatriation and Medical Evacuation coverage to meet Purdue's health insurance requirements.

An International Student who is registered for less than full time in a degree-seeking program may be eligible for this plan if the reduced hours have been approved by the Purdue Office of International Students and Scholars.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible students who enroll may also insure their Dependents. Eligible Dependents are the spouse or same-sex domestic partners and unmarried children under 19 years of age or 23 years if a full-time Dependent student at an accredited institution of higher learning who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student. An insured student may cover a newly acquired dependent by completing the enrollment form and paying any premium due within 30 days of a marriage, birth, arrival in the US, or other acquisition of a Dependent. Dependent Eligibility expires concurrently with that of the Insured student.

International students must purchase this health insurance plan to attend Purdue University. Very limited exceptions may apply for students who are covered under a government sponsor or a select US or International Organization, or who are covered as a US based employee or a dependent of a US based employee, with US based health insurance provided through that employee, or a student in an approved exchange program studying at Purdue. No waivers for the Fall enrollment period will be accepted after September 8, 2011. Waivers for Spring 2012 semester which begins in January of 2012 will be accepted until January 31, 2012. Waivers that are approved will be in effect only for the period of coverage actually provided by the alternative insurance policy on which the waiver request is based. If any part of an academic semester is not within the period of coverage, the registration will not be processed.

This plan is not an employer/employee plan or a group plan and is not meant to be a fully comprehensive plan. It is a blanket student plan and contains limited benefits. Twelve months of previous continuous insurance coverage is required to avoid denied claims for pre-existing conditions. No lapse of coverage between plans may occur. See the Pre-existing Condition exclusion #21 on page 17 for additional information.

Effective and Termination Dates

The Master Policy on file at the school becomes effective at 12:01 a.m., August 6, 2011. The Master Policy terminates at 11:59 p.m., August 5, 2012. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

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

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

Annual Premium Rates

Student Only	\$1,028.00
Spouse	\$3,743.00
Each Child	\$1,293.00
All Children	\$1,697.00

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.

Purdue University Student Health Center **www.purdue.edu/PUSH**

The Purdue University Student Health Center (PUSH) provides outpatient care, excluding maternity (labs are available) and pediatric services, for Purdue University students and their spouses. Dependents are not eligible to receive Psychotherapy services at PUSH.

The International Health Plan supplements the medical benefits provided by the Student Health Fee while at the Student Health Center, and also provides coverage in the local medical community and when away from campus.

There is a representative at PUSH (Room 338/340) to assist you with your student health insurance needs.

Pediatric Care

Pediatric Care is not provided at PUSH. There is a yearly \$500 maximum for routine well child care under the age of 18. There is no preventative care benefit past the age of 17.

Pre-natal Vitamins

Pre-natal vitamins are available at Purdue University Pharmacy only. The pre-existing condition exclusion does not apply to maternity. For additional information regarding Maternity Testing, please call the Company at 1-888-224-4754.

Procedure for Seeking Medical Treatment

When on campus, if an Insured has an Injury or Sickness of a non-emergency nature (i.e., not life-threatening) he/she should use the Purdue University Student Health Center (PUSH) as the initial contact. Services rendered at PUSH are subject to a \$15 co-pay and the pre-existing condition exclusion does not apply. PUSH services available to full-time students at no charge are not subject to the \$15 co-pay. A \$200 Deductible for Preferred Providers and a \$400 Deductible for Out-of-Network Providers will apply to all services outside PUSH with the following exception: If PUSH is closed and you are seeking treatment for a medical emergency (as defined by the Policy). For Medical Emergencies there is a \$50 copay for Preferred Providers or a \$50 Deductible for Out-of-Network Providers (this copay/deductible is in lieu of the Policy Deductible).

When seeking treatment outside of PUSH, students are encouraged by the University to utilize services provided by the UnitedHealthcare Choice Plus network. The UnitedHealthcare Choice Plus network is available and may provide savings to insured students. To find out if there are hospitals or health care providers in your area who are part of the network, call the Company 1-888-224-4754 or visit the website at www.uhcsr.com/Purdue.

Purdue Pharmacy and Prescription Drug Information

The Purdue University pharmacy is the preferred pharmacy of the International Student Plan. Insured students and their insured dependents can have prescriptions filled at the pharmacy located in the RHPH building Room 118.

A \$10 copay for generic and \$20 copay for brand name applies to each covered prescription filled at the Purdue Pharmacy. When the Purdue Pharmacy is used, the plan will pay 100% above the \$10 generic and \$20 brand name copay. When you do not use the Purdue Pharmacy, prescriptions must be filled at a UnitedHealthcare Network pharmacy.

Prescriptions for the treatment of allergy or acne will only be covered when filled at the Purdue University Pharmacy.

Benefits for Diabetes

Insulin pumps/supplies and glucometers are not available at the Purdue University Pharmacy. Please contact PUSH Student Insurance Office for more information.

Preventive Care

Benefits will be paid for Preventive Care up to a Maximum Benefit of \$500 Per Policy Year at PUSH only. Services rendered at PUSH are subject to a \$15 copay. Preventive care benefits are not subject to the Deductible, or coinsurance, if any.

Preventive Care includes: a complete health assessment, (routine physical) blood pressure screening, annual pap smear, breast evaluation, cholesterol screening, glucose-blood level screening, prostate/rectal exam for age 40 and over, other similar type services when recommended by a Physician.

Benefits for Psychotherapy (Treatment for Mental Illness)

Benefits will be paid the same as any other Sickness for the medically necessary treatment of a Mental and Nervous Disorder. Dependents are not eligible to receive psychotherapy services at PUSH.

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

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.

I.D. Cards

Be sure to carry your ID card with you at all times. Please present your ID card each time services are rendered.

SCHEDULE OF MEDICAL EXPENSE BENEFITS

Up To \$250,000 Maximum Lifetime Benefit Paid as Specified Below

(For each Injury or Sickness)

Preferred Provider Deductible \$200 (Per Insured Person) (Per Policy Year)

Out of Network Deductible \$400 (Per Insured Person) (Per Policy Year)

Coinsurance (Preferred Provider) 90% except as noted below

Coinsurance (Out-of-Network) 70% except as noted below

The Deductible will be waived when treatment is rendered at the Purdue Student Health Center (PUSH) or for Medical Emergency when PUSH is closed and Dependent children.

The Policy provides benefits for the Covered Medical Expenses incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Lifetime Benefit of \$250,000 for each Injury or Sickness.

The Preferred Provider for this plan is UnitedHealthcare Choice Plus.

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

University mandated vaccinations will be payable when services are rendered at PUSH.

The co-payments for PUSH services are \$15 per visit. However, the co-payments for PUSH services and Prescription Drugs do not apply toward the Deductible or coinsurance provision. Prescriptions for the treatment of allergy or acne will only be covered when filled at the Purdue University Pharmacy. Prenatal vitamins are covered at PUSH only following a \$15 copay.

PREFERRED PROVIDER SERVICES: After the Preferred Provider Deductible has been satisfied, Covered Medical Expenses incurred at a Preferred Provider will be paid at 90% of Preferred Allowance up to an Out-of-Pocket maximum of \$1,500 Per Insured Person/\$3,500 Per Insured Family. After the Out-of-Pocket maximum has been reached, additional Covered Medical Expenses will be paid at 100% of Preferred Allowance up to the \$250,000 Maximum Benefit.

OUT-OF-NETWORK SERVICES: After the Out-of-Network Deductible has been satisfied, Covered Medical Expenses incurred at an Out-of-Network Provider will be paid at 70% of Usual and Customary Charges up to an Out-of-Pocket maximum of \$3,000 Per Insured Person / \$7,000 Per Insured Family. After the Out-of-Pocket maximum has been reached, additional Covered Medical Expenses will be paid at 100% of Usual & Customary Charges up to the \$250,000 Maximum Benefit.

Note: Per Service copays, Deductibles and non Covered Medical Expenses do not count towards meeting the Out-of-Pocket maximums.

Usual and Customary is based on data provided by FAIR Health, Inc. at the 75th percentile.

Benefits for TB Testing and X-Ray for positive test results paid as any other Covered Medical Expenses.

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 scheduled below. Covered Medical Expenses include:

Inpatient	Preferred Providers	Out-of-Network Providers
Room & Board Expense , daily semi-private room rate; and general nursing care provided by the Hospital.	90% of Preferred Allowance	70% of Usual and Customary Charges

Inpatient	Preferred Providers	Out-of-Network Providers
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth. (4 days Hospital Confinement expense maximum.)	Paid as any other Sickness	
Intensive Care	Paid under Room and Board Expense	Paid under Room and Board Expense
Hospital Miscellaneous Expenses , such as the cost of the operating room, laboratory tests, X-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	90% of Preferred Allowance	70% of Usual & Customary Charges
Physiotherapy	Paid under Hospital Miscellaneous Expenses	
Surgeon's Fees , 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.	90% of Preferred Allowance	70% of Usual and Customary Charges
Anesthetist , professional services in connection with inpatient surgery.	90% of Preferred Allowance	70% of Usual and Customary Charges
Registered Nurse's Services , private duty nursing care.	No Benefits	
Physician's Visits , 30 days maximum. Benefits are limited to one visit per day and do not apply when related to surgery.	90% of Preferred Allowance	70% of Usual and Customary Charges
Pre-Admission Testing , payable within 5 working days prior to admission.	Paid under Hospital Miscellaneous Expenses	
Psychotherapy , Benefits are limited to one visit per day.	Paid as any other Sickness	
Outpatient		
Surgeon's Fees , 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.	90% of Preferred Allowance	70% of Usual and Customary Charges

Outpatient	Preferred Providers	Out-of-Network Providers
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	90% of Preferred Allowance	70% of Usual and Customary Charges
Anesthetist , professional services administered in connection with outpatient surgery.	90% of Preferred Allowance	70% of Usual and Customary Charges
Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	90% of Preferred Allowance	70% of Usual and Customary Charges
Physiotherapy , benefits are limited to one visit per day. (Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.)	90% of Preferred Allowance	70% of Usual and Customary Charges
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours of Injury or first onset of Sickness. (Copay/Deductible is in lieu of Policy Deductible.)	90% of Preferred Allowance / \$50 copay per visit	90% of Usual and Customary Charges / \$50 Deductible per visit
Diagnostic X-Ray & Laboratory Services	90% of Preferred Allowance	70% of Usual and Customary Charges
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-rays and lab procedures. A Quantiferon Gold TB test will be covered when administered at PUSH.	90% of Preferred Allowance	70% of Usual and Customary Charges
Radiation & Chemotherapy	90% of Preferred Allowance	70% of Usual and Customary Charges
Injections , when administered in the Physician's office and charged on the Physician's statement.	90% of Preferred Allowance	70% of Usual and Customary Charges
Psychotherapy , benefits are limited to one visit per day.	Paid as any other Sickness	

Outpatient	Preferred Providers	Out-of-Network Providers
Prescription Drugs Prescriptions filled at Purdue Pharmacy, the plan will pay 100% above the following copays: <ul style="list-style-type: none"> ◆ \$10 copay for generic; ◆ \$20 copay for brand name; <i>(Acne and Allergy medications are covered at Purdue Pharmacy only.)</i> If you do not use the Purdue Pharmacy, prescriptions must be filled at a UnitedHealthcare Network pharmacy. Copay greater of: <ul style="list-style-type: none"> ◆ \$20 copay for Tier 1 prescriptions; ◆ \$40 copay for Tier 2 prescriptions; or ◆ 30% coinsurance up to a \$1,000 out-of-pocket maximum. After the \$1,000 maximum: Copay greater of: <ul style="list-style-type: none"> ◆ \$20 copay for Tier 1 prescriptions; ◆ \$40 copay for Tier 2 prescriptions; or ◆ 10% coinsurance Mail order prescription drugs through UHPS at 2 times the retail copay up to a 90 supply.		No Benefits
Other		
Ambulance Services	90% of Usual & Customary Charges	90% of Usual & Customary Charges
Consultant Physician Fees , when requested and approved by the attending Physician.	90% of Preferred Allowance	70% of Usual & Customary Charges
Dental Treatment , made necessary by Injury to Sound, Natural Teeth only.	90% of Usual & Customary Charges	90% of Usual & Customary Charges
Alcoholism & Drug Abuse , \$5,000 aggregate maximum for Inpatient and Outpatient combined Per Policy Year.	90% of Preferred Allowance	70% of Usual and Customary Charges
Maternity , the pre-existing condition exclusion does not apply to maternity.	Paid as any other Sickness	
Complications of Pregnancy	Paid as any other Sickness	
Club Sports	Paid as any other Injury	
Routine Well Child Care , \$500 maximum Per Policy Year. Benefits will be payable for physical examinations, and CDC recommended immunizations for children under age 18.	90% of Preferred Allowance	70% of Usual and Customary Charges
Smoking Cessation	Paid as any other Sickness	
Preventive Care: <ul style="list-style-type: none"> ◆ Benefits will be paid for Preventive Care up to a Maximum Benefit of \$500 Per Policy Year at PUSH only. ◆ Preventive care benefits are not subject to the Deductible, or coinsurance, if any. ◆ Preventive Care includes: a complete health assessment, (routine physical) blood pressure screening, annual pap smear, breast evaluation, cholesterol screening, glucose-blood level screening, prostate/rectal exam for age 40 and over, other similar type services when recommended by a Physician. ◆ The co-payments for PUSH services are \$15 per visit. 		

Maximum Lifetime Benefit

The aggregate amount payable by the Company for incurred Covered Medical Expenses for any one Injury or Sickness will never exceed an amount determined by subtracting from the sum of \$250,000 the following: (i) all amounts paid under this policy for any one Injury or Sickness; (ii) all amounts paid to or in respect of an Insured for any one Injury or Sickness under any other policy issued to the Policyholder by this Company, regardless of the policy period of such other policy.

The Maximum Benefit for all benefit coverage afforded under this policy is \$250,000 for any one Injury or Sickness. Covered Medical Expenses shall not include amounts paid by the Insured for coinsurance.

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 and copayments and/or coinsurance that vary depending on which tier of the PDL the outpatient drug is listed. There are certain Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

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

Copays per prescription order or refill: The greater of \$20 for Tier 1; \$40 for Tier 2; or 30% coinsurance up to a 31-day supply.

Out-of pocket maximum: After the Insured has paid \$1,000 in out-of-pocket expenses for Prescription Drugs, then the greater of \$20 for Tier 1; \$40 for Tier 2; or 10% coinsurance per prescription order or refill up to a 31-day supply.

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

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 of the prescription.

If you do not present the card, you will need to pay for the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms please visit www.uhcsr.com/purdue and log in to your on-line account, or call 877-417-7345.

Additional Exclusions

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

1. Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.
2. Experimental or Investigational Services or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by the Company to be experimental, investigational or unproven.
3. Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a Prescription Order or Refill. Compounded drugs that are available as a similar commercially available Prescription Drug Product. Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill are assigned to Tier-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.

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 or call Customer Service at 1-877-417-7345.

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 your local school area and nationally are: Hospitals and Physicians participating in the UnitedHealthcare Choice Plus Network.

The availability of specific providers is subject to change without notice. Insured's should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-888-224-4754, and/or by asking the provider when making an appointment for services.

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

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

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

Inpatient Hospital Expenses

PREFERRED HOSPITALS - Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at the coinsurance percentages specified in the Schedule of Benefits, up to any limits specified in the Schedule of Benefits. Call 1-888-224-4754 for information about Preferred Hospitals.

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

Outpatient Hospital Expenses

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

Professional & Other Expenses

Benefits for Covered Medical Expenses provided by UnitedHealthcare Choice Plus providers will be paid at the 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.

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. These lab tests may be performed at PUSH for a \$15 copay with a doctor's written order. Pre-natal vitamins are covered at PUSH only. The pre-existing condition exclusion does not apply to maternity. For additional information regarding Maternity Testing, please call the Company at 1-888-224-4754.

Accidental Death Benefit

If an accidental Injury should independently of all other causes and within 90 days from the date of Injury solely result in the loss of the Insured's life, the Insured's beneficiary may request the Company to pay \$25,000. Payment under this benefit when added to payment under any "Medical Expense Benefit" provision will not exceed the policy Maximum Benefit.

Benefits for Psychotherapy (Treatment for Mental Illness)

Benefits will be paid the same as any other Sickness for the medically necessary treatment of a Mental and Nervous disorder. NOTE: Dependents are not eligible to receive psychotherapy services at PUSH.

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

Coordination of Benefits Provision

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.

Continuation Privilege

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

Application must be made and premium must be paid directly to UnitedHealthcare **Student**Resources and be received within 14 days after the expiration date of your student coverage. For further information on the Continuation privilege, please contact UnitedHealthcare **Student**Resources at 1-888-224-4754 or PUSH Student Insurance office.

Monthly Continuation Rates

Student Only	\$131.00
Spouse	\$484.00
Each Child	\$167.00

Mandated Benefits

Benefits for Pervasive Developmental Disorder

Benefits will be provided in accordance with a physician's treatment plan for pervasive developmental disorder. Services will be provided without interruption, as long as those services are consistent with the treatment plan and with medical necessity decisions. As used in this benefit, "pervasive developmental disorder" means a neurological condition including Asperger's syndrome and autism, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

Benefits shall be subject to all Deductible, copayment, coinsurance, and lifetime maximums, but any other exclusions and limitations within the policy that are inconsistent with the treatment do not apply.

Benefits for Reconstructive Surgery and Prosthetic Device

Benefits will be paid the same as any other Sickness for prosthetic devices and reconstructive surgery incident to a mastectomy. Surgery benefits shall include all stages of reconstruction of the breast on which the mastectomy has been performed and surgical reconstruction of the other breast to produce symmetry if recommended by a Physician.

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

Diabetes Benefit

Benefits will be paid the same as any other Sickness for the Medically Necessary treatment of diabetes including the equipment and supplies for the treatment of Insulin-using, Non-insulin using diabetic, or elevated blood glucose levels induced by pregnancy or other medical conditions, when recommended or prescribed by a Physician.

Benefits will also be provided for self-management training for one or more visits after receiving a diagnosis of diabetes by a Physician or a diagnosis that represents a significant change in the Insured's symptoms or condition and makes changes in the Insured's self-management Medically Necessary. Benefits will be provided for one or more visits for reeducation or refresher training.

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

Benefits for Breast Cancer Screening

Benefits will be paid the same as any other Sickness for breast cancer screening mammography performed on dedicated equipment for diagnostic purposes on referral by a Physician according to the following guidelines:

1. One baseline mammogram for an Insured at least thirty-five but less than forty years of age, or more often if recommended by a Physician; or
2. One mammogram every year for an Insured who is less than forty years of age, and considered a woman at risk. A woman at risk is defined as a woman who meets at least one of the following descriptions:
 - ❖ A woman who has a personal history of breast cancer.
 - ❖ A woman who has a personal history of breast disease that was proven benign by biopsy.
 - ❖ A woman whose mother, sister, or daughter has had breast cancer.
 - ❖ A woman who is at least thirty (30) years of age and has not given birth.
3. One mammogram every year for an Insured at least forty years of age.
4. Any additional mammography views that are required for proper evaluation.
5. Ultrasound services, if determined medically necessary by the physician treating the insured.

This benefit is in addition to any other benefits specifically provided for x-rays, laboratory testing, or Sickness examinations.

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 Care Costs that are incurred in the course of a Clinical Trial if the policy would provide benefits for the same Routine Care Costs not incurred in a Clinical Trial.

“Routine Care Cost” means the cost of medically necessary services related to the Care Method that is under evaluation in a Clinical Trial. It does not include:

1. Health care service, item, or investigational drug that is the subject of the Clinical Trial.
2. Any treatment modality that is not part of the usual and customary standard of care required to administer or support the health care service, item, or investigational drug that is the subject of the Clinical Trial.
3. Any health care service, item, or drug provided solely to satisfy data collection and analysis needs that are not used in the direct clinical management of the patient.
4. An investigational drug or device that has not been approved for market by the federal Food and Drug Administration.
5. Transportation, lodging, food, or other expenses for the Insured or a family member or companion of the Insured that are associated with travel to or from a facility where a Clinical Trial is conducted.
6. A service, item, or drug that is provided by a Clinical Trial sponsor free of charge for any new patient.
7. A service, item, or drug that is eligible for reimbursement from a source other than an Insured's individual contract or group contract, including the sponsor of the Clinical Trial.

"Clinical Trial" means a Phase I, II, III, or IV research study:

1. That is conducted:
 - (A) using a particular Care Method to prevent, diagnose, or treat a cancer for which:
 - (i) there is no clearly superior, noninvestigational alternative Care Method; and
 - (ii) available clinical or preclinical data provides a reasonable basis from which to believe that the Care Method used in the research study is at least as effective as any noninvestigational alternative Care Method;
 - (B) in a facility where personnel providing the Care Method to be followed in the research study have: (i) received training in providing the Care Method; (ii) expertise in providing the type of care required for the research study; and (iii) experience providing the type of care required for the research study to a sufficient volume of patients to maintain expertise; and
 - (C) to scientifically determine the best Care Method to prevent, diagnose, or treat the cancer; and
2. That is approved or funded by one of the following:
 - (A) A National Institutes of Health institute;
 - (B) A cooperative group of research facilities that has an established peer review program that is approved by a National Institutes of Health institute or center;
 - (C) The federal Food and Drug Administration;
 - (D) The United States Department of Veterans Affairs;
 - (E) The United States Department of Defense;
 - (F) The institutional review board of an institution located in Indiana that has a multiple project assurance contract approved by the National Institutes of Health Office for Protection from Research Risks as provided in 45 CFR 46.103; or
 - (G) A research entity that meets eligibility criteria for a support grant from a National Institutes of Health center.

“Care Method” means the use of a particular drug or device in a particular manner.

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

Definitions

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.

Covered Medical Expenses will be deemed "incurred" only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

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.

ELECTIVE SURGERY OR ELECTIVE 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) is not primarily a clinic, nursing, rest or convalescent home.

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.

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.

MENTAL AND NERVOUS DISORDER means a psychiatric disorder that substantially disturbs an individual's thinking, feeling, or behavior and impairs the individual's ability to function. All diagnoses classified as a "Mental Disorder" according to the (International Classification of Diseases) are considered one Sickness.

PRE-EXISTING CONDITION means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under the policy.

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

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. Acupuncture;
2. Assistant Surgeon Fees;
3. Learning disabilities;
4. Biofeedback;
5. Durable Medical Equipment;
6. Circumcision;
7. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
8. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children;
9. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
10. Elective Surgery or Elective Treatment;
11. Elective Abortion;
12. Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, except when due to a disease process;
13. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
14. 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;

15. Hirsutism; alopecia;
16. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;
17. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. Injury sustained while (a) participating in any interscholastic, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
19. Organ transplants, including organ donation;
20. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
21. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months; The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy. This exclusion does not apply to students continuously covered under the policy issued by the Company for the previous policy year;
22. Prescription Drugs, services or supplies as follows:
 - 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 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;
23. 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;

24. 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;
25. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
26. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; nasal and sinus surgery; this exclusion does not apply to newborns;
27. 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 or while taking flight instructions for University credit;
28. Sleep disorders;
29. Supplies, except as specifically provided in the policy;
30. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
31. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
32. 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
33. Weight management, weight reduction, nutrition programs, treatment for 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 access number indicated on your 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 and your insured spouse or same sex Domestic Partner and minor child(ren) are eligible for Scholastic Emergency Services (SES). The requirements to receive these services are as follows:

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

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

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

Key Services include:

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

Please visit your school's insurance coverage page at www.uhcsr.com for the SES Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations.

To access services please call:

(877) 488-9833 Toll-free within the United States
(609) 452-8570 Collect outside the United States

Services are also accessible via e-mail at medservices@assistamerica.com.

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

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

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

Online Access to Account Information

UnitedHealthcare **StudentResources** Insureds have online access to claims status, EOBs, correspondence and coverage information via My Account at www.uhcsr.com/purdue. 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/purdue. 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/purdue to access your account information.

Claim Procedure

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

- 1) Report to the Purdue University Student Health Center for treatment or referral, or when not in school, to your Physician or Hospital.
- 2) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, student identification 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.

The Plan is Underwritten by:

UnitedHealthcare Insurance Company

Submit all Claims or Customer Service Inquiries to:

UnitedHealthcare **StudentResources**
P.O. Box 809025
Dallas, Texas 75380-9025
1-888-224-4754 (dedicated Purdue line)
1-800-767-0700
customerservice@uhcsr.com
claims@uhcsr.com

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

This Brochure is based on Policy # 2011-261-4

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PUSH Contact Information and Hours

There are representatives at PUSH (Room 338 and 340) to assist you with your student health insurance needs, and to answer questions about enrollment, policy benefits and claims.

Office Phone: (765) 496-3998
Fax: (765) 496-2524
Email: student-insurance@purdue.edu

Office Hours

Monday through Thursday 8:30 - 4:30

Friday 9:30 - 4:30

During Summer Semester and Academic breaks, PUSH is closed from 12 - 1:00PM

Office Hours - Subject to Change.

Please visit the PUSH website: www.purdue.edu/push to confirm the current hours of operation.



