

2012-2013

STUDENT INJURY AND SICKNESS SCHEDULE OF BENEFITS AND EXCLUSIONS AND LIMITATIONS

Designed Especially for the Undergraduate and
Unsupported Graduate Students of



The Foundation for The Gator Nation

Important: Please see the Notice on the first page of this plan material concerning student health insurance coverage.



Important Notice

Your Student health insurance coverage, offered by UnitedHealthcare Insurance Company, may not meet the minimum standards required by the health care reform law for restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions on annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012 and \$500,000 for policy years beginning on or after September 23, 2012 but before January 1, 2014. Your student health insurance coverage puts a policy year limit of \$200,000 that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified. If you have any questions or concerns about this notice, contact 1-800-767-0700. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

NOTICE:

UnitedHealthcare Student Resources is diligently working to get your policy and all materials ready prior to this upcoming academic year. Yet we understand you need to be able to obtain coverage currently. As a result, we are providing you with a Schedule of Benefits outlining the Benefits and Exclusions and Limitations that will be contained in your University's/College's student health insurance plan. We will update this site frequently and make all materials available as soon as possible. If you have any questions regarding this coverage, please feel free to contact us.

Schedule of Benefits

Medical Expense Benefits - Policy # 2012-330-2

Injury and Sickness Benefits

Maximum Benefit	\$200,000 (Per Insured Person) (Per Policy Year)
Deductible	\$200 (Per Insured Person) (Per Policy Year)
Coinurance Preferred Provider	80% except as noted below
Coinurance Out-of-Network	70% except as noted below

Underwritten by UnitedHealthcare Insurance Company

The Preferred Providers for this plan are UnitedHealthcare Choice Plus and Shands Hospital & Physicians. Shands at Vista is a covered Psychiatric Hospital.

The student and spouse must use the services of the SHCC first where treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health Care Center for which no prior approval or referral is obtained are excluded from coverage. Dependent children are not eligible to use the SHCC and are therefore exempt from the student health center referral.

Shands and UnitedHealthcare Choice Plus: After the Deductible has been satisfied, the Plan will pay 80% of Covered Medical Expenses up to \$25,000, then 100% up to the plan Per Policy Year maximum of \$200,000.

Out-of-Network: After the Deductible has been satisfied the Plan will pay 70% up to plan Per Policy Year maximum of \$200,000.

If care is received from a Preferred Provider, Covered Medical Expenses 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.

Services at the SHCC will be paid at a rate of 80%. The Deductible is waived at the SHCC. SHCC utilizes the Florida Clinical Practice Associates Inc. (FPCA) for billing.

Dermatology Services: No SHCC Referral is required for the first 5 visits.

NOTE: Spouse, Domestic Partner and Dependent coverage will be available at the Student Health Care Center if the proper fee is paid. No Dependents will be seen under the age of 18. The covered benefits and stipulations will be the same as what is available to students.

Services rendered at the SHCC are not subject to Pre-existing Conditions.

All maximums are combined Preferred Provider and Out-of-Network, unless noted below. The benefits payable are as defined in and subject to all provisions of this policy and any riders or endorsements thereto. Benefits will be paid up to the Maximum Benefit for each service as scheduled below.

NOTE: No benefits will be paid for services designated as "No Benefits" in the Schedule.

PA = Preferred Allowance U&C = Usual & Customary Charges max = maximum

INPATIENT	Preferred Providers	Out-of-Network Providers
Room & Board	80% of PA	70% of U&C

INPATIENT	Preferred Providers	Out-of-Network Providers
Hospital Miscellaneous	80% of PA	70% of U&C
Intensive Care	80% of PA	70% of U&C
Routine Newborn Care	Paid as any other Sickness	
Physiotherapy	80% of PA	70% of U&C
Surgery, (Except Dental Surgery. See Other) <i>(Specified surgery based on data provided by FAIR Health, Inc.)</i>	80% of PA	70% of U&C
Assistant Surgeon	80% of PA	70% of U&C
Anesthetist	80% of PA	70% of U&C
Registered Nurse's Services	80% of PA	70% of U&C
Physician's Visits	80% of PA	70% of U&C
Pre-Admission Testing	80% of PA	70% of U&C
Psychotherapy	Paid as any other Sickness	
OUTPATIENT		
Surgery, (Except Dental Surgery. See Other) <i>(Specified surgery based on data provided by FAIR Health, Inc.)</i>	80% of PA	70% of U&C
Day Surgery Miscellaneous, (Day Surgery) <i>Miscellaneous charges are based on the Outpatient Surgical Facility Charge Index.)</i>	80% of PA	70% of U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
Assistant Surgeon	80% of PA	70% of U&C
Anesthetist	80% of PA	70% of U&C
Physician's Visits (<i>Reimbursement for office visits will be paid on the same day if surgical charges are submitted.</i>)	80% of PA \$25 copay per visit	70% of U&C \$25 Deductible per visit
Medical Emergency, (<i>Copay/Deductible will be waived if admitted.</i>)	80% of PA \$100 copay per visit	80% of U&C \$100 Deductible per visit
Physiotherapy, (<i>Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.</i>)	80% of PA	70% of U&C
X-rays	80% of PA	70% of U&C
Laboratory, (<i>The \$25 copay per visit will not apply to the laboratory tests provided by the Student Health Center.</i>)	80% of PA \$25 copay per visit	70% of U&C \$25 Deductible per visit
Injections, (<i>Includes allergy injections and serum.</i>)	80% of PA	70% of U&C
Tests & Procedures	80% of PA	70% of U&C
Chemotherapy	80% of PA	70% of U&C
Radiation Therapy	80% of PA	70% of U&C
Prescription Drugs, (<i>Up to a 31 day supply, except at the SHCC.</i>) (<i>UHPS mail order limited to a 90 day supply at 2 1/2 times the retail copay.</i>) (<i>Prescriptions dispensed at the Student Health Center will have the following per prescription copays: \$10 for generic/\$25 for brand name/\$40 for non-preferred.</i>)	UnitedHealthcare Network Pharmacy (UHPS) \$20 copay per prescription for tier 1 \$30 copay per prescription for tier 2 \$50 copay per prescription for tier 3	No Benefits
Psychotherapy	Paid as any other Sickness	

OTHER	Preferred Providers	Out-of-Network Providers
Ambulance Services	80% of Actual Charges	80% of Actual Charges
Durable Medical Equipment , <i>(Includes foot orthotics deemed Medically Necessary to prevent complications of diabetes.) (Durable Medical Equipment benefits are not included in the \$200,000 Maximum Benefit.)</i>	80% of PA	80% of U&C
Consultant	80% of PA	70% of U&C
Dental , <i>(\$2,000 maximum for each Injury.) (Injury to Sound, Natural Teeth only.) (Dental Benefits are not subject to the \$200,000 Maximum Benefit.)</i>	80% of U&C	80% of U&C
Alcoholism/Drug Abuse	Paid under Psychotherapy	
Maternity	Paid as any other Sickness	
Elective Abortion , <i>(\$300 maximum Per Policy Year) (Elective Abortion benefits are not subject to the \$200,000 Maximum Benefit.)</i>	80% of PA	70% of U&C
Complications of Pregnancy	Paid as any other Sickness	
Repatriation	Benefits provided by Scholastic Emergency Services, Inc.	
Medical Evacuation	Benefits provided by Scholastic Emergency Services, Inc.	
AD&D	\$2,500 - \$10,000 maximum	
Second Surgical Opinion	80% of PA	80% of U&C
Home Health Care , <i>60 visits max per Policy Year.</i>	80% of PA	70% of U&C
Eye Examinations , <i>\$100 maximum (Per Policy Year) (Limited to one exam per policy year.) (Eye Examinations are not subject to the \$200,000 Maximum Benefit.)</i>	80% of U&C	80% of U&C
Preventive Care Services , <i>(No Deductible, copay or coinsurance will be applied to Preventive Care Services when treatment is received by a Preferred Provider. Preventive Care Services are limited to the following recommended preventive services: 1) U.S. Preventive Services Task Force (USPSTF) recommendations of "A" or "B"; 2) immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) of the CDC; 3) with respect to Insureds who are infants, children and adolescents, evidence-informed preventive care and screenings for infants, children, and adolescents as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and 4) with respect to Insureds who are women, such additional preventive care and screenings provided for in comprehensive guidelines supported by the HSRA.)</i>	100% of PA	70% of U&C

Exclusions and Limitations

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

1. Acupuncture;
2. Learning disabilities;
3. Biofeedback;
4. Circumcision;
5. 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;
6. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
7. Elective Surgery or Elective Treatment, except cosmetic surgery made necessary as the result of a covered Injury or to correct a disorder of a normal bodily function;
8. 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; except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child or Benefits for Child Health Assurance;
9. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
10. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child, Benefits for Child Health Assurance and Benefits for Cleft Lip and Cleft Palate. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
11. Preventive medicines or vaccines, except where required for treatment of a covered Injury; except as specifically provided in the policy;
12. Injury caused by, contributed to, or resulting from the addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
13. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
14. 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;
15. Investigational services;
16. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting except in self-defense;
17. Pre-existing Conditions, will apply for the first 6 months, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months. Credit will be given for the time the Insured was covered under a previous similar plan if the previous coverage was continuous to a date not more than 63 days prior to the Insured's Effective Date under this policy; This exclusion will not be applied to an Insured Person who is in under age 19.

18. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
 - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - d) Products used for cosmetic purposes;
 - e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - f) Anorectics - drugs used for the purpose of weight control;
 - g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene or Viagra;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after (1) year of date of the prescription;
19. 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;
20. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery; except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child or Benefits for Child Health Assurance;
21. 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; except as specifically provided under Benefits for Child Health Assurance;
22. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
23. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; except for treatment of chronic purulent sinusitis;
24. 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;
25. Sleep disorders;
26. Supplies, except as specifically provided in the policy;
27. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
28. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
29. 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
30. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

This Pseudo-Brochure is based on Policy Number: 330-2