



NOTRE DAME DE NAMUR UNIVERSITY

BELMONT, CALIFORNIA

INTERNATIONAL AND DOMESTIC  
STUDENT INJURY & SICKNESS  
INSURANCE PLAN

2010 - 2011

Underwritten by:  
UnitedHealthcare Insurance Company

## INTRODUCTION

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This is a brief description of the Student Health Plan provided for students enrolled at Notre Dame de Namur University. This plan is underwritten by UnitedHealthcare Insurance Company. The exact provisions governing this insurance are contained in the Master Policy issued to the University located in the Health & Wellness Services Office located in Campus Life. Please review this brochure carefully. If you have any questions, contact ECI at 1-866-780-3824.

## ELIGIBILITY

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All athletes, all full-time undergraduate students (taking 12 or more credit hours), and International students with an F-1 or J-1 visa, are required to participate in the school sponsored health insurance plan, unless proof can be provided that a student has comparable outside health insurance coverage that is currently valid. Waiver will only be granted to persons who meet the waiver criteria. This criteria can be found on the school website at <http://www.ndnu.edu/campus-life/health-wellness> with instructions. A new waiver form must be submitted annually.

All part-time undergraduate students (taking 3-11 credit hours) and graduate students who are enrolled in 3 or more credit hours, can enroll on the plan on a voluntary basis.

To be an Insured Person under the Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer. All students must actively attend classes on campus for 45-days following the date of enrollment in this plan.

The Company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is to refund premium.

## DEPENDENT COVERAGE

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Dependent coverage is not being provided by UnitedHealthcare Insurance Company. For alternative dependent coverage, please contact ECI at 1-866-780-3824.

## EFFECTIVE AND TERMINATION DATES

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The Master Policy on file at the school becomes effective August 1, 2010. The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates August 14, 2011. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

If paying premiums by Semester, coverage expires as follows:

<u>Semester</u>	<u>From</u>	<u>To</u>	<u>Enrollment Deadline</u>
Fall	08/01/2010	01/13/2011	08/25/2010
Spring/Summer	01/14/2011	08/14/2011	01/13/2011
Summer	05/15/2011	08/14/2011	05/14/2011

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the coverage expiration date for students enrolling on a voluntary basis. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage. Refunds of premiums are allowed only upon entry into the Armed Forces. 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.

## 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.

## IMPORTANT NOTICES/REFUNDS

Premiums received by the Company are fully earned upon receipt. Refund of premium will be considered only:

1. For any student who does not attend school during the first forty-five (45) days of the period for which coverage is purchased. Such a student will not be covered under the Policy and a refund of the unused premium will be made. This includes a student who never showed up, dropped out or withdrew from school during this period; or
2. For an Insured Person entering the Armed Forces of any country. Such person will not be covered under the Policy as of the date of his/her entry into the service. A pro-rata refund of premium will be made for such person when written notice is received by the Company.

Refunds of premium for the above instances will be considered only upon written request received by ECI within 45 days of the quarter/semester beginning date except as otherwise noted. No other refunds will be allowed. Please see the policy on file with the School for further refund restrictions.

## PROGRAM COSTS

	FALL 8/01/10 through 1/13/11	SPRING/SUMMER 1/14/11 through 8/14/11	SUMMER 5/15/11 through 8/14/11
Full-time Undergraduate (12+ credits), International Student or Athlete	\$620	\$620	\$310
Graduate Student or Part-time Undergraduate (3-11 credits)	\$639	\$639	\$320

## DEFINITIONS

**CREDITABLE COVERAGE** means any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefit society, self-insured employer plan, or any other entity, in this state or elsewhere, and that arranges or provides medical, hospital, and surgical coverage not designed to supplement other private or governmental plans, including Medicare or Medicaid, nonprofit medical and surgical plan or hospital service plan that provides similar benefits, Armed Forces Personnel Medical and Dental Care, Indian Health Service or tribal organization medical care program, a state health benefits risk pool, Federal Employees Health Benefit Plan, the Peace Corps Act health benefit plan, health maintenance organization, a public health plan, or College Plan. The term includes continuation or conversion coverage, but does not include accident only, credit, coverage for onsite medical clinics, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

**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.

**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.

**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.

**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.

## PREFERRED PROVIDER

“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: Physicians and Hospitals of UnitedHealthcare Options PPO. 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 1-800-767-0700 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 out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured’s responsibility. Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

### INPATIENT HOSPITAL EXPENSES

**PREFERRED HOSPITALS** – Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at 80%, 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.



## PREFERRED PROVIDER (CONT'D)

### PROFESSIONAL & OTHER EXPENSES

Benefits for Covered Medical Expenses provided by Physicians who are members of UnitedHealthcare Options PPO will be paid at 80% of Preferred Allowance, 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.

### MEDICAL EMERGENCY

For the purposes of PPO Coverage, Medical Emergency shall include Active Labor. Active Labor means a labor at a time at which either of the following would occur: 1) There is inadequate time to effect safe transfer to another hospital prior to delivery. 2) A transfer may pose a threat to the health and safety of the Insured or the unborn child.

## MANDATED BENEFITS

### 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.

### BENEFITS FOR UPPER OR 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 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.

## MANDATED BENEFITS (CONT'D)

### 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 surgeon. "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 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.

## MANDATED BENEFITS (CONT'D)

### 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 apply 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 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 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.



## MANDATED BENEFITS (CONT'D)

### 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 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 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 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 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.

## INTERCOLLEGIATE SPORTS BENEFIT

\$1,000 Maximum Benefit (per Policy Year) Insured student athletes who are members of and are participating in intercollegiate softball, basketball, volleyball, soccer, golf, tennis, track and field, and lacrosse sponsored by the Policyholder are covered for sports Injury as for any other Injury. Subject to the Policy Deductible of \$150, benefits will be paid under the Schedule of Benefits for intercollegiate sports Injury up to \$1,000.

## 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, and HIV: HIV-ab; Each visit – Urine analysis; **Once every trimester** – Hematocrit and Hemoglobin; **Once during first trimester** – Ultrasound; **Once during second trimester** – Ultrasound (anatomy scan); Triple Alphafetoprotein (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.



# SCHEDULE OF MEDICAL BENEFITS

Schedule of Medical Expense Benefits  
Up To \$100,000 Maximum Lifetime Benefit Paid as Specified Below (For Each Injury or Sickness)  
\$150 Deductible (Per Insured Person, Per Policy Year)

The Policy provides benefits for the Usual & Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Lifetime Benefit of \$100,000 for each Injury or 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. 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. The Benefit Maximum for covered Expenses incurred as a result of intentionally, self-inflicted Injury, suicide or attempted suicide is limited to \$2,000. All benefit maximums are combined Preferred Provider and Out-of-Network, unless noted below. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

<u><b>INPATIENT BENEFITS</b></u>	<u><b>PPO</b></u>	<u><b>NON-PPO</b></u>
Registered Nurse's Services	No Benefits	No Benefits
Room and Board Expense, daily semi-private room rate; and general nursing care provided by the Hospital	80% PPO Allowance	50% U&C
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	80% PPO Allowance	50% U&C
Physicians Visits, benefits are limited to one visit per day and do not apply when related to surgery	80% PPO Allowance	50% U&C
Pre-admission Testing, payable within 3 working days prior to admission	80% PPO Allowance	50% U&C
Surgeon's Fees, in accordance with data provided by Ingenix, if two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures	80% PPO Allowance	50% U&C
Assistant Surgeon's Fees	20% Paid Surgical Expense	20% Paid Surgical Expense
Anesthetist, Professional Services in connection with Inpatient Surgery	80% PPO Allowance	50% U&C
Physiotherapy	80% PPO Allowance	50% U&C
Psychotherapy, \$1,000 max per Policy Year	80% PPO Allowance	50% U&C
Benefits are limited to one visit per day		
Severe Mental Illness	See Benefits for Severe Mental Illnesses and Serious Emotional Disturbances	See Benefits for Severe Mental Illnesses and Serious Emotional Disturbances
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	Paid as any other Sickness
<u><b>OUTPATIENT BENEFITS</b></u>	<u><b>PPO</b></u>	<u><b>NON-PPO</b></u>
Surgeon's Fees, in accordance with data provided by Ingenix, if two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures	80% PPO Allowance	50% U&C
Day Surgery Miscellaneous, related to scheduled surgery performed in a Hospital	80% PPO Allowance	50% U&C
\$5,000 maximum for each Injury or Sickness including the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index		
Assistant Surgeon's Fees	80% PPO Allowance	50% U&C
Anesthetist, Professional Services in connection with Outpatient Surgery	80% PPO Allowance	50% U&C
Physicians Visits, benefits are limited to one visit per day. Benefits for Physicians Visits do not apply when related to Surgery or Physiotherapy. Includes acupuncturist.	\$20 Copay/then 100% PPO Allowance Deductible is waived	50% U&C
Outpatient Miscellaneous Benefits, includes benefits designated as "Outpatient Miscellaneous" \$5,000 maximum for each Injury or Sickness	80% PPO Allowance	50% U&C
Physiotherapy, benefits are limited to one visit per day	Paid under Outpatient Miscellaneous Benefits	Paid under Outpatient Miscellaneous Benefits
Medical Emergency Expenses, use of the emergency room and supplies, Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness	Paid under Outpatient Miscellaneous Benefits/ \$100 Copay per visit	Paid under Outpatient Miscellaneous Benefits \$100 Deductible per visit
Copay/Deductible waived if admitted		
Diagnostic X-ray and Laboratory Services	Paid under Outpatient Miscellaneous Benefits	Paid under Outpatient Miscellaneous Benefits
Tests and Procedures, diagnostic services and medical procedures performed by a Physician	Paid under Outpatient Miscellaneous Benefits	Paid under Outpatient Miscellaneous Benefits
Other than Physician's Visits, Physiotherapy, X-rays and lab procedures		
Injections, when administered in the Physician's office and charged on the Physician's Statement	Paid under Outpatient Miscellaneous Benefits	Paid under Outpatient Miscellaneous Benefits
Prescription Drugs, Prescriptions must be filled at a UnitedHealthcare Network Pharmacy. (see definition of Ancillary Charge on page 12)	UnitedHealthcare Network Pharmacy (UHPS)/\$15 copay per prescription for Tier 1/\$25 copay per prescription for Tier 2 plus any Ancillary Charge/up to a 31-day supply per prescription/ \$1,000 maximum (Per Policy Year)	No Benefits
Psychotherapy, includes all related ancillary charges incurred as a result of a Mental and Nervous Disorder. \$1,000 maximum Per Policy Year. Benefits are limited to one visit per day.	\$50 per visit, one visit per day PPO Allowance	\$50 per visit, one visit per day U&C
Radiation Therapy and Chemotherapy	80% PPO Allowance	50% U&C
Severe Mental Illness	See Benefits for Severe Mental Illnesses and Serious Emotional Disturbances	See Benefits for Severe Mental Illnesses and Serious Emotional Disturbances
<u><b>OTHER BENEFITS</b></u>	<u><b>PPO</b></u>	<u><b>NON-PPO</b></u>
Alcoholism/Drug Abuse, \$5,000 Maximum Per Policy Year	80% PPO Allowance	50% U&C
Ambulance Services, \$800 Maximum Per Policy Year	100% PPO Allowance	100% U&C
Durable Medical Equipment, a written prescription must accompany the claim when submitted	Paid under Outpatient Miscellaneous Benefits	Paid under Outpatient Miscellaneous Benefits
\$150 Maximum Per Policy Year, Replacement equipment is not covered		
Consultant Physician Fees, when requested and approved by the attending Physician	Paid under Outpatient Miscellaneous Benefits	Paid under Outpatient Miscellaneous Benefits
Dental Treatment, made necessary by Injury to Natural Teeth; \$250 maximum per Tooth/\$1,000 maximum Per Policy Year	100% U&C	100% U&C
Maternity, not subject to Pre-existing Conditions Exclusion	Paid as any other Sickness	Paid as any other Sickness
Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Motor Vehicle Injury, \$10,000 maximum for each Injury	80% PPO Allowance	50% U&C
Intercollegiate Sports, \$1,000 maximum Per Policy Year	Paid as any other Injury	Paid as any other Injury
Exclusion #19 is waived and benefits are paid up to a maximum of \$1,000 Per Policy Year		

## MAXIMUM LIFETIME BENEFIT

Amounts paid to the Insured under this policy, and under all prior years' policies for any one Injury or Sickness, will be considered payments accrued under the Maximum Lifetime Benefit. The Maximum Lifetime Benefit will not exceed an amount determined by subtracting from \$100,000 all amounts paid to the Insured under any student injury and sickness policy issued to the university for any one Injury or Sickness.

## PRESCRIPTION DRUG PLAN

### 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) and coinsurance that vary depending on which tier of the PDL the outpatient drug is listed. 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 copay. Your copay is determined by the tier to which the Prescription Drug is assigned on the PDL. Tier status may change periodically and without prior notice to you. Please access [www.uhcsr.com/ndnu](http://www.uhcsr.com/ndnu) or call 1-877-417-7345 for the most up-to-date tier status.

- \$15 copay per prescription for Tier 1 up to a 31-day supply
- \$25 copay per prescription for Tier 2 plus any Ancillary Charge\* / up to a 31-day supply
- \$1,000 maximum (Per Policy Year)

Please present your ID card to the network pharmacy when the prescription is filled. If you do not present the card, you will need to pay the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please visit [www.uhcsr.com/ndnu](http://www.uhcsr.com/ndnu) and log in to your online account or call 1-877-417-7345.

\*Ancillary Charge – a charge, in addition to the copayment and/or coinsurance, that the Insured is required to pay when a covered Prescription Drug is dispensed at the Insured or the Physician's request, when a Chemically Equivalent Prescription Drug is available on a lower tier. For Prescription Drugs from Network Pharmacies, the Ancillary Charge is calculated as the difference between the prescription drug cost or MAC list price for Network Pharmacies for the Prescription Drug on the higher tier, and the prescription drug cost or MAC list price of the Chemically Equivalent Prescription Drug available on the lower tier.

## 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**; 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. **Circumcision**;
4. **Congenital conditions**, except as specifically provided in benefits for Reconstructive Surgery;
5. **Cosmetic procedures**, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy; removal of warts, non-malignant moles and lesions;
6. **Custodial care**; care provided in: rest homes, health resorts, homes for the aged, halfway houses, or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
7. **Dental treatment**, except for accidental Injury to Natural Teeth;
8. **Elective Surgery** or Elective Treatment;
9. **Elective abortion**;
10. **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;
11. **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;
12. **Health spa** or similar facilities; strengthening programs;
13. **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;
14. **Hirsutism**;
15. **Hypnosis**;
16. **Immunizations**; preventive medicines or vaccines, except where required for treatment of a covered Injury, or as specifically provided in the policy;
17. 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;
18. **Injury or Sickness** for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
19. **Injury** sustained while (a) participating in any club, 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;
20. **Investigational services**;
21. **Organ transplants**, including organ donation;
22. **Outpatient Psychotherapy** in excess of \$1,000; marital or family counseling;
23. Participation in a **riot** or civil disorder; commission of or attempt to commit a felony;
24. **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;



## EXCLUSIONS AND LIMITATIONS (CONT'D)

25. **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 one (1) year of date of the prescription.
26. **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;
27. **Research** or examinations relating to research studies, or any treatment for which the patient or the patient’s representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study;
28. **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;
29. **Services** provided normally without charge by the Health Service of the Policyholder;
30. **Deviated nasal septum**, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
31. **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;
32. **Sleep disorders**;
33. **Speech therapy**;
34. **Supplies**, except as specifically provided in the policy;
35. **Surgical breast reduction**, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
36. **Treatment** in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
37. **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
38. **Weight management**, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

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

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

## EXCESS PROVISION

Even if you have other insurance, the Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other insurance.

Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectible group insurance except for automobile medical payment insurance. However, this Excess Provision will not be applied to the first \$100 of Covered Medical Expenses incurred.

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

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

## 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:

### International Students:

You are eligible to receive SES worldwide, except in your home country.

### 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 services not arranged by SES, Inc. will not be considered for payment.

### Key Services include:

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

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

### To access services please call:

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

(609) 452-8570 Collect outside the United States

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

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

1. Caller's name, telephone and (if possible) fax number, and relationship to the patient
2. Patient's name, age, sex, and Reference Number
3. Description of the patient's condition
4. Name, location, and telephone number of hospital, if applicable
5. Name and telephone number of the attending physician;
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/ndnu](http://www.uhcsr.com/ndnu) 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/ndnu](http://www.uhcsr.com/ndnu). 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/ndnu](http://www.uhcsr.com/ndnu). 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/ndnu](http://www.uhcsr.com/ndnu) to access your account information.

## CLAIM PROCEDURE

In the event of Injury or Sickness, students should:

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

### SUBMIT ALL CLAIMS OR INQUIRIES TO:

UnitedHealthcare StudentResources

P.O. Box 809025

Dallas, Texas 75380-9025

1-800-767-0700

[Claims@uhcsr.com](mailto:Claims@uhcsr.com)

[Customerservice@uhcsr.com](mailto:Customerservice@uhcsr.com)

## APPEAL PROCEDURE

**Internal Appeal:** If Your claim is denied You will be notified of the reason with a description of any additional information that may be necessary to appeal the denial. If You or Your provider would like additional information or have a complaint concerning the denial, please contact the Claims Administrator. The Claims Administrator will address concerns and attempt to resolve the complaint. If the Administrator is unable to resolve the complaint over the phone, You may file a written internal appeal by writing to them. Please include Your name, social security number, home address, policy number and any other information or documentation to support the appeal.

**External Appeal (Independent Medical Review):** Under California State Law, You have the right to an External Appeal through a process called Independent Medical Review or IMR. IMR is only applicable when a claim is denied because services are not Medically Necessary OR the services are Experimental or Investigational OR a claim is denied for emergency or urgent medical services. You or Your provider must have filed an Internal Grievance and either (a) have received a written notification that an otherwise covered health care service has been denied through the internal appeal process; or (b) the internal grievance is unresolved after thirty days. An external appeal may only be requested if the denied service is a covered benefit under the plan. Information on how to file for IMR, the timeframes and the required application will be sent to you at the time of the claim denial.

## PRIVACY NOTICE

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We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-800-767-0700 or by visiting us at [www.uhcsr.com/ndnu](http://www.uhcsr.com/ndnu).

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.

**SUBMIT ALL CLAIMS OR INQUIRIES TO:**

UnitedHealthcare StudentResources  
P.O. Box 809025  
Dallas, Texas 75380-9025  
1-800-767-0700  
[Claims@uhcsr.com](mailto:Claims@uhcsr.com)  
[Customerservice@uhcsr.com](mailto:Customerservice@uhcsr.com)

**NDNU HEALTH & WELLNESS SERVICES:**

<http://www.ndnu.edu/campus-life/health-wellness>  
650-508-3756

**SERVICING AGENT:**

ECI  
P.O. Box 264  
Jefferson, CO 80456  
1-866-780-3824  
[info@evansconsult.com](mailto:info@evansconsult.com)

Contact for any issues related to your eligibility, appeals, or questions.

**THE PLAN IS UNDERWRITTEN BY:**

UnitedHealthcare Insurance Company

## NOTES

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Policy # 2010-201299-1

Underwritten by:  
UnitedHealthcare Insurance Company