

Navigating Your Student Health Insurance Plan

Loyola University Chicago
2015–2016 Student Health
Insurance Plan offered
by UnitedHealthcare
StudentResources

2015-1291-1

LOYOLA
UNIVERSITY CHICAGO



Preparing people to lead extraordinary lives



Why

Is a Student Health Insurance Plan (SHIP) Important?

Compare Loyola's SHIP with other choices for injury and sickness insurance coverage

Health care costs can be very high, so having insurance coverage for emergency and nonemergency medical services *in the area where you will attend school* is very important. Carefully compare Loyola's SHIP benefits and provider network (Choice Plus Network) with the benefits and provider network of any alternate plan you may be considering.

- **If you're covered under your parents' plan, coverage may end while you are still a student.**

Under the Affordable Care Act, health plans provide coverage for dependent children until age 26. With Loyola's SHIP, you are covered for as long as you are registered as a student at Loyola University Chicago.

- **Do you have coverage while away from home or abroad?** Many Health Maintenance Organization (HMO) plans and state or federal-based Exchange plans purchased outside Illinois may only allow for emergency care while you are away from home. When you travel in the U.S. or study abroad, it's good to know you're covered if you were to need health care services. Loyola's SHIP gives you that assurance wherever you are.

- **Plan Deductible.** When you need your insurance coverage, is your plan there to provide it? Plans with high deductibles mean you could have significant costs to pay towards your medical expenses. Loyola's SHIP's low deductible helps keep your annual costs down.

When considering which insurance plan to purchase, carefully consider your current medical needs, the benefits highlighted in this pamphlet, and the specific benefits of Loyola's SHIP by going online at www.UHCSR.com/luc. Consider the deductible, coinsurance, out of pocket maximum, copay, prescription drug coverage and provider network, among other benefits.



What

Is This Insurance Plan All About?

Loyola's SHIP gives you the freedom to choose any doctor or other health care provider when you need it and where you need it—and still receive benefits under the Plan. Please note that your level of coverage is greater if you choose a provider that is in-network, i.e., “preferred provider.” To search for a provider go to www.uhcsr.com/luc and select the **UHC Choice Plus** link in the middle of the page. Here's a brief description of the plan benefits.

Your Medical Benefits at a Glance*

	Loyola's SHIP Plan
Maximum Benefit	No Overall Maximum Dollar Limit
Plan Deductible	\$250 Preferred Provider, \$450 Out of Network per Insured Person per Policy Year \$500 Preferred Provider, \$900 Out of Network for all Insureds in a Family per Policy Year
Annual Out-of-Pocket Limit	\$6,350 Preferred Provider, \$12,700 Out of Network per Insured Person per Policy Year \$12,700 Preferred Provider, \$25,400 Out of Network for all Insureds in a Family per Policy Year
Mental Illness and Substance Use Disorder Treatment Expense	Preferred Provider: Plan benefits are provided the same as for any other Sickness Out-of-Network: Plan benefits are provided the same as for any other Sickness
Physician Office Visit Expense	Preferred Provider: 80% of Preferred Allowance Out-of-Network: 60% of Usual & Customary Charges
Inpatient Hospitalization Expenses	Preferred Provider: 80% of Preferred Allowance Out-of-Network: 60% of Usual & Customary Charges
Medical Emergency Expenses \$100 Copay Per Visit Preferred Provider; \$100 Deductible Per Visit Out-of-Network; waived if admitted	Preferred Provider: 80% of Preferred Allowance Out-of-Network: 80% of Usual & Customary Charges

Your Prescription Benefits at a Glance

Prescription Drug Expenses Preferred Provider Coverage Only Mail order Prescription Drugs through UHCP up to a 90 day supply at 2.5 times retail Copay.	Preferred Provider: UnitedHealthcare Pharmacy (UHCP) \$20 Copay per prescription for Tier 1 \$40 Copay per prescription for Tier 2 \$60 Copay per prescription for Tier 3 Out-of-Network: \$20 Deductible per prescription for generic drugs \$40 Deductible per prescription for brand name up to a 31-day supply per prescription
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*This chart provides a brief summary of the benefits available under the plan. Refer to the plan brochure for a full description of the benefits. Limitations and exclusions apply.

Refer to the plan brochure for details on pediatric dental and vision benefits (age limits apply).

Who

Is Required To Have Health Insurance?

Loyola University Chicago's Board of Trustees requires that the following students have individual health care insurance:

- All undergraduate students enrolled in 12 or more credit hours at the start of the fall or spring semester
- All graduate students enrolled in 8 or more credit hours (or registered for thesis or dissertation supervision) at the start of the fall or spring semester
- All students at the Stritch School of Medicine

If you meet the enrollment criteria above and do not have other health insurance coverage, you will be enrolled in the Loyola University Chicago Student Health Insurance Plan, and your student account will be billed accordingly.

Coverage Periods

Annual	8/1/15–7/31/16
Spring	1/1/16–7/31/16
Summer	5/1/16–7/31/16

How

Much Does It Cost?

The chart below shows the cost for the annual policy.

Annual Policy	8/1/15–7/31/16
Coverage Types	
Student	\$2,925
Spouse/Domestic Partner	\$2,925
One Child	\$2,925
Two or More Children	\$5,850
Spouse + Two or More Children	\$8,775

Where

Do I Go To Get More Information?

If you...	Contact
Want to download your plan brochure	Go to www.uhcsr.com/luc
Want to fast-track your enrollment	Go to luc.edu/locus , and click on the "Student Health Insurance" link under "Campus Finances"
Want to opt out of student health care coverage	Go to luc.edu/locus , and click on the "Student Health Insurance" link under "Campus Finances." Complete the waiver and submit electronically by October 1, 2015
Want to voluntarily purchase coverage	Go to www.uhcsr.com/luc
Want to cancel your waiver prior to October 1, 2015	Go to luc.edu/locus , and click on the "Student Health Insurance" link under "Campus Finances"
Want to find a doctor, hospital or pharmacy	Go to www.uhcsr.com/luc
Want to speak to a nurse about a health concern	Loyola University Wellness Center Dial-a-Nurse (weekdays during school year): 773-508-8883 Stritch School of Medicine Student Health Service: 708-216-3156 or 708-216-3400 24/7 NurseLine (24 hours a day, 7 days a week): Call the number on your ID card
Have a concern about mental health	Loyola University Wellness Center: luc.edu/wellness 773-508-8883 24/7 Nurseline: Call the number on your ID card
Need to verify coverage	Call UHCSR Customer Service: 866-808-8389
Have a question about a claim	Call UHCSR Customer Service: 866-808-8389 or write: claims@uhcsr.com

And There's More

Loyola's SHIP offers more than just Injury and Sickness Insurance coverage. It also offers you these important programs, services, and benefits...

UnitedHealth Allies®* (www.UnitedHealthAllies.com)

A discount program that can save you 5–50% on a variety of health-related services and products such as:

- **Alternative Health Care Programs*** Discounts offered on alternative therapies and savings on vitamins and other health-related products.
- **Fitness Program*** A program that offers discounts on health club memberships and home exercise equipment.

NurseLine/Student Assistance Program**

24/7 toll-free access to Registered Nurses and Student Assistance Specialists that can talk with you about a variety of health, personal, work, financial or legal issues.

Emergency Travel Assistance Services***

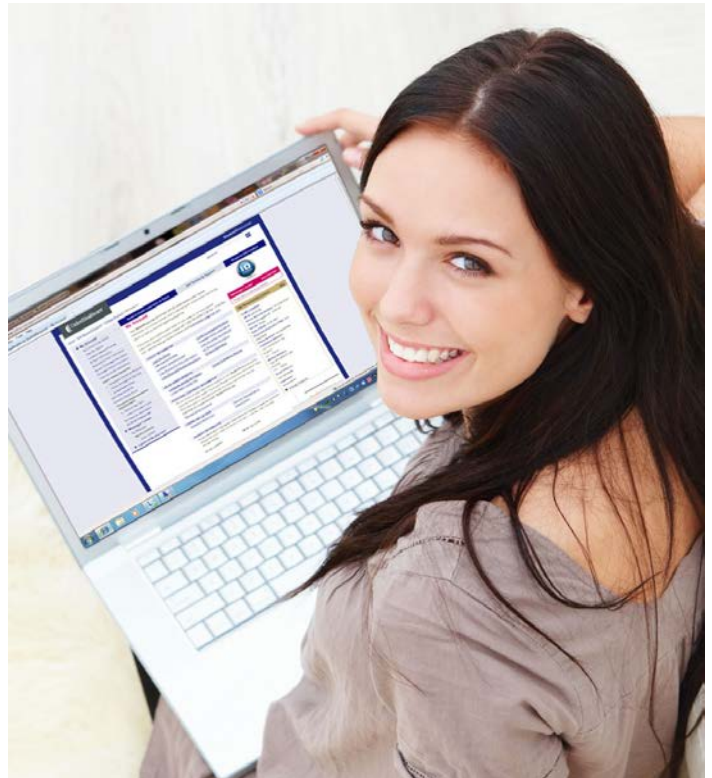
Medical Evacuation and Return of Mortal Remains Services***

Accidental Death and Dismemberment Benefit

* The UnitedHealth Allies Discount Program is administered by HealthAllies®, Inc., a discount medical plan organization. This discount program is not a qualified health plan under the Affordable Care Act. **UnitedHealth Allies discount plan is NOT insurance.** UnitedHealth Allies provides discounts at certain health care providers for health services. UnitedHealth Allies does not make payments directly to the providers of health services. The program member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. HealthAllies, Inc., is located at MN 103-0550; P.O. Box 1459; Minneapolis, MN 55414; 800-860-8773; www.UnitedHealthAllies.com; uhacustomercare@optum.com

** NurseLine and the Student Assistance Program is a service provided by OptumHealth Behavioral Solutions and OptumHealth Care Solutions, UnitedHealth Group companies.

*** These services are provided by UnitedHealthcare Global.



My Account

UnitedHealthcare StudentResources provides each insured student with access to their plan online through **My Account**.

Once enrolled in the plan you can create a **My Account** space easily:

1. Go to www.UHCSR.com/luc
2. Select the "Create an Account" link in the green box on the right side of the page.
3. Provide basic information (name; date of birth; and email address, school ID, or your SR ID number if available) to get your **My Account** set up.
4. Begin using **My Account** immediately!

My Account can help you manage your plan at your convenience. Login to **My Account** to:

- Access, print, or request a permanent insurance ID card
- Track your claims status, view Explanations of Benefits
- Submit an accident detail report
- Locate network providers
- Link to the Pharmacy Benefit Manager site to manage your prescriptions

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 any of the following:

1. Acne.
2. Acupuncture.
3. Biofeedback.
4. Circumcision, except if Medically Necessary due to Injury, Sickness, or functional Congenital Condition.
5. Cosmetic procedures, except reconstructive procedures to:
 - Correct an Injury or treat a Sickness for which benefits are otherwise payable under this policy. The primary result of the procedure is not a changed or improved physical appearance.
 - Treat or correct Congenital Conditions.
6. Custodial Care.
 - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
 - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
7. Dental treatment, except:
 - As described under Dental Treatment in the policy.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.

8. Elective Surgery or Elective Treatment.
9. Elective abortion.
10. Foot care for the following:
 - Flat foot conditions.
 - Supportive devices for the foot.
 - Subluxations of the foot.
 - Fallen arches.
 - Weak feet.
 - Chronic foot strain.
 - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).

This exclusion does not apply to preventive foot care for Insured Persons with diabetes.

11. Genetic testing, except as specifically provided in the policy.
12. Health spa or similar facilities. Strengthening programs.
13. Hearing examinations. Hearing aids except as specifically provided for in the policy. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.

This exclusion does not apply to:

- Hearing defects or hearing loss as a result of an infection or Injury.
 - Benefits specifically provided in the policy.
 - Cochlear hearing aids.
 - A bone anchored hearing aid for an Insured Person with: a) craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or b) hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid.
14. Hirsutism. Alopecia.
 15. 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.
 16. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.

17. Injury sustained while:
 - Participating in any interscholastic, club, intercollegiate or professional sport, contest or competition.
 - Traveling to or from such sport, contest or competition as a participant.
 - Participating in any practice or conditioning program for such sport, contest or competition.

18. Investigational services.

19. Lipectomy.

20. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
21. Prescription Drugs, services or supplies as follows:
- 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 policy.
 - Immunization agents, except as specifically provided in the policy. Biological sera.
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
 - Products used for cosmetic purposes.
 - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
 - Anorectics - drugs used for the purpose of weight control.
 - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
 - Growth hormones, except when a Medical Necessity.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
22. Reproductive/Infertility services including the following:
- Impotence, organic or otherwise.
 - Female sterilization procedures, except as specifically provided in the policy.
 - Vasectomy.
 - Reversal of sterilization procedures.
23. 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, except as specifically provided in the policy.
24. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems.
- This exclusion does not apply as follows:
- When due to a covered Injury or disease process.
 - To benefits specifically provided in Pediatric Vision Services.
25. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
26. Preventive care services, except as specifically provided in the policy, including:
- Routine physical examinations and routine testing.
 - Preventive testing or treatment.
 - Screening exams or testing in the absence of Injury or Sickness.
27. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
28. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury.
29. Speech therapy, except as specifically provided in the policy. Naturopathic services.
30. Sleep disorders.
31. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.
32. Supplies, except as specifically provided in the policy.
33. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
34. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
35. 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).
36. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat.



Mobile App

The free UHCSR mobile app gives you access to the most popular self-service features, allowing you to do things like access **My Account**, display your electronic ID card, search for a provider, and view recent claims.

Download the app at GooglePlay or Apple's App Store, or use the links to the apps at:



This guide highlights some of the features of Loyola's SHIP, including the Injury and Sickness insurance plan based on Policy Number 2015-1291-1 and underwritten by UnitedHealthcare Insurance Company. Please go to www.UHCSR.com/luc to download the University of Chicago Student Injury and Sickness brochure which contains additional essential information about the policy and a description of coverage, including costs, benefits, exclusions, any reductions and limitations, and the terms under which the coverage may remain in force.

The master policy is on file at the University and contains all of the provisions, limitations, exclusions and qualifications of the insurance benefits. The master policy is the contract and will govern and control the payment of benefits. If there is a discrepancy between this document and the master policy, the master policy will prevail.

If you have any questions, please contact Customer Service at **866-808-8389** or customerservice@uhcsr.com.

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

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.