



**WENTWORTH**  
Institute of Technology

**Student Health Insurance Plan (SHIP)**  
2013-2014

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

This document is for information purposes only. Please see your policy certificate for the terms and conditions of coverage of the SHIP.

## **Notice Regarding Your Student Health Insurance Coverage**

Your student health insurance coverage, offered by HPHC 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 \$1,000,000 for each Injury or Sickness 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 Customer Service at 1-800-977-4698. 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.

## Wentworth Institute of Technology Insurance Requirements

Wentworth Institute of Technology students enrolled for nine or more credit hours per semester, including co-op students and international students, will be required, as a condition of enrollment, to have adequate health insurance. This policy has been put in place to ensure that students have access to quality and appropriate health care while pursuing their college career at Wentworth. Students who are not enrolled in a qualified health plan will be required to enroll in the Wentworth Student Health Insurance Plan (SHIP), which has been designed specifically to meet the needs of Wentworth students.

The SHIP offers exceptional coverage at an outstanding value compared to most options available to students. Wentworth Institute of Technology expects that many students who qualify to waive enrollment will still opt to enroll in the SHIP, due to the value advantages over their existing plans.

Students have the option to waive enrollment in the SHIP only if they are currently enrolled in another qualified health plan. To determine if your current plan qualifies you to waive enrollment in the SHIP, “Take the Test” in this brochure.

- All students who are enrolled for nine or more credit hours per semester will be billed for the student insurance plan.
- If you are already covered by an alternate plan that offers comparable coverage and would like to waive the School’s insurance plan, you **MUST** complete the Health Insurance Waiver which is located on-line at <https://studentcenter.uhcsr.com/Wentworth>. Once the waiver is completed, the charge will be removed from your bill.
- If you wish to purchase the Student Health Insurance Plan for the 2013–2014 academic year (August 28, 2013 to August 27, 2014), complete the on-line enrollment form located at <https://studentcenter.uhcsr.com/Wentworth>.
- You must waive or enroll by August 1, 2013.
- Dependent coverage is available for dependents of students who enroll in the Student Health Insurance Plan. Rates for dependents can be found on-line at [www.UHCSR.com/Wentworth](http://www.UHCSR.com/Wentworth).

Please understand that it is mandatory for all students to have the Student Health Insurance Plan unless they have comparable coverage. The Massachusetts Division of Health Care Finance and Policy has ruled that free care provided by the Uncompensated Care Pool is not comparable coverage. If you should have any questions regarding the state-mandated qualifying student health insurance program, please visit the Massachusetts Division of Health Care’s website at <http://www.massresources.org/student-health-insurance.html>.

## Obtaining Services

The SHIP is underwritten by HPHC Insurance Company, Inc. and is administered by UnitedHealthcare StudentResources. This partnership benefits SHIP-covered persons by providing access to not only Harvard Pilgrim Health Care providers in New England but also UnitedHealthcare providers outside of New England. The Harvard Pilgrim Network includes more than 5,700 primary care physicians in Massachusetts, as well as every acute care hospital in the state, so obtaining medical services at the in-network level is easy. The Harvard Pilgrim provider network not only includes Massachusetts but also New Hampshire and Maine, with more than 28,000 participating physicians, clinicians, and 135 participating hospitals.

You have the option to receive treatment from any out-of-network provider; however your costs are lower if you use the services of an in-network provider. Either way, the choice is yours. Since the plan does not require you to name a primary care physician, there are no referrals needed. To find an in-network provider please visit [www.UHCSR.com/Wentworth](http://www.UHCSR.com/Wentworth).

## In-Network Care Outside of New Hampshire, Maine, and Massachusetts

You can receive in-network benefits through UnitedHealthcare Options PPO provider network when you are away from New Hampshire, Maine, or Massachusetts. Refer to [www.UHCSR.com/Wentworth](http://www.UHCSR.com/Wentworth) for access to a provider directory. Hospitals and physicians are available in all areas of the country. Refer to the SHIP website for information about the special medical emergency transportation benefits included in the SHIP through FrontierMEDEX.



## Student Eligibility

All students taking nine or more credit hours and all co-op students are required to enroll in this insurance plan, unless proof of comparable coverage is furnished. International (F-1 and J-1 Visa) students are automatically enrolled in this insurance Plan.

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

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are: (1) the spouse (2) dependent children under 26 years of age; (3) any Newborn Infant of a dependent. Dependent Eligibility expires concurrently with that of the insured student.

You must apply for Dependent coverage by filling out the Dependent Insurance Enrollment Card located at [www.UHCSR.com/Wentworth](http://www.UHCSR.com/Wentworth) and by paying the required premium.

If you waived enrollment and have since lost coverage under your original plan, you may qualify as a late enrollee upon providing proof of involuntary loss of coverage. You may enroll in the SHIP, with no pre-existing condition exclusion, within 31 days of losing coverage.\*

*\* While the plan has no pre-existing condition exclusions, certain limitations apply to cosmetic surgery for injury or sickness that originated prior to the original effective date of coverage.*

## ID Cards

Once enrolled in the SHIP, insureds can print an ID card or request a replacement ID card online via *My Account* at [www.uhcsr.com/MyAccount](http://www.uhcsr.com/MyAccount). If you don't already have an online account, simply select the "Create an Account" link from the home page at [www.uhcsr.com](http://www.uhcsr.com).

## Cost

### Annual Rates

Student:	\$ 1,250.00
Spouse:	\$ 2,567.00
Each Child:	\$ 1,745.00

### Premium Period Rates:

	Spring/Summer	Summer
Student:	\$ 835.00	\$ 418.00
Spouse:	\$ 1,714.00	\$ 854.00
Each Child:	\$ 1,165.00	\$ 580.00

There is no reduced premium payment for late enrollees, except as required by law.

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. It is the student's responsibility to make timely premium payments for their dependents to avoid a lapse in coverage. There is a Grace Period of 14 days to receive premium payments after the first premium.

A portion of the premium/fees is retained by Wentworth to cover expenses of administering the plan and to provide premium stabilization funds, solely for the benefit of SHIP participants.

## Stretching Your Healthcare Dollars

Included in your plan is a UnitedHealth Allies® discount program. This program is not insurance, but provides point of service discounts of between 10% and 25% on the following health and wellness services:

- Dental care
- Vision care
- Fitness equipment and apparel
- Wellness programs including weight management and smoking cessation

Your UnitedHealth Allies program has a separate ID card, which is delivered at the same time as your insurance ID card.

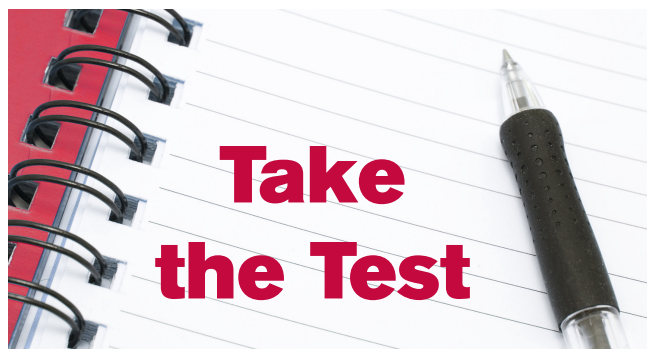
To begin using your UnitedHealth Allies discount program, just go to [www.sr.unitedhealthallies.com](http://www.sr.unitedhealthallies.com) and register using the information on the UnitedHealth Allies ID card.

A full member handbook is available on the site, as well as provider search tools for all discounted services.

**Disclosure:** The UnitedHealth Allies Discount Program is administered by HealthAllies®, Inc., a discount medical plan organization. **UnitedHealth Allies 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 P.O. Box 10340; Glendale, CA 91209; 800-860-8773; [www.sr.UnitedHealthAllies.com](http://www.sr.UnitedHealthAllies.com); [ohacustomer@optum.com](mailto:ohacustomer@optum.com).

## 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 detailed copy of our privacy practices by calling us toll-free at 1-800-977-4698 or visiting us at our administrator's website at [www.UHCSR.com/Wentworth](http://www.UHCSR.com/Wentworth).



## ***Does your health insurance cover everything you need?***

1. The claims administrator is based in the United States and has a US telephone number and address for submission of claims.
2. The plan provides both emergency and non-emergency health care in the Boston area.
3. The plan provides benefits for the treatment of biologically based mental disorders the same as any other Sickness.
4. The plan has local participating hospitals, physicians, pharmacies, and mental health care providers in the Boston area.
5. The plan benefit maximum is at least \$1,000,000 for each Injury or Sickness.
6. The student is not excluded from benefits for a pre-existing condition.
7. If the plan has a deductible in excess of \$250, the student has adequate financial resources available to pay for expenses subject to the deductible.
8. If the student will be traveling abroad, the plan has medical evacuation and repatriation coverage. This requirement may also be fulfilled by purchasing separate medical evacuation and repatriation coverage.
9. The plan provides coverage for prescription medications.

# Wentworth Student Health Center

Wentworth Institute of Technology has an on-campus health center which is available to all students enrolled at Wentworth regardless of the student's insurance plan. This service is managed and staffed by Harvard Vanguard Medical Associates. Students may use Harvard Vanguard Student Health Services for diagnosis and treatment of both short and long term illnesses and for preventive care. Health Services is located in the new Mass Art residence hall, 578 Huntington Avenue, right next to Wentworth's main parking lot, and is open Monday–Friday, 9:00AM–6:00PM. Students should call 617-879-5220 to make an appointment.

Harvard Vanguard Student Health Services uses an insurance-based model. Harvard Vanguard will bill students' insurance plans for all services rendered. Students must present their student identification cards and also their health insurance cards at every appointment, just as they do when accessing their physicians at home.

Wentworth will pay for any copayments, co-insurance or deductibles due for primary care services after the student's insurance plan has been billed. Students will not be responsible for copayments, co-insurance or deductibles due for primary care services. For specialty and diagnostic services, however, copayments, co-insurance or deductibles may be due, as outlined in students' insurance plans. Wentworth does not cover any part of specialty or diagnostic services for students. For a list of primary and specialty/diagnostic services, please visit <http://www.harvardvanguard.org/Wentworth/WIHomeReal.asp>.

When the Student Health Center is not open, Wentworth students have access to medical care at Harvard Vanguard's Kenmore practice, which is located less than a mile from campus at 133 Brookline Avenue. This would include:

Weekday mornings from 8:00AM–9:00AM

Weekday evenings from 6:00PM–8:00PM

Saturdays from 10:00AM–5:00PM

Sundays and Holidays from 12:00PM–5:00PM

Harvard Vanguard Student Health Services respects student confidentiality. No health information is released to parents or college staff without the students' written authorization unless required by law or unless it is a life-threatening situation.

Medical advice via phone is also available during times when neither Health Services nor the Harvard Vanguard Kenmore practice is open. This can be accessed by dialing the main student health center telephone number at 617-879-5220.

**In the case of a life-threatening emergency, immediately contact Wentworth Office of Public Safety at 617-989-4400.**

For more information about Harvard Vanguard Student Health Services, please visit <http://www.harvardvanguard.org/Wentworth/WIHomeReal.asp>.



**WENTWORTH**  
Institute of Technology

This guide highlights some of the features of the Wentworth Institute of Technology Student Injury and Sickness Plan underwritten by HPHC Insurance Company and is based on Policy Number 2013-1655-1. Please go to [www.UHCSR.com/Wentworth](http://www.UHCSR.com/Wentworth) to download the 2013–2014 Wentworth Institute of Technology Student Injury and Sickness Certificate which contains additional essential information about the policy and plan features.

The master policy is on file at the Institute 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.

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

If you have any questions, please contact Customer Service at 800-977-4698 or [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com).

Go to [www.UHCSR.com/Wentworth](http://www.UHCSR.com/Wentworth) to download the 2013–2014 Wentworth Institute of Technology Student Injury and Sickness Certificate which contains additional essential information about the policy and plan features.

## Schedule of Medical Expense Benefits

### Medical Expense Benefits Injury and Sickness

Maximum Benefit \$1,000,000  
(For Each Injury or Sickness)

Deductible Preferred Provider \$0

Deductible Out-of-Network \$250  
(Per Insured Person) (Per Policy Year)

Coinsurance Preferred Provider 90%

Coinsurance Out-of-Network 80%

Out-of-Pocket Maximum Preferred Providers:  
\$3,500 (Per Insured Person, Per Policy Year)

Out-of-Pocket Maximum Out-of-Network Providers:  
\$7,000 (Per Insured Person, Per Policy Year)

PA = Preferred Allowance

U&C = Usual & Customary Charges

The Policy provides benefits as shown below for loss incurred by an Insured Person due to a covered Injury or Sickness up to the policy Maximum Benefit of \$1,000,000 for each Injury or Sickness.

If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider 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.

Out-of-Pocket Maximum: After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the policy Maximum Benefit. Separate Out-of-Pocket Maximums apply to Preferred Provider and Out-of-Network benefits. Copays, per service Deductibles and services that are not Covered Medical Expenses do not count toward meeting the Out-of-Pocket Maximum. The policy Deductible will be applied to the Out-of-Pocket Maximum. Even when the Out-of-Pocket Maximum has been satisfied, the Insured Person is still responsible for Copays and per service Deductibles.

Benefits are subject to the policy Maximum Benefit unless otherwise specifically stated. Benefits will be paid up to the maximum benefit for each service as scheduled below. All benefit maximums are combined Preferred Provider and Out-of-Network benefit maximums unless noted below. Covered Medical Expenses include:

INPATIENT	Preferred Provider	Out-of-Network
<b>Room &amp; Board</b> , daily semi-private room rate when confined as an Inpatient; and general nursing care provided by the Hospital.	90% of PA / \$250 copay per hospital confinement	80% of U&C
<b>Hospital Miscellaneous Expenses</b> , such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	90% of PA	80% of U&C
<b>Intensive Care</b>	90% of PA	80% of U&C
<b>Routine Newborn Care</b> , as mandated by State of MA for Maternity, Childbirth, Well-Baby and Post Partum Care.	Paid as any other sickness	
<b>Physiotherapy</b>	90% of PA	80% of U&C
<b>Surgeon's Fees</b> , 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. The first procedure will be paid in accordance with our standard reimbursement policy.	90% of PA	80% of U&C
<b>Assistant Surgeon</b>	90% of PA	80% of U&C
<b>Anesthetist</b> , professional services in connection with inpatient surgery.	90% of PA	80% of U&C
<b>Registered Nurse's Services</b> , private duty nursing care.	90% of PA	80% of U&C
<b>Physician's Visits</b> , non-surgical services when confined as an Inpatient. Benefits do not apply when related to surgery.	90% of PA	80% of U&C
<b>Pre-Admission Testing</b> , payable within 7 working days prior to admission.	Paid under Hospital Miscellaneous Expenses	

OUTPATIENT	Preferred Provider	Out-of-Network
<b>Surgeon's Fees</b> , 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. The first procedure will be paid in accordance with our standard reimbursement policy.	90% of PA	80% of U&C
<b>Day Surgery Miscellaneous</b> , excluding non-scheduled surgery and surgery performed in a hospital emergency room, trauma center, Physician's office, or clinic. 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.	90% of PA	80% of U&C
<b>Assistant Surgeon</b>	90% of PA	80% of U&C
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	90% of PA	80% of U&C
<b>Physician's Visits</b> , Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	100% of PA / \$25 copay per visit	80% of U&C / \$25 Deductible per visit
<b>Physiotherapy</b> , includes but is not limited to the following: 1) physical therapy; 2) occupational therapy; 3) cardiac rehabilitation therapy; 4) manipulative treatment; and 5) speech therapy. (Includes chiropractic visits.) Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.	90% of PA / \$25 copay per visit	80% of U&C / \$25 Deductible per visit
<b>Medical Emergency Expenses</b> , attending Physician's charges, x-rays, laboratory procedures, tests and procedures, injections, and facility charge for use of the emergency room and supplies. (Copay/ per visit Deductible waived with Hospital admission.)	90% of PA / \$50 copay per visit	90% of U&C / \$50 Deductible per visit
<b>Diagnostic X-ray Services</b>	90% of PA	80% of U&C
<b>Laboratory Services</b>	90% of PA	80% of U&C
<b>Radiation Therapy &amp; Chemotherapy</b>	90% of PA	80% of U&C
<b>Tests &amp; Procedures</b> , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures. The following therapies will be paid under this benefit: inhalation therapy, infusion therapy, pulmonary therapy and respiratory therapy.	90% of PA	80% of U&C
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement.	90% of PA	80% of U&C
<b>Prescription Drugs and medicines lawfully obtainable only upon written prescription of a Physician</b> Mail order Prescription Drugs through UHCP at 2.5 times the retail Copay, up to a 90 day supply (Includes oral contraceptives and contraceptive devices/ medication except as provided in the Preventive Care Services benefit.) Copays may not be used to satisfy the plan year annual out-of-pocket expense limit. Pharmacy copayments may not be used to satisfy the Out-of-Network Deductible or Plan Year annual Out-of-Pocket expense limit.	UnitedHealthcare Pharmacy (UHCP) \$10 copay per prescription for Tier 1 / \$20 copay per prescription for Tier 2 / \$40 copay per prescription for Tier 3 up to a 31-day supply per prescription.	\$20 Deductible per prescription for generic / \$40 Deductible per prescription for brand name.  The Insured must submit claims for reimbursement outside of the UHCP Pharmacy Network.



OTHER	Preferred Provider	Out-of-Network
<b>Ambulance Services</b>	100% of PA / \$25 copay per trip	100% of U&C / \$25 Deductible per trip
<b>Durable Medical Equipment</b> , a written prescription must accompany the claim when submitted. Benefits are limited to the initial purchase or one replacement purchase per Policy Year. Durable Medical Equipment includes external prosthetic devices that replace a limb or body part but does not include any device that is fully implanted into the body. \$1,000 maximum Per Policy year. Durable Medical Equipment benefits payable under the \$1,000 maximum are not included in the \$1,000,000 Maximum Benefit.	90% of PA	80% of U&C
<b>Consultant Physician Fees</b> , when requested and approved by the attending Physician.	90% of PA	80% of U&C
<b>Dental Treatment</b> , made necessary by Injury to Sound, Natural Teeth only. \$2,500 maximum for each Injury, Benefits paid on Injury to Sound, Natural Teeth only. Benefits are not subject to the \$1,000,000 Maximum Benefit.	90% of PA / \$100 copay per visit	90% of U&C / \$100 Deductible per visit
<b>Dental Treatment</b> , benefits paid for removal of impacted wisdom teeth only.	90% of PA	90% of U&C
<b>Mental Illness Treatment</b> , as mandated by State of MA for Treatment of Mental Disorders.	Paid as any other sickness	
<b>Substance Use Disorder Treatment</b> , as mandated by State of MA for Treatment of Mental Disorders.	Paid as any other sickness	
<b>Maternity</b> , as mandated by State of MA for Maternity, Childbirth, Well-Baby and Post Partum Care.	Paid as any other sickness	
<b>Complications of Pregnancy</b> , as mandated by State of MA for Maternity, Childbirth, Well-Baby and Post Partum Care.	Paid as any other sickness	
<b>Elective Abortion</b> , Elective Abortion benefits are not subject to the \$1,000,000 Maximum Benefit.	Paid as any other sickness	
<b>Preventive Care Services</b> , medical services that have been demonstrated by clinical evidence to be safe and effective in either the early detection of disease or in the prevention of disease, have been proven to have a beneficial effect on health outcomes and are limited to the following as required under applicable law: 1) Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force; 2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; 3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and 4) with respect to women, such additional preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration.  No Deductible, Copays or Coinsurance will be applied when the services are received from a Preferred Provider.	100% of PA	No Benefits
<b>Reconstructive Breast Surgery Following Mastectomy</b> , in connection with a covered Mastectomy. As mandated by State of MA for Initial Prosthetic Device and Reconstructive Surgery Incident to Mastectomy.	Paid as any other sickness	
<b>Diabetes Services</b> , as mandated by State of MA for Treatment of Diabetes.	Paid as any other sickness	
<b>Home Health Care</b>	As mandated by State of MA for Benefits for Home Health Care	
<b>Skilled Nursing Facility</b> , services received while confined as a full-time Inpatient in a licensed Skilled Nursing Facility in lieu of or within 24 hours following a Hospital Confinement.	90% of PA	80% of U&C

OTHER continued	Preferred Provider	Out-of-Network
<b>Allergy Injections</b>	100% of PA / \$15 copay per visit	80% of U&C / \$15 Deductible per visit
<b>Urgent Care</b> , facility or clinic fee billed by the Urgent Care Center and the attending Physician's charges, x-rays, laboratory procedures, tests and procedures, and injections.	100% of PA / \$35 copay per visit	80% of U&C / \$35 Deductible per visit
<b>Congenital Conditions</b>	Paid as any other sickness	
<b>Hospice Care</b>	As mandated by State of MA for Benefits for Hospice Care	
<b>Sexual Reassignment Surgery</b> , \$50,000 Maximum Benefit per Policy Year. Cosmetic Surgery, procedures and drugs are not covered even if related to sexual reassignment. Sexual Reassignment Surgery benefits are not subject to the \$1,000,000 Maximum Benefit.	Paid as any other sickness	
<b>Hospital Outpatient Facility or Clinic</b> , facility or clinic fee billed by the Hospital. All other services rendered during the visit will be paid as specified in the Schedule of Benefits.	90% of PA	80% 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 any of the following:

1. Biofeedback;
2. 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;
3. 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;
4. Dental treatment, except as specifically provided in the Schedule of Benefits;
5. Elective Surgery or Elective Treatment;
6. 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 covered Injury or disease process;
7. Flat foot conditions; supportive devices for the foot; subluxations of the foot; fallen arches; weak feet; chronic foot strain; symptomatic complaints of the feet; and routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery); except as specifically provided in the policy;
8. Hearing examinations; hearing aids, or other treatment for hearing defects and problems, except as a result of an infection or trauma. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
9. Hypnosis;
10. 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;
11. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
12. Injury sustained while (a) participating in any 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;
13. Investigational services;
14. Lipectomy;
15. Prescription Drugs, services or supplies as follows:
  - a. Therapeutic devices or appliances, including: support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy;
  - b. Immunization agents, except as specifically provided in the policy, biological sera;
  - c. Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs; except as specifically provided in the policy;
  - 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. Sexual enhancement drugs, such as Viagra;
  - h. Growth hormones; or
  - i. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
16. Family planning; impotence, organic or otherwise; female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment surgery; except as specifically provided in the policy;
17. 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;
18. Routine Newborn Infant Care, well-baby nursery and related Physician charges except as specifically provided in the Benefits for Maternity, Childbirth, Well-Baby and Post Partum Care;
19. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
20. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction;
21. Supplies, except as specifically provided in the policy;
22. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
24. 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
25. Weight management, weight reduction, nutrition programs, treatment for obesity, (except surgery for morbid obesity), and surgery for removal of excess skin or fat.