



# 2010-2011

## STUDENT INJURY AND SICKNESS INSURANCE PLAN

Limited Benefit Plan. Please Read Carefully

Designed Especially for the International Students and Scholars of:

# Auburn University

You have the right to information about how the plan operates its care delivery system and an explanation of the benefits to which participants are entitled under the terms of the plan.

Underwritten by:  
UnitedHealthcare Insurance Company



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## **Privacy Policy**

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We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public 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 non-public personal information. You may obtain a copy of our privacy practices by calling us toll-free at 800-767-0700 or visiting us at [www.uhcsr.com](http://www.uhcsr.com).

## **Eligibility**

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This coverage is mandatory for all non-immigrant students and scholars and their dependents in F and J status who are attending or participating in a program at Auburn University or J scholars employed by AU but not eligible for AU BCBS.

Students and scholars must be in an appropriate AU certified US DHS/DOS Immigration status. Home study, correspondence, Internet, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company (United HealthCare Insurance Company) maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met. If The Company discovers the Eligibility requirements have not been met, the Company will inform AU OIE prior to any action being taken as such actions may have immigration implications for the insured.

F-1 and J-1 students enrolling in classes at AU and J-1 Scholars will be automatically enrolled in this plan for the appropriate period of study or stay at Auburn University. Dependents will be automatically enrolled in the plan concurrently with the Insured Student and/or upon arrival to the U.S. Eligible Dependents are the spouse and unmarried children under 19 years of age or 23 years if a full-time student at an accredited institution of higher learning who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student.

## **Effective and Termination Dates**

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The Master Policy on file at the school becomes effective August 16, 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 15, 2011. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

Refunds of premiums are allowed upon entry into the armed forces. Refunds are also allowed when Student/Scholar is no longer eligible for coverage based on Student/Scholar status.

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.

## **Auburn University Medical Clinic Referral Required**

The student and spouse must use the resources of the Auburn University Medical Clinic (AUMC) first where treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the AUMC for which no prior approval or referral is obtained are excluded from coverage. A referral issued by the AUMC must accompany the claim when submitted.

An AUMC referral for outside care is not necessary only under the following conditions:

1. Medical Emergency. The student must return to AUMC for necessary follow-up care;
2. When the AUMC is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than 50 miles from campus or students attending the Montgomery Campus;
5. Medical care obtained when a student is no longer able to use the AUMC due to a change in student status; or
6. Maternity and GYN.

Dependent children are not eligible to use the AUMC and therefore are exempt from the above limitations and requirements.

## **Pre-Admission Notification**

UMRCare Mangement 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 notification of any admission due to Medical Emergency.

UMRCare 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.

**Schedule of Medical Expense Benefits**  
**Up To \$250,000 Maximum Benefit Paid as Specified Below**  
**(For Each Injury or Sickness)**  
**\$200 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 Benefit of \$250,000 for each Injury or Sickness.

The Preferred Providers for this plan are East Alabama Medical Center and 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 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-Network: Covered Medical Expenses will be paid at 80% up to a maximum of \$5,000, thereafter, the Company will pay 100% for Covered Medical Expenses up to the Maximum Benefit of \$250,000.

Benefits will be paid at 100% for Covered Medical Expenses incurred at the AUMC, including X-rays, laboratory, and treatment injections. There is a \$25 per visit co-payment for Physicians Visits at the AUMC.

Note: The Exclusion will be waived and benefits will be paid for removal of warts, non-malignant moles and lesions when medically necessary. Benefits include one annual routine GYN exam at Preferred Provider only.

Benefits are included during visits to your home country, by the Insured, not to exceed 120 days Per Policy Year.

Included as part of the Emergency Assistance Program is a Reunification benefit of up to \$750 towards the cost of an airline ticket in the event of the death of the Insured's mother, father, sister, brother, spouse or child.

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:

PA = Preferred Allowance

U&C = Usual & Customary Charges

<b>INPATIENT</b>	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<b>Room and Board Expense</b> , daily semi-private room rate; and general nursing care provided by the Hospital.	100% of PA	80% of U&C
<b>Intensive Care</b>	100% of PA	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, 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.	100% of PA	80% of U&C
<b>Routine Newborn Care</b> , 4 days Hospital Confinement expense maximum. While Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness	Paid as any other Sickness

INPATIENT	Preferred Providers	Out-of-Network Providers
Physiotherapy	Paid under Hospital Miscellaneous Expenses	Paid under Hospital Miscellaneous Expenses
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix. Two or more procedures will be covered under one surgical incision or session.	100% of PA	80% of U&C
<b>Assistant Surgeon</b>	100% of PA	80% of U&C
<b>Anesthetist</b> , professional services in connection with inpatient surgery.	100% of PA	80% of U&C
<b>Registered Nurse's Services</b> , private duty nursing care.	100% of PA	80% of U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.	100% of PA	80% of U&C
<b>Pre-Admission Testing</b> , payable within 3 working days prior to admission.	Paid under Hospital Miscellaneous Expenses	Paid under Hospital Miscellaneous Expenses
<b>Psychotherapy</b> , 30 days maximum per policy year/ \$25,000 Lifetime Maximum Benefit. Benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	Paid as any other Sickness	Paid as any other Sickness
OUTPATIENT		
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix. Two or more procedures will be covered under one surgical incision or session.	100% of PA	80% of U&C
<b>Day Surgery Miscellaneous</b> , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	100% of PA	80% of U&C
<b>Assistant Surgeon</b>	100% of PA	80% of U&C
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	100% of PA	80% of U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day. 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> , benefits are limited to one visit per day.	100% of PA	80% of U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
<b>Medical Emergency Expenses</b> , use of the emergency room and supplies. Treatment must be rendered within 72 hours of Injury or first onset of Sickness.	100% of PA / \$75 copay per visit	80% of U&C / \$75 Deductible per visit
<b>Diagnostic X-ray and Laboratory Services</b> , includes one annual pap smear screening.	100% of PA	80% of U&C
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement.	100% 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.	100% of PA	80% of U&C
<b>Chemotherapy &amp; Radiation Therapy</b>	100% of PA	80% of U&C
<b>Prescription Drugs</b> , Benefit includes contraceptives.  Outside of AU Pharmacy: UnitedHealthcare Network Pharmacy. Mail order Prescription Drugs are available at 2.5 times the retail copay up to a 90 day supply.	At AU Pharmacy 100% of U&C / \$10 copay per Prescription for Tier 1 / \$25 copay per Prescription for Tier 2 / Up to a 31-day supply per prescription.  Outside of AU Pharmacy: UnitedHealthcare Network Pharmacy / \$20 copay per Prescription for Tier 1/ \$50 copay per Prescription for Tier 2 / up to a 31-day supply per prescription.	No Benefits
<b>Psychotherapy</b> , 30 days maximum per policy year. Benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of Mental & Nervous Disorder.	100% of PA	80% of U&C
OTHER		
Ambulance Services	100% of PA	100% of U&C
<b>Durable Medical Equipment</b> , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	100% of PA	100% of U&C
<b>Consultant Physician Fees</b> , payable only with a SHC referral. When requested and approved by the attending Physician.	100% of PA	80% of U&C
<b>Dental Treatment</b> , \$2,000 maximum. Made necessary by Injury to Sound, Natural Teeth.	100% of U&C	100% of U&C
<b>Maternity and Complications of Pregnancy</b>	Paid as any other Sickness	Paid as any other Sickness

OTHER	Preferred Providers	Out-of-Network Providers
Elective Abortion, \$500 maximum	100% of PA	80% of U&C
Alcoholism/Drug Abuse, \$100 maximum per day / 30 days maximum per policy year.	100% of PA	80% of U&C
Repatriation/Medical Evacuation	Benefits provided by Scholastic Emergency Services, Inc.	Benefits provided by Scholastic Emergency Services, Inc.
Optional Repatriation/Medical Evacuation (Additional Premium Required). For Students and Dependents who do not purchase the Basic Plan.	Benefits provided by Scholastic Emergency Services, Inc.	Benefits provided by Scholastic Emergency Services, Inc.
Well Child Care / Age Appropriate Immunization, Well-Child Care covers pediatric preventative services, appropriate immunizations, developmental assessments and laboratory services appropriate for the age of the child from birth to age six, and appropriate immunizations from ages 6 to 18 as defined by the American Academy of Pediatrics. (5 visits from birth to 12 months; 3 visits from age 12 to 24 months; one annual visit per year from age 24 months to 6 years, and appropriate immunizations from age 6 to 18 years.)	Paid under Physician's Visits	Paid under Physician's Visits
Home Health Care, 60 visits maximum per policy year. Benefits for Home Health Care Services are payable only when such services are Medically Necessary and provided in conjunction with a Physician approved Home Health Care Services plan of care. Benefits shall be subject to all Deductible, co-payment, coinsurance, limitations, or any other provisions of the policy.	100% of PA	80% of U&C

## Preferred Provider Information

**"Preferred Providers"** are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in the local school area are: East Alabama Medical Center and the Hospitals and Physicians 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, by visiting the web at [www.uhcsr.com](http://www.uhcsr.com), and/or by asking the provider when making an appointment for services.

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

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

**"Network Area"** means the 50 mile radius around the local school campus the Insured is attending.

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.



## **United Healthcare Network Pharmacy Benefits**

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Benefits are available for outpatient Prescription Drugs on our Prescription Drug List (PDL) when dispensed by a UnitedHealthcare Network Pharmacy. Benefits are subject to supply limits and copayments that vary depending on which tier of the PDL the outpatient drug is listed. There are certain Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

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

\$20 copay per prescription order or refill for a Tier 1 Prescription Drug up to 31 day supply  
\$50 copay per prescription order or refill for a Tier 2 Prescription Drug up to 31 day supply

Mail order Prescription Drugs are available at 2.5 times the retail copay up to a 90 day supply.

Please present your ID card to the network pharmacy when the prescription is filled. If you do not use a network pharmacy, you will be responsible for paying the full cost for the prescription.

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

### **Additional Exclusions**

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

1. Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.
2. Experimental or Investigational Services or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by the Company to be experimental, investigational or unproven.
3. Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a Prescription Order or Refill. Compounded drugs that are available as a similar commercially available Prescription Drug Product. Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill are assigned to Tier-2.
4. Drugs available over-the-counter that do not require a Prescription Order or Refill by federal or state law before being dispensed, unless the Company has designated the over-the-counter medication as eligible for coverage as if it were a Prescription Drug Product and it is obtained with a Prescription Order or Refill from a Physician. Prescription Drug Products that are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent. Certain Prescription Drug Products that the Company has determined are Therapeutically Equivalent to an over-the-counter drug. Such determinations may be made up to six times during a calendar year, and the Company may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.
5. Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, even when used for the treatment of Sickness or Injury.

## Definitions:

**Prescription Drug or Prescription Drug Product** means a medication, product or device that has been approved by the U.S. Food and Drug Administration and that can, under federal or state law, be dispensed only pursuant to a Prescription Order or Refill. A Prescription Drug Product includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. For the purpose of the benefits under the policy, this definition includes insulin.

**Prescription Drug List** means a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration. This list is subject to the Company's periodic review and modification (generally quarterly, but no more than six times per calendar year). The Insured may determine to which tier a particular Prescription Drug Product has been assigned through the Internet at [www.uhcsr.com](http://www.uhcsr.com) or call Customer Service at 1-877-417-7345.

## Maternity Testing

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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 Alpha-fetoprotein (AFP), Estriol, hCG or Quad screen test Alpha-fetoprotein (AFP), Estriol, hCG, inhibin-a; Once during second trimester if age 35 or over - Amniocentesis or Chorionic villus sampling (CVS); Once during second or third trimester – 50g Glucola (blood glucose 1 hour postprandial); and Once during third trimester - Group B Strep Culture. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-767-0700.

## Accidental Death and Dismemberment Benefits

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### 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.

<b>For Loss Of:</b>	<u>Student</u>	<u>Spouse</u>	<u>Each Child</u>
Life	\$10,000	\$5,000	\$2,500
Both Hands, Both Feet, or Sight of Both Eyes	\$10,000	\$5,000	\$2,500
One Hand and One Foot	\$10,000	\$5,000	\$2,500
Either One Hand or One Foot and Sight of One Eye	\$10,000	\$5,000	\$2,500
One Hand or One Foot or Sight of One Eye	\$5,000	\$2,500	\$1,250

Loss shall mean with regard to hands and feet, 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.

## Coordination of Benefits Provision

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Benefits will be coordinated with any other group medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

## **Mandated Benefits**

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### ***Benefits for Mammography***

Benefits will be provided for screening mammography subject to all terms and conditions of the Policy and according to the following guidelines:

- 1) One mammogram every 2 years for women age forty through forty-nine and
- 2) One mammogram per year for women age fifty years of age and over, or more frequently if recommended by a woman's physician.

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

### ***Benefits for Prostate Cancer Screening***

Benefits will be paid the same as any other Sickness for Prostate Cancer Screening. "Prostate Cancer Screening Tests" includes a prostate antigen blood test and a digital rectal examination or any other test that is equivalent or better in cancer detection when performed by or recommended by a Physician.

Benefits are provided on an annual basis for men who are Insureds at least 40 years of age or more.

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

## **Definitions**

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**COINSURANCE** means the percentage of Covered Medical Expenses that the Company pays.

**DEDUCTIBLE** means if an amount is stated in the Schedule of Benefits or any endorsement to this policy as a deductible, it shall mean an amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made. The deductible will apply per policy year or per occurrence (for each Injury or Sickness) as specified in the Schedule of Benefits.

**ELECTIVE SURGERY OR ELECTIVE TREATMENT** means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective surgery or elective treatment includes any service, treatment or supplies that: 1) are deemed by the Company to be research or experimental; or 2) are not recognized and generally accepted medical practices in the United States.

**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.

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

**SICKNESS** means sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.

**USUAL AND CUSTOMARY CHARGES** means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

## **Exclusions and Limitations**

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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, acupuncture;
2. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
3. 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;
4. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
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 disease process;
7. 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;
8. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
9. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
10. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
11. 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;
12. Investigational services;
13. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
14. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months; The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy;
15. Prescription Drugs, services or supplies as follows; except as specifically provided in the policy;
  - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;

- b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
  - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
  - d) Products used for cosmetic purposes;
  - e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
  - f) Anorectics - drugs used for the purpose of weight control;
  - g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
  - h) Growth hormones; or
  - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
16. 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;
  17. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
  18. 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;
  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; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
  21. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
  22. Supplies, 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; and
  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).

## **Collegiate Assistance Program**

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Insured Students have access to nurse advice, health information, and counseling support 24 hours a day, 7 days a week by dialing the number indicated on the permanent ID card. Collegiate Assistance Program is staffed by Registered Nurses and Licensed Clinicians who can help students determine if they need to seek medical care, need legal/financial advice or may need to talk to someone about everyday issues that can be overwhelming.

## Scholastic Emergency Services: Global Emergency Medical Assistance

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If you are an international student studying in the United States or a spouse or minor child of an international student studying in the United States and are covered by this insurance plan, you are eligible for Scholastic Emergency Services (SES) while outside of your home country. The Emergency Medical Evacuation and Return of Mortal Remains services provided by SES meet U.S. visa 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.

Key Services include:

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

Please log into your online account [www.uhcsr.com](http://www.uhcsr.com) for additional information on SES Global Emergency Assistance Services, including 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 SES services must be arranged and provided by SES. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES Program Guide at [www.uhcsr.com](http://www.uhcsr.com) for additional information, including limitations and exclusions pertaining to the SES program.

## Change of Address

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Insureds can request a change of address using the following methods:

Phone: Call Customer Service at 1-800-767-0700

Mail: UnitedHealthcare **Student**Resources  
Attn: Customer Service  
PO Box 809025  
Dallas, TX 75380-9025

Web: [www.uhcsr.com](http://www.uhcsr.com) (when the primary insured created an online account)

# FREQUENTLY ASKED QUESTIONS



**1. Should I go to the Auburn University Medical Clinic first if I am sick?**

The student and spouse must use the services of the Auburn University Medical Center first where treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the AUMC for which no prior approval or referral is obtained are excluded from coverage. A referral issued by the AUMC must accompany the claim when submitted.

**2. Should I fill my prescriptions at AU Pharmacy?**

Yes, benefits for Prescription drugs are payable only when the prescriptions are dispensed by AU Pharmacy or a UHPS pharmacy. See the Schedule of Benefits for copays inside and outside of AU Pharmacy.

**3. Where do I go if AUMC or Pharmacy are closed?**

You may choose to see any health care provider with this plan. However, to receive the highest levels of coverage we encourage you to use a preferred provider under the UnitedHealthcare Options PPO. In the case of a Medical Emergency visit your nearest emergency room and/or call 911. The student must return to AUMC for necessary follow-up care.

**4. What is the copay for Physician visits?**

Outpatient Physician's Visits have a \$25 copay per visit.

**5. What is my Deductible for this policy?**

\$200 (Per Insured Person) (Per Policy Year)

**6. Do I have to use certain network providers?**

You may choose to see any health care provider with this plan. However, to receive the highest levels of coverage we encourage you to use a preferred provider under the UnitedHealthcare Options PPO.

**7. Does this policy cover dental insurance or eye insurance?**

No. However, benefits will be paid on *Injury to Sound, Natural Teeth*, at a maximum of \$2,000 Per Policy Year, and vision exclusions are covered when due to a disease process.

**8. Does this policy cover pregnancy?**

Yes - benefits for Maternity expenses are paid as any other sickness. Amounts payable for specific services are limited by the Schedule of Benefits. Benefits are subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy. However, pregnancy will be considered a Pre-existing condition if conceived prior to the insured's effective date.

**9. When will I get my insurance card?**

After your application has been submitted and your premium paid, you will receive an insurance card in the mail. If you apply online, you can print a temporary card at that time.

**10. Who can I contact if I have questions about my coverage or claims?**

Please contact UnitedHealthcare **Student**Resources at 1-800-767-0700 or customerservice@uhcsr.com or claims@uhcsr.com.

Underwritten by United HealthCare Insurance Company and is based on Policy 2010-38-4. For further details of the coverage including costs, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to [www.UHCSR.com](http://www.UHCSR.com).





## **Claim Procedure**

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In the event of Injury or Sickness, students should:

- 1) Report to the Auburn University Medical Clinic 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 College under which the student is insured. A Company claim form is not required for filing a claim.
- 3) File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

## **Submit all Claims or Inquiries to:**

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UnitedHealthcare **StudentResources**  
P.O. Box 809025  
Dallas, Texas 75380-9025  
1-800-767-0700

E-mail Customer Service Questions: [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com)  
E-mail Claim Questions: [claims@uhcsr.com](mailto:claims@uhcsr.com)

## **The Plan is Underwritten by:**

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*UnitedHealthCare Insurance Company*

## **Online Access to Account Information**

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UnitedHealthcare **StudentResources** Insureds have online access to claims status, EOBs, correspondence and coverage information via My Account at [www.uhcsr.com](http://www.uhcsr.com). 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](http://www.uhcsr.com). 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](http://www.uhcsr.com) to access your account information.

### **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.