



# 2008-2009

## STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for the Students of

# CMU

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CENTRAL MICHIGAN  
UNIVERSITY





June 2008

Dear Central Michigan University Student and Parents:

A college education is a costly investment and an unforeseen accident or illness could create a financial burden to continuing your education. Each year an increasing number of students find that they are no longer covered by their parent's insurance or that higher co-pays and deductibles leave them with much greater out-of-pocket expenses for health care than in the past. We strongly recommend that all students have health insurance coverage to help avoid financial distress from unexpected medical expenses.

Central Michigan University has carefully reviewed the type of health insurance policy to offer students, their spouses, and dependents. The plan for 2008-2009 is offered by United HealthCare Insurance Company (serviced by First Risk Advisors, Inc.). It was selected because the University believes it provides coverage for most of the health care needs of most students most of the time. It covers care provided at University Health Services and elsewhere with a referral. Cofinity is the PPO provider for care when Health Services does not provide the service or is closed or the student is more than 50 miles from campus. It also includes emergency room care, hospitalization, and related services. The covered benefits and exclusions are listed in this brochure. Please take the time to read the information carefully and compare it with your current coverage to see if it will meet your health insurance needs. For students re-enrolling, please pay special attention to plan changes including a reduction in price.

The policy can be purchased for: 1) full policy year (August 21, 2008 – August 20, 2009); 2) fall semester; and/or 3) spring semester and summer sessions (combined). The premiums and enrollment deadlines are included in this brochure. If you were enrolled in the 2007-2008 plan, you will need to re-enroll for 2008-2009 by completing the enclosed application form and submitting it to the insurance company with your premium payment by the deadline posted in the brochure. You may also enroll on line at [www.firststudent.com](http://www.firststudent.com).

Whether you purchase the CMU sponsored plan or have other health insurance coverage, please be sure that you have a good understanding of how your plan works. Always carry your insurance information with you (insurance plan ID card or a photocopy of it) in the event that you need to receive care at Central Michigan University Health Services or elsewhere.

If we can provide any additional information, please call us at (989) 774-4382 or e-mail us at [healthservices@cmich.edu](mailto:healthservices@cmich.edu) and we will be glad to assist you, or go to the student insurance website at [www.firststudent.com](http://www.firststudent.com). University Health Services is conveniently located in Foust Hall on Preston Street at East Campus Drive. We are on campus for the purpose of providing high quality readily accessible health care services to CMU students. You can also visit our website at [www.healthservices.cmich.edu](http://www.healthservices.cmich.edu).

Best wishes for a very healthy, happy, rewarding year ahead.

Sincerely,

James Barker, Director  
Health Services

# Table of Contents

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Privacy Policy	1
Eligibility	1
Effective and Termination Dates	1
Premium Rates	1
Enrollment Deadline	1
Extension of Benefits After Termination	2
University Health Service (UHS) Referral Required	2
Pre-Admission Notification	2
Schedule of Medical Expense Benefits	3
United Healthcare Network Pharmacy Benefits	6
Preferred Provider Information	7
Maternity Testing	7
Accidental Death and Dismemberment Benefits	8
Coordination of Benefits Provision	8
Mandated Benefits	8
Benefits for Antineoplastic Therapy	8
Benefits for Prosthetic Devices and Reconstructive Surgery	8
Benefits for Diabetes Treatment	8
Benefits For Treatment of Alcoholism and Drug Abuse	9
Benefits for Breast Cancer Screening and Mammography	10
Definitions	10
Exclusions and Limitations	10
Collegiate Assistance Program	12
Complaint Resolution	12
Scholastic Emergency Services: Global Emergency Medical Assistance	13
Claim Procedure	14
Customer Service Inquiries	14
Claims Inquiries	14
Temporary ID Card	Back Cover



## Privacy Policy

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We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 800-505-4160.

## Eligibility

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All undergraduate students taking six (6) or more credit hours (or one hour for the last semester before graduation) and attending classes are eligible to enroll in this insurance Plan. All International students and scholars holding F or J visas are eligible and are automatically enrolled in this insurance Plan, unless proof of comparable coverage is furnished. Any graduate student taking four (4) or more credit hours is also eligible to enroll 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, Internet and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The 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, its only obligation is to refund the premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age who are not self-supporting. Dependent Eligibility is effective and expires concurrently with that of the Insured student.

## Effective and Termination Dates

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The Master Policy becomes effective August 21, 2008. 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 20, 2009. 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.

If paying premiums by any payment period other than annual, coverage expires as follows:

Fall	01-11-09
Spring/Summer	08-20-09

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 31 days after the coverage expiration date.

Refunds of premiums are allowed only upon entry into the armed forces. The Policy is a Non-Renewable One Year Term Policy.

## Premium Rates

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	Annual	Fall	Spring/Summer	Summer
<b>Student</b>	\$ 1,156	\$ 456	\$ 700	\$ 301
<b>Spouse</b>	\$ 2,584	\$ 1,019	\$ 1,565	\$ 673
<b>All Children</b>	\$ 2,055	\$ 811	\$ 1,244	\$ 535

## Enrollment Deadline

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You must submit the enrollment form and premium payment to First Risk Advisors by September 30, 2008 to be covered for either the full year or fall semester. To be eligible for coverage in the Spring/Summer 2009 semester, your completed enrollment form and premium payment must be received by First Risk Advisors no later than February 15, 2009. To be eligible for coverage in the Summer 2009 semester, your completed enrollment form and premium payment must be received by First Risk Advisors no later than June 17, 2009. See enrollment form for address.

## **Extension of Benefits After Termination**

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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 the "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

## **University Health Service (UHS) Referral Required**

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

A UHS referral for outside care is not necessary only under the following conditions:

1. Medical Emergency. The student must return to UHS for necessary follow-up care;
2. When the University Health Services 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;
5. Medical care obtained when a student is no longer able to use the UHS due to a change in student status;
6. Maternity; or
7. Psychotherapy.

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

## **Pre-Admission Notification**

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Avidyn should be notified of all Hospital Confinements prior to admission.

1. **PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:** The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.
2. **NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:** The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide the notification of any admission due to Medical Emergency.

Avidyn is open for Pre-Admission Notification calls from 9:00 a.m. to 7:00 p.m., E.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 \$50,000 Maximum Benefit Paid as Specified Below (For Each Injury or Sickness)

Preferred Provider Deductible \$150 (Per Insured Person) (Per Policy Year)

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

The Policy provides benefits for the Usual & Customary Charges incurred, except as noted below, by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$50,000 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. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used. The Preferred Providers for this Plan are Cofinity in the state of Michigan, and Beech Street outside of Michigan.

At the University Health Service (UHS) only, benefits will be paid at 100% of Covered Medical Expenses up to \$5,000. The Deductible does not apply for services rendered at the UHS. There is a \$10 copay per visit at the UHS. Pre-existing Conditions are not excluded at the UHS. Diabetic supplies and acne are covered at the UHS. The following benefits are covered **only** at the UHS: Smoking Cessation, Tuberculosis testing, Birth Control, Immunizations, Antigen Injections and Plantar Warts.

Pre-existing Condition exclusion exception - credit will be given for the time the Insured was covered under a similar plan, if the previous coverage was continuous to a date not more than 63 days prior to the Insured's Effective Date under this policy.

**NOTE:** The Policy Deductibles in this plan are separate for Preferred Providers and Out-of-Network, and satisfaction of one policy Deductible **does not** apply to the other.

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, unless noted below. Covered Medical Expenses include:

**PA = Preferred Allowance**

**U&C = Usual and Customary Charges**

INPATIENT	Preferred Providers	Out-of-Network Providers
<b>Hospital Expense</b> , daily semi-private room rate; general nursing care provided by the Hospital. Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	80% of PA	60% of U&C
<b>Intensive Care</b>	80% of PA	60% of U&C
<b>Routine Newborn Care</b> , while Hospital Confined; and routine nursery care provided immediately after birth. <i>(4 days Hospital Confinement expense maximum)</i>	Paid as any other Sickness	Paid as any other Sickness
<b>Physiotherapy</b>	80% of PA	60% of U&C
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures. <i>(\$5,000 maximum)</i>	80% of PA	60% of U&C
<b>Assistant Surgeon</b>	No Benefits	No Benefits

INPATIENT	Preferred Providers	Out-of-Network Providers
<b>Anesthetist</b> , professional services administered in connection with inpatient surgery.	80% of PA	60% of U&C
<b>Registered Nurse's Services</b> , private duty nursing care.	80% of PA	60% of U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.	80% of PA	60% of U&C
<b>Pre-Admission Testing</b> , payable within 3 working days prior to admission.	80% of PA	60% of U&C
<b>Psychotherapy</b> , 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. 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. <i>(\$5,000 maximum)</i>	80% of PA	60% of U&C
<b>Day Surgery Miscellaneous</b> , related to scheduled surgery performed in a Hospital, Physician's office, or clinic, 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.	80% of PA	60% of U&C
<b>Assistant Surgeon</b>	No Benefits	No Benefits
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	80% of PA	60% 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. <i>(\$10 copay per visit at UHS)</i>	80% of PA	60% of U&C
<b>Physiotherapy</b> , benefits are limited to one visit per day. (Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation)	80% of PA	60% of U&C
<b>Diagnostic X-ray and Laboratory Services</b> <i>(\$950 maximum)</i>	80% of PA	60% 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.	80% of PA	60% of U&C
<b>Medical Emergency Expenses</b> , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. <i>(\$400 maximum if not admitted)</i>	80% of PA	60% of U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
<b>Radiation Therapy</b>	80% of PA	60% of U&C
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement.	80% of PA	60% of U&C
<b>Chemotherapy</b> , (See Benefits for Antineoplastic Therapy)	80% of PA	60% of U&C
<b>Prescription Drugs</b> , are available through UnitedHealthCare Network pharmacies. No benefits are payable outside of the UnitedHealthCare Network pharmacies. Up to a 31 day supply per prescription. (Mail Order benefit with 90 day supply at 2.5 times retail copay.)	\$15 copay per prescription for Tier 1 \$30 copay per prescription for Tier 2 \$1,500 maximum (Per Policy Year)	No Benefits
<b>Psychotherapy</b> , including all related and ancillary charges incurred as a result of a Mental or Nervous Disorder. Benefits are limited to one visit per day. (30 days maximum Per Policy Year / \$100 maximum per day)	Paid as any other Sickness	paid as any other Sickness
OTHER		
<b>Ambulance Services</b> , ground service only	80% of PA	80% of U&C
<b>Durable Medical Equipment</b> , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	80% of PA	80% of U&C
<b>Consultant Physician Fees</b> , when requested and approved by the attending physician.	80% of PA	60% of U&C
<b>Dental Treatment</b> , made necessary by Injury to Sound, Natural Teeth. ( <i>\$200 per tooth</i> )	80% of U&C	80% of U&C
<b>Maternity and Complications of Pregnancy</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Alcoholism/Drug Abuse</b>	See Benefits for Alcoholism and Drug Abuse	
<b>Elective Abortion</b>	No Benefits	No 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.firststudent.com](http://www.firststudent.com) or call 877-417-7345 or the customer service number on your ID card for the most up-to-date tier status.

\$15 copay per prescription order or refill for a Tier 1 Prescription Drug up to 31 day supply.

\$30 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

### **Your maximum allowed benefit is \$1,500.**

Please present your ID card to the network pharmacy when the prescription is filled.

If you do not present the card, you will need to pay 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.firststudent.com](http://www.firststudent.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-3. Any prescription medication that must be compounded into its final form by the dispensing pharmacist, Physician, or other health care provider.
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, except as required by state mandate.

### **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.firststudent.com](http://www.firststudent.com) or call Customer Service at 1-877-417-7345.

## **Preferred Provider Information**

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**"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 state of Michigan are Cofinity ([www.cofinity.net](http://www.cofinity.net)), and Beech Street outside of Michigan ([www.beechstreet.com](http://www.beechstreet.com)).

The availability of specific providers is subject to change without notice. Insured's should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-800-505-4160 and/or by asking the provider when making an appointment for services. You can also locate a network provider by logging into My Account at [www.firststudent.com](http://www.firststudent.com). See back cover of this brochure for details on creating an online account.

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

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

Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

### **Inpatient Hospital Expenses**

**Preferred Hospitals** - Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at the coinsurance percentages specified in the Schedule of Benefits, up to any limits specified in the Schedule of Benefits. Call 1-800-505-4160 for information about Preferred Hospitals.

**Out-of-Network Hospitals** - If care is provided at a Hospital that is not a Preferred Provider, eligible inpatient Hospital expenses will be paid according to the benefit limits in the Schedule of Benefits.

### **Outpatient Hospital Expenses**

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits. Insureds are responsible for any amounts that exceed the benefits shown in the Schedule, up to the Preferred Allowance.

### **Professional & Other Expenses**

Benefits for Covered Medical Expenses provided by Cofinity and Beech Street will be paid at the coinsurance percentages specified in the Schedule of Benefits or up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.

### **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. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-505-4160.

## 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.

#### ***For Loss of:***

Life	\$ 5,000
Two or More Members	\$ 5,000
One Member	\$ 2,500

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

## 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 Antineoplastic Therapy***

Benefits will be provided for the Usual and Customary Charges incurred for any Federal Food and Drug Administration (FDA) approved drug used in antineoplastic therapy and the reasonable cost of its administration. The drug may be any FDA-approved drug regardless of whether the specific neoplasm for which the drug is being used as treatment is the specific neoplasm for which the drug has been approved for use, if all of the following conditions have been met:

1. The drug is ordered by a Physician for the treatment of a specific type of neoplasm.
2. The drug is approved by the FDA for use in antineoplastic therapy.
3. The drug is used as part of an antineoplastic drug regimen.
4. Current medical literature substantiates its efficacy, and recognized oncology organizations generally accept the treatment.
5. The Physician has obtained an informed consent from the patient for the treatment regimen which includes FDA-approved drugs for "off-label" indications.

Benefits are subject to all Deductible, co-payment, co-insurance, limitations or any other provisions of the policy.

### ***Benefits for Prosthetic Devices and Reconstructive Surgery***

Benefits will be provided for the Usual and Customary Charges incurred for prosthetic devices, including the cost and fitting thereof, or for reconstructive surgery for an Insured who has undergone a mastectomy provided the attending Physician has certified the Medical Necessity or desirability of a proposed course of rehabilitative treatment.

"Mastectomy" means the removal of all or part of the breast for medically necessary reasons as determined by a licensed Physician.

Benefits are subject to all Deductible, co-payment, co-insurance, limitations or any other provisions of the policy.

### ***Benefits for Diabetes Treatment***

Benefits will be paid the same as any other Sickness for the following equipment, supplies, and educational training for the treatment of diabetes, if determined to be Medically Necessary and prescribed by an allopathic or osteopathic Physician:

- (a) Blood glucose monitors and blood glucose monitors for the legally blind.
- (b) Test strips for glucose monitors, visual reading and urine testing strips, lancets, and spring-powered lancet devices
- (c) Syringes.

- (d) Insulin pumps and medical supplies required for the use of an insulin pump.
- (e) Diabetes self-management training to ensure that persons with diabetes are trained as to the proper self-management and treatment of their diabetic condition.

Benefits for diabetes self-management training are subject to all of the following:

- (a) Is limited to completion of a certified diabetes education program upon occurrence of either of the following:
  - (i) If considered Medically Necessary upon the diagnosis of diabetes by an allopathic or osteopathic Physician who is managing the patient's diabetic condition and if the services are needed under a comprehensive plan of care to ensure therapy compliance or to provide necessary skills and knowledge.
  - (ii) If an allopathic or osteopathic Physician diagnoses a significant change with long-term implications in the patient's symptoms or conditions that necessitates changes in a patient's self-management or a significant change in medical protocol or treatment.
- (b) Shall be provided by a diabetes outpatient training program certified to receive medicaid or medicare reimbursement or certified by the department of community health. Training shall be conducted in group settings whenever practical.

Benefits will be paid the same as any other Sickness for the following, if determined to be Medically Necessary:

- (a) Insulin, if prescribed by an allopathic or osteopathic Physician;
- (b) Nonexperimental medication for controlling blood sugar, if prescribed by an allopathic or osteopathic Physician.
- (c) Medication used in the treatment of foot ailments, infections, and other medical conditions of the foot, ankle, or nails associated with diabetes, if prescribed by an allopathic, osteopathic, or podiatric Physician.

"Diabetes" includes all of the following:

- (a) Gestational diabetes.
- (b) Insulin-dependent diabetes.
- (c) Non-insulin-dependent diabetes.

Benefits are subject to all Deductible, co-payment, co-insurance, limitations or any other provisions of the policy.

## **Benefits For Treatment of Alcoholism and Drug Abuse**

Benefits will be paid as any other Sickness for intermediate and outpatient care of substance abuse (alcohol or drugs).

"Intermediate Care" means the use of covered therapeutic techniques in:

- (1) A full 24-hour residential therapy setting; or
- (2) A partial, less than 24-hour residential therapy setting; for individuals physiologically or psychologically dependent upon abusing alcohol or drugs.

"Outpatient Care" means the use, on both a scheduled and nonscheduled basis, of covered therapeutic techniques for individuals physiologically or psychologically dependent upon abusing alcohol or drugs.

Covered therapeutic techniques include:

- 1) Chemotherapy;
- 2) Counseling;
- 3) Detoxification services; and
- 4) Other ancillary services, such as:
  - a) medical testing;
  - b) diagnostic evaluation; and
  - c) referral to other services identified in a treatment plan.

Benefits for intermediate and outpatient care of substance abuse are limited to a \$3,479 maximum per policy year.

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

## Benefits for Breast Cancer Screening and Mammography

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Benefits will be paid the same as any other Sickness for breast cancer screening and mammography subject to all terms and conditions of the policy and the provisions of this endorsement.

For breast cancer screening, benefits will include diagnostic services, outpatient treatment services and rehabilitative services.

"Breast cancer diagnostic services" means a procedure intended to aid in the diagnosis of breast cancer, delivered on an inpatient or outpatient basis, including but not limited to mammography, surgical breast biopsy and pathologic examination and interpretation.

"Breast cancer outpatient treatment services" means a procedure intended to treat cancer of the human breast, delivered on an outpatient basis, including by not limited to surgery, radiation therapy, chemotherapy, hormonal therapy, and related medical follow-up services.

"Breast cancer rehabilitative services" means a procedure intended to improve the result of, or ameliorate the debilitating consequences of, treatment of breast cancer, delivered on an inpatient or outpatient basis, including but not limited to reconstructive plastic surgery, physical therapy, and psychological and social support services.

For breast cancer screening mammography, benefits will be paid according to the following guidelines:

1. One screening mammography examination during the 5-year period for a woman thirty-five years of age or older and under forty years of age.
2. One screening mammography examination every policy year for a woman forty years of age or older.

"Breast cancer screening mammography" means a standard 2-view per breast, low-dose radiographic examination of the breasts, using equipment designed and dedicated specifically for mammography, in order to detect unsuspected breast cancer.

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

## Definitions

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**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 a condition for which medical advice, diagnosis, care, or treatment was recommended or received within 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; allergy, including allergy testing;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as : gambling, sexual, spending, shopping, working and religious; codependency;
3. Assistant Surgeon Fees;
4. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation;

5. Biofeedback;
6. Chronic pain disorders;
7. Circumcision;
8. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
9. 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; removal of warts, non-malignant moles and lesions;
10. 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 treatment or substance abuse facilities for domiciliary or custodial care;
11. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
12. Elective Surgery or Elective Treatment;
13. Elective Abortion;
14. 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;
15. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
16. Health spa or similar facilities; strengthening programs;
17. 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;
18. Hirsutism; alopecia;
19. Hypnosis;
20. Injury caused by, contributed to, or resulting from the addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician, except as specifically provided in the policy;
21. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
22. 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;
23. 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;
24. Investigational services;
25. Lipectomy;
26. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation;
27. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
28. Pre-existing Conditions except for individuals who have been continuously insured under the school's student insurance policy for at least 12 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;
29. 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; (except as specifically provided in the Benefits for Diabetes Treatment)
  - 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.
30. 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;
  31. 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;
  32. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery; except as specifically provided in the policy;
  33. Routine physical examinations and routine testing; screening exams or testing in the absence of Injury or Sickness;
  34. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
  35. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retorgnathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or surgical correction thereof; nasal and sinus surgery;
  36. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
  37. Sleep disorders;
  38. Speech therapy; naturopathic services;
  39. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
  40. Supplies, except as specifically provided in the policy;
  41. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
  42. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
  43. 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
  44. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders..

## **Collegiate Assistance Program**

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Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 1-877-643-5130. The Collegiate Assistance Program is staffed by Registered Nurses who can help students determine if they need to seek medical care, understand their medications or medical procedures, or learn ways to stay healthy.

## **Complaint Resolution**

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If you have a concern or complaint about your claim denial you may call the Customer Service Department at 1-800-505-4160. If the question or complaint is not resolved to your satisfaction you may submit a written request for review within 60 days of the date of denial. The Company will not retaliate against you because of the complaint. You may have other rights under the terms of the Grievance Review provision found in the Master Policy on file with the University.

## Scholastic Emergency Services: Global Emergency Medical Assistance

Through participation in the Central Michigan University insurance plan, each Insured is eligible for global emergency medical assistance services when traveling 100 miles or more from his/her permanent home or campus address or abroad. Services are accessible 24 hours a day, 365 days a year and are provided by Scholastic Emergency Services (SES).

What Makes the SES program unique?

- 1.Exceeds USIA requirements for International students and scholars
- 2.No maximums or subrogation for any assistance services SES provides
- 3.No pre-existing conditions or territorial exclusions
- 4.Worldwide network of pre-qualified medical providers
- 5.Operations Centers with immediate worldwide response capabilities
- 6.“Out of Area” medical problems alleviated

**Key Services include:**

### **Evacuation, Repatriation and Return of Mortal Remains:**

Whenever appropriate medical facilities are not available locally, SES will utilize whatever mode of transport, equipment, and personnel are necessary to evacuate the participant to the nearest facility capable of providing appropriate care. Once the participant is ready to be released from the hospital, SES will arrange and pay to transport the participant to his/her residence or rehabilitation facility, with necessary medical supervision, if necessary.

If a participant should die while traveling, SES will render every possible assistance in the return of mortal remains including locating a funeral home to prepare the deceased for transport, procuring required documentation, providing the necessary shipping container, as well as paying for transport.

**Some additional services include:**

- Medical Consultation, Evaluation and Medical Referrals
- Foreign Hospital Admission Guarantee
- Critical Care Monitoring
- Prescription Assistance
- Emergency Message Transmission
- Transport to Join Patient (when in-patient for more than 7 days)
- Care for Minor Children (left unattended due to medical incident)
- Emergency Trauma Counseling
- Lost Luggage or Document Assistance
- Legal and Interpreter Referrals

Please refer to **[www.assistamerica.com](http://www.assistamerica.com)** for service descriptions, under the “Student” tab.

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)**.

SES is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by SES. Claims for reimbursement of assistance services will not be accepted.

*\*Insured's spouse and Dependent children may also be eligible for services.*

## **Claim Procedure**

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In the event of Injury or Sickness, students should:

- 1) Report to the Student Health Center or Infirmary for treatment or referral, or when not in school, to the nearest Physician or Hospital.
- 2) Mail to the address below all medical and Hospital bills along with the patient's name and Insured student's name, address, Social Security number and name of the University under which the student is insured. A Company claim form is not required for filing a claim. If you incur charges at the University Health Services, Health Services will submit a claim to the insurance company on your behalf and you will only be billed for the copays.
- 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.

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

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### **United HealthCare Insurance Company**

## **Direct all Cofinity Claims to:**

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Cofinity  
P. O. Box 2720  
Farmington Hills, MI 48333  
Or visit our website at [www.cofinity.net](http://www.cofinity.net)

## **Direct all Other Claims and Customer Service Inquiries to:**

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First Student  
P. O. Box 809025  
Dallas, TX 75380-9025  
800-505-4160  
Or visit our website at [www.firststudent.com](http://www.firststudent.com)

**On-line Access to Account Information:** Insureds have online access to claims status, EOBs, correspondence and coverage information via My Account at [www.firststudent.com](http://www.firststudent.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.firststudent.com](http://www.firststudent.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.firststudent.com](http://www.firststudent.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.

**This Brochure is based on  
Policy Number: 2008-369-91**

**v6**

This is your Temporary ID Card



# UnitedHealthcare®

## StudentResources

Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ Policy #: 2008-369-91

Group Name: CENTRAL MICHIGAN UNIVERSITY

Customer Service 1-800-505-4160

RX Vendor Group #: USTR6107 RX Bin #: 610014

Submit Claims to: Cofinity, PO Box 2720, Farmington Hills, MI 48333:

Emdeon (Formerly WebMD) 38335.

Send all other claims send to the address on back of the card.

*medco*

Underwritten by United HealthCare Insurance Company

**Cofinity**

07-ID1



Beech  Street  
A CONCENTRA COMPANY

#### CLAIM INSTRUCTIONS

Claims should be submitted to the company within 90 days after date of treatment. Please mail all medical and hospital bills along with the insured student's name and patient's name, ID number, address, and the name of the college or university under which the student is insured to the address listed on this card.

Send claims to: First Student, PO Box 809067, Dallas, TX 75380-9067.  
Emdeon (Formerly WebMD) #: 74227

For emergencies while traveling, call Scholastic Emergency Services at 1-877-488-9833 in the US, 1-609-452-8570 Collect outside the US.

For Hospital pre-admission notification call Avidyn at 1-877-295-0720.

#### NOTICE TO ALL HEALTHCARE PROVIDERS

This card is not a guarantee of coverage. For information concerning coverage, co-payment and claims instructions, please call Customer Service at the number listed on the front of this card.

[www.uhcsr.com](http://www.uhcsr.com)