

# 2008-2009

## BLANKET STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for the Students of

# Jefferson College of Health Professions

This Policy contains a Preferred Provider Provision  
Non-Participating Non-Renewable One Year Term



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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 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 Jefferson College of Health Professions students are required to purchase this insurance Plan, unless proof of comparable coverage is furnished.

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 premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse or Domestic Partner and unmarried children under 19 years of age who are not self-supporting or 23 years of age if a full-time student.

Dependent Eligibility expires concurrently with that of the Insured student.

## Effective and Termination Dates

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The Master Policy becomes effective September 1, 2008. 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 31, 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.

Refunds of premiums are allowed only upon entry into the armed forces or life status change.

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

## Premium Rates

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	<u>Annual Coverage</u> 9/1/08 - 8/31/09	<u>Spring/Summer</u> 1/1/09 - 8/31/09	<u>Summer</u> 6/1/09 - 8/31/09
Student	\$3,068	\$2,083	\$789
Student Plus One Dependent	\$7,933	\$5,387	\$2,040
Student Plus Two or More Dependents	\$8,563	\$5,814	\$2,202

## 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.

## 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 notification of any admission due to Medical Emergency.

Avidyn 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.

## How to Enroll

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Within approximately one week after you complete your online enrollment at [www.firststudent.com](http://www.firststudent.com), charges will be posted on you student account in Banner Web. Please complete payment arrangements before the semester begins.

## SCHEDULE OF MEDICAL EXPENSE BENEFITS

Up To \$250,000 Maximum Benefit (For Each Injury or Sickness)  
 Out-of-Network Deductible ~ \$500 (Per Insured Person) (Per Policy Year)  
 Coinsurance ~ Preferred Providers 100% except as noted below  
 Coinsurance ~ Out-of-Network 80% except as noted below

The Policy provides benefits for the Usual and Customary Charges (U&C) 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 Provider for this plan is UnitedHealthcare Choice Plus. If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.

**Preferred Provider Out-of-Pocket Maximum:** After the Insured has paid \$2,000 in out-of-pocket expenses, payment will be made for 100% of additional Covered Medical Expenses incurred at a Preferred Provider, not to exceed the \$250,000 Maximum Benefit per Injury or Sickness.

**Out-of-Network Out-of-Pocket Maximum:** After the Insured has paid \$4,000 in out-of-pocket expenses, payment will be made for 100% of additional Covered Medical Expenses incurred at an Out-of-Network Provider, not to exceed the \$250,000 Maximum Benefit per Injury or Sickness.

All services incurred by International students for services performed in their home country are excluded.

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 & Customary Charges	
INPATIENT	Preferred Providers	Out-of-Network Providers	
<p><b>Hospital Expenses</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.</p>	100% of PA / \$500 copay per admission	80% of U&C / \$500 Deductible / per admission	
<p><b>Intensive Care</b></p>	100% of PA / \$500 copay per admission	80% of U&C / \$500 Deductible per admission	

INPATIENT	Preferred Providers	Out-of-Network Providers
<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	
<b>Physiotherapy</b>	100% of PA	80% 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 at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	100% of PA / \$150 copay	80% of U&C / \$150 Deductible
<b>Assistant Surgeon</b>	100% of PA	80% of U&C
<b>Anesthetist</b> , professional services administered 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.	100% of PA	80% of U&C
<b>Psychotherapy</b> , benefits are limited to one visit per day <i>(60 days maximum)</i>	Paid as any other Sickness	
<b>Serious Mental Illness</b>	See Benefits for Serious Mental Illness	

OUTPATIENT	Preferred Providers	Out-of-Network Providers
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	100% of PA / \$150 copay	80% of U&C / \$150 Deductible
<b>Day Surgery Miscellaneous</b> , related to scheduled surgery performed in a Hospital, including the cost of the operating room, laboratory tests, 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 inpatient surgery.	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 or Physiotherapy. <i>(Benefit includes one annual routine adult exam)</i>	100% of PA / \$15 copay per visit	100% of U&C / \$15 Deductible per visit / Annual \$500 Deductible does not apply
<b>Physiotherapy</b> , benefits are limited to one visit per day.	100% of PA	80% 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>(Benefit includes Psychiatric conditions)</i>	100% of PA / \$50 copay per visit	100% of U&C / \$50 Deductible per visit
<b>Diagnostic X-Ray and Laboratory Services</b>	100% of PA	80% of U&C
<b>Tests and Procedures</b> , diagnostic services and medical procedures performed by a Physician, other than Physician Visits, Physiotherapy, x-ray and lab procedures.	100% of PA	80% of U&C
<b>Injections</b> , includes immunizations.	100% of PA	80% of U&C
<b>Radiation Therapy and Chemotherapy</b>	100% of PA	80% of U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
<p><b>Prescription Drugs</b>, benefit includes coverage for contraceptives.</p> <p><b>Preferred Providers</b> - Mail order Prescription Drugs through UHPS at 2 times retail copay; \$20 copay per prescription for Tier 1, \$60 copay per prescription for Tier 2 / 90 day supply per prescription.</p> <p><b>Out-of-Network</b> - Insured is required to pay in full for prescriptions filled at an Out-of-Network pharmacy, and submit paid receipt to UnitedHealthcare StudentResources for reimbursement.</p>	<p>UnitedHealthcare Network Pharmacy \$10 copay per prescription for Tier 1/ \$30 copay per prescription for Tier 2 Up to a 31 day supply per prescription</p>	<p>100% of U&amp;C / \$10 Deductible per prescription for generic / \$30 Deductible per prescription for brand Up to a 31 day supply per prescription</p>
<p><b>Psychotherapy</b>, benefits are limited to one visit per day.</p>	<p>100% of PA / \$15 copay per visit</p>	<p>80% of U&amp;C / \$15 Deductible per visit</p>
<p><b>Serious Mental Illness</b></p>	<p>See Benefits for Serious Mental Illness</p>	
OTHER		
<p><b>Ambulance Services</b></p>	<p>90% of PA</p>	<p>90% of U&amp;C</p>
<p><b>Durable Medical Equipment</b>, a written prescription must accompany the claim when submitted. Replacement equipment is not covered. (Includes coverage for orthopedic shoes, foot orthotics or other devices to support feet if they are medically necessary to prevent complications of diabetes.)</p>	<p>100% of PA</p>	<p>80% of U&amp;C</p>
<p><b>Consultant Physician Fees</b>, when requested and approved by the attending Physician.</p>	<p>100% of PA / \$25 copay per visit</p>	<p>100% of U&amp;C / \$25 Deductible per visit Annual \$500 Deductible does not apply</p>
<p><b>Dental Treatment</b>, made necessary by Injury to Sound, Natural Teeth.</p>	<p>90% of U&amp;C</p>	<p>90% of U&amp;C</p>
<p><b>Wisdom Teeth</b>, removal of bony, impacted wisdom teeth only.</p>	<p>Paid as any other Sickness</p>	
<p><b>Alcoholism / Drug Abuse</b></p>	<p>See Benefits for Alcohol / Drug Abuse and Dependency Treatment</p>	
<p><b>Maternity / Complications of Pregnancy</b></p>	<p>Paid as any other Sickness</p>	
<p><b>Elective Abortion</b></p>	<p>Paid as any other Sickness</p>	
<p><b>Home Health Care (40 visits maximum)</b></p>	<p>100% of U&amp;C</p>	<p>100% of U&amp;C</p>
<p><b>Hospice Care (30 days maximum Lifetime)</b></p>	<p>Paid as any other Sickness</p>	
<p><b>Routine Eye Exam, (one routine eye exam per policy year)</b></p>	<p>100% of PA / \$15 copay</p>	<p>80% of U&amp;C / \$15 Deductible</p>

## UnitedHealthcare 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 for the most up-to-date tier status.

\$10 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 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 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.

When prescriptions are filled at pharmacies outside the network, the Insured must pay for the prescriptions out-of-pocket and submit the receipts for reimbursement to UnitedHealthcare StudentResources, P.O. Box 80925, Dallas, TX 75380-9025.

### 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, except as required by state mandate.

### Definitions:

**Network Pharmacy** means a pharmacy that has:

- Entered into an agreement with the Company or an organization contracting on our behalf to provide Prescription Drug Products to Insured Persons.
- Agreed to accept specified reimbursement rates for dispensing Prescription Drug Products.
- Been designated by the Company as a Network Pharmacy.

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.

**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 local school area are:

### **UnitedHealthcare Choice Plus**

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

**"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.

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 100%, 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 inpatients 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. 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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If such Injury shall independently of all other causes solely result in any one of the following specific losses, the Company will pay the applicable amount below in addition to payment under the Medical Expense Benefits.

### For Loss of:

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

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

## Coordination of Benefits

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### Definitions:

- (1) Allowable Expenses: Any necessary, reasonable, and customary item of expense, a part of which is covered by at least one of the Plans covering the Insured Person.

An Allowable Expense to a Secondary Plan includes the value or amount of any Deductible Amount or Coinsurance Percentage or amount of otherwise Allowable Expenses which was not paid by the Primary or first paying Plan.

- (2) Plan: A group insurance plan or health service corporation group membership plan or any other group benefit plan providing medical or dental care treatment benefits or services. Such group coverages include: (a) group or blanket insurance coverage, or any other group type contract or provision thereof; this will not include school accident coverage or group hospital indemnity plan of \$100 per day or less; (b) service plan contracts, group practice and other pre-payment group coverage; (c) any coverage under labor-management trustees plans, union welfare plans, employer and employee organization plans; and (d) coverage under governmental programs, including Medicare, and any coverage required or provided by statute; this will not include a state plan under Medicaid, and will not include a law or plan when, by law, its benefits are excess to those of a private insurance plan or other non-governmental plan.
- (3) Primary: The Plan which pays regular benefits.
- (4) Secondary: The Plan which pays a reduced amount of benefits which, when added to the Primary Plan's benefits will not be more than the Allowable Expenses.
- (5) We, Us or Our: The Company named in the policy.

Effect on Benefits - If an Insured Person has medical and/or drug coverage under any other Plan, all of the benefits provided are subject to coordination of benefits.

During any policy year or benefit period, the sum of the benefits that are payable by Us and those that are payable from another Plan may not be more than the Allowable Expenses.

During any policy year or benefit period, We may reduce the amount We will pay so that this reduced amount plus the amount payable by the other Plans will not be more than the Allowable Expenses. Allowable Expenses under the other Plan include benefits which would have been payable if a claim had been made.

However, if: (1) the other Plan contains a section which provides for determining its benefits after Our benefits have been determined; and (2) the order of benefit determination stated herein would require Us to determine benefits before the other Plan, then the benefits of such other Plan will be ignored in determining the benefits We will pay.

This Plan determines its order of benefits using the first of the following rules which applies:

- (1) If your other Plan does not have Coordination of Benefits, that Plan pays first.
- (2) Non-Dependent/Dependent. The benefits of the Plan which covers the person as an employee, member or subscriber are determined before those of the Plan which covers the person as a Dependent.
- (3) Dependent Child/Parents Not Separated or Divorced. When This Plan and another Plan cover the same child as a Dependent of different persons, called "parents":

- a. the benefits of the Plan of the parent whose birthday falls earlier in a year exclusive of year of birth are determined before those of the Plan of the parent whose birthday falls later in that year; but
- b. if both parents have the same birthday, the benefits of the Plan which covered the parent longer are determined before those of the Plan which covered the other parent for a shorter period of time.

However, if the other Plan does not have the rule described in a. above, but instead has a rule based upon the gender of the parent, and if, as a result, the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.

- (4) Dependent Child/Separated or Divorced Parents. If two or more Plans cover a person as a Dependent child of divorced or separated parents, benefits for the child are determined in this order:
  - a. first, the Plan of the parent with custody of the child;
  - b. then, the Plan of the spouse of the parent with the custody of the child; and
  - c. finally, the Plan of the parent not having custody of the child.

However, if the specific terms of a court decree state that one of the parents is responsible for the health care of the child, and the entity obligated to pay or provide the benefits of the Plan of that parent has actual knowledge of these terms, the benefits of that Plan are determined first.

- (5) Longer/Shorter Length of Coverage. If none of the above rules determines the order of benefits, the benefits of the Plan which covered an employee, member or subscriber longer are determined before those of the Plan which covered that person for the shorter time.

**Right to Recovery and Release of Necessary Information** - For the purpose of determining applicability of and implementing the terms of this Provision, We may, without further consent or notice, release to or obtain from any other insurance company or organization any information, with respect to any person, necessary for such purposes. Any person claiming benefits under Our coverage shall give Us the information We need to implement this Provision. We will give notice of this exchange of claim and benefit information to the Insured Person when any claim is filed.

**Facility of Payment and Recovery** - Whenever payments which should have been made under our Coverage have been made under any other Plans, We shall have the right to pay over to any organizations that made such other payments, any amounts that are needed in order to satisfy the intent of this Provision. Any amounts so paid will be deemed to be benefits paid under Our coverage. To the extent of such payments, We will be fully discharged from Our liability.

Whenever We have made payments with respect to Allowable Expenses in total amount at any time, which are more than the maximum amount of payment needed at that time to satisfy the intent of this Provision, We may recover such excess payments. Such excess payments may be received from among one or more of the

following, as We determine: any persons to or for or with respect to whom such payments were made, any other insurers, service plans or any other organizations.

This Coordination of Benefits Provision will not be applied to the first \$100 of medical expenses incurred.

If the policy contains a Deductible provision, the Deductible provision will not be applied to the first \$100 of medical expenses incurred.

## **Mandated Benefits**

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### ***Benefits for Women's Preventive Health Services***

Benefits will be paid the same as any other Sickness for: 1) an annual gynecological examination, including a pelvic examination and clinical breast examination; and 2) routine pap smears in accordance with the recommendations of the American College of Obstetricians and Gynecologists. The policy Deductible and dollar limitations will not be applied to this benefit. Benefits shall be subject to copayment, coinsurance, limitations, or any other provisions of the policy.

### ***Benefits for Mammographic Examination***

Benefits will be paid the same as any other Sickness for mammographic examinations as follows: 1) every year for an Insured 40 years of age or older; and 2) any mammogram based on a Physician's recommendation for an Insured under 40 years of age.

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

### ***Benefits for Mastectomy***

Benefits will be paid the same as any other Sickness for inpatient care following a Mastectomy for the length of stay that the treating Physician determines is necessary to meet generally accepted criteria for safe discharge.

Benefits will be paid the same as any other Sickness for a home health care visit that the treating Physician determines is necessary within forty-eight (48) hours after discharge when the discharge occurs within forty-eight (48) hours following admission for the Mastectomy.

Benefits will be paid the same as any other Sickness for Prosthetic Devices, physical complications including lymphedemas, and Reconstructive Surgery incident to any Mastectomy in a manner determined in consultation with the attending Physician and the Insured Person.

Mastectomy means the removal of all or part of the breast for medically necessary reasons, as determined by a licensed Physician. Prosthetic devices means the use of initial and subsequent artificial devices to replace the removed breast or portions thereof, pursuant to an order of the Insured's Physician.

Reconstructive surgery means a surgical procedure performed on one breast or both breasts following a Mastectomy, as determined by the treating Physician, to reestablish symmetry between the two breasts or alleviate functional impairment caused by the Mastectomy. Reconstructive surgery shall include, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy. Symmetry between breasts means approximate equality in size and shape of the nondiseased breast with the diseased breast after definitive reconstructive surgery on the diseased or nondiseased breast has been performed.

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

### ***Benefits for Newborn Infants***

Newborn Infants will be covered under the policy for the first 31 days after birth. Coverage for such a child will be for Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child's parent.

The Insured will have the right to continue such coverage for the child beyond the first 31 days. To continue the coverage the Insured must, within the 31 days after the child's birth: 1) apply to us; and 2) pay the required additional premium for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's birth.

### ***Benefits for Childhood Immunizations***

Benefits will be paid the same as any other Sickness for the Named Insured who is under 21 years of age, or the Named Insured's spouse who is under 21 years of age, or a Dependent Child for those childhood immunizations, including the immunizing agents, which as determined by the Department of Health conform with the standards of the (Advisory Committee on Immunization Practices of the Center for Disease Control) U.S. Department of Health and Human Services. The benefit will provide coverage for the cost of the immunization of a child, up to 150% of the average wholesale price (AWP), which, as determined by the Department of Health, conform with the standards of the Advisory Committee on Immunization Practices of the Center for Disease Control, the United States Department of Health and Human Services.

The policy Deductible and dollar limitations will not be applied to this benefit. Benefits shall be subject to copayment, coinsurance, limitations, or any other provisions of the policy.

### ***Benefits for Post Partum Home Health Care***

Benefits will be paid the same as any other Sickness for at least one home health care visit within 48 hours after discharge from inpatient care when discharge occurs prior to the time of 48 hours of inpatient care following a normal vaginal delivery and 96 hours of inpatient care following a cesarean delivery. Such visits shall be made by a Physician whose scope of practice includes post partum care. Home health care visits shall include parent education, assistance and training in breast and bottle feeding, infant screening and clinical tests and the performance of any necessary maternal and neonatal physical assessments. At the mother's sole discretion, any visits may occur at the facility of the provider.

The policy Deductible, copayment and coinsurance will not be applied to this benefit. Benefits shall be subject to all other limitations or any other provisions of the policy.

### ***Benefits for Medical Foods***

Benefits will be paid the same as any other Sickness for the cost of nutritional supplements (formulas) as medically necessary for the therapeutic treatment of Phenylketonuria (PKU), branched-chain ketonuria, galactosemia and homocystinuria that are aminoacidopathies, rare hereditary genetic metabolic disorders, and administered under the direction of a Physician. Benefits are not for normal food products used in dietary management of these disorders, but are for formulas that are equivalent to a prescription drug, medically necessary for the therapeutic treatment of such rare hereditary genetic metabolic disorders and administered under the direction of a Physician.

Benefits shall be subject to all copayment, coinsurance, limitations, or any other provisions of the policy. The policy Deductible will not be applied to this benefit.

### ***Benefits for Management and Treatment of Diabetes***

Benefits will be paid the same as any other Sickness for the equipment, supplies and outpatient self-management training and education, including medical nutrition therapy for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and noninsulin-using if prescribed by a Physician legally authorized to prescribe such items under law.

Benefits shall be provided for equipment and supplies including the following: blood glucose monitors, monitor supplies, insulin, injection aids, syringes, insulin infusion devices, pharmacological agents for controlling blood sugar and orthotics.

Diabetes outpatient self-management training and education shall be provided under the supervision of a licensed Physician with expertise in diabetes to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetes, including information on proper diets. Coverage for self-management education and education relating to diet and prescribed by a licensed Physician shall include:

- (1) visits when medically necessary upon the diagnosis of diabetes;
- (2) visits under circumstances whereby a Physician identifies or diagnoses a significant change in the patient's symptoms or conditions that necessitate changes in a patient's self-management; and
- (3) where a new medication or therapeutic process relating to the person's treatment and/or management of diabetes has been identified as medically necessary by a licensed Physician.

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

### ***Benefits for Alcohol/Drug Abuse and Dependency Treatment***

Benefits will be provided for treatment of Alcohol or Drug Abuse and dependency on the same basis as any other Sickness subject to the following:

**Inpatient detoxification** will be provided in a Hospital or in an inpatient non-hospital facility which has a written affiliation agreement with a Hospital for emergency, medical and psychiatric or psychological support services, meets minimum standards for client-to-staff ratios and staff qualifications that are established by the Department of Health and is licensed as an alcoholism and/or drug addiction treatment program. Inpatient detoxification is limited to no more than four (4) admissions per lifetime. Benefits are limited to seven (7) days of treatment per admission. The following services are covered under inpatient detoxification:

1. Lodging and dietary services.
2. Physician, psychologist, nurse, certified addictions counselor and trained staff services.
3. Diagnostic X-ray.
4. Psychiatric, psychological and medical laboratory testing.
5. Drugs, medicines, equipment use and supplies.

**Non-Hospital residential care** will be provided for sixty (60) days per policy year in a facility that meets minimum standards for client-to-staff ratios and staff qualifications that are established by the Office of Drug and Alcohol programs and is appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Insureds must be referred to the program by a Physician. Benefits are subject to lifetime maximum of ninety (90) days per person. The following services are covered under residential care:

1. Lodging and dietary services.
2. Physician, psychologist, nurse, certified addictions counselor and trained staff services.
3. Rehabilitation therapy and counseling.
3. Family counseling and intervention.
4. Psychiatric, psychological and medical laboratory testing.
5. Drugs, medicines, equipment use and supplies.

**Outpatient care** shall be provided in a facility appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Before an Insured may qualify to receive benefits under this section, a licensed Physician or licensed psychologist must certify the Insured as a person suffering from alcohol or other drug abuse or dependency and refer the Insured for the appropriate treatment. The following services shall be provided:

1. Physician, psychologist, nurse, certified addictions counselor and trained staff services.
2. Rehabilitation therapy and counseling.
3. Family counseling and intervention.
4. Psychiatric, psychological and medical laboratory tests.
5. Drugs, medicines, equipment use and supplies.

Treatment shall be provided for a minimum of sixty (60) outpatient, full-session visits or equivalent partial visits per policy year. These visits may not be exchanged for non-hospital, residential alcohol treatment services.

In addition, treatment shall be provided for a minimum of sixty (60) outpatient, full-session visits or equivalent partial hospitalization services per policy year. These visits may be exchanged on a two-for-one basis up to fifteen (15) non-hospital, residential alcohol treatment days.

Benefits are limited to one hundred and twenty (120) outpatient, full session visits or equivalent partial visits.

**Definitions:**

“Alcohol or Drug Abuse” means any use of alcohol or other drugs which produces a pattern of pathological use causing impairment in social or occupational functioning or which produces physiological dependency evidenced by physical tolerance or withdrawal.

“Detoxification” means the process whereby an alcohol-intoxicated or drug-intoxicated person is assisted, in a facility licensed by the Department of Health, through the period of time necessary to eliminate, by metabolic or other means, the intoxicating alcohol or other drugs, alcohol and other drug dependency factors or alcohol in combination with drugs as determined by a licensed Physician, while keeping the physiological risk to the patient at a minimum.

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

***Benefits for Serious Mental Illness***

Benefits will be paid the same as any other Sickness for treatment of Serious Mental Illness limited to 60 inpatient days annually and 60 days outpatient annually. The Insured Person may convert Inpatient days to outpatient days on a one-to-two basis.

“Serious Mental Illness” means any of the following mental illnesses as defined by the American Psychiatric Association in the most recent edition of the diagnostic and Statistical Manual:

- a) schizophrenia;
- b) bipolar disorder;
- c) obsessive-compulsive disorder;
- d) major depressive disorder;
- e) panic disorder;
- f) anorexia nervosa;
- g) bulimia nervosa;
- h) schizo-affective disorder;
- i) delusional disorder

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

## Definitions

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**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.

**DOMESTIC PARTNER** means a person who is neither married nor related by blood or marriage to the Named Insured but who is: 1) the Named Insured's sole spousal equivalent; 2) lives together with the Named Insured in the same residence and intends to do so indefinitely; and 3) is responsible with the Named Insured for each other's welfare. A domestic partner relationship may be demonstrated by any three of the following types of documentation: 1) a joint mortgage or lease; 2) designation of the domestic partner as beneficiary for life insurance; 3) designation of the domestic partner as primary beneficiary in the Named Insured's will; 4) domestic partnership agreement; 5) powers of attorney for property and/or health care; and 6) joint ownership of either a motor vehicle, checking account or credit account.

**INJURY** means bodily injury: 1) causing loss directly or independently of all other causes 2) treated by a Physician within 30 days after the date of accident; and 3) which is sustained on or after the Effective Date of insurance as to the Insured Person during the term of the policy. 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.

**MEDICAL EMERGENCY** means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in:

- 1) Death;
- 2) Placement of the Insured's health in jeopardy;
- 3) Serious impairment of bodily functions;
- 4) Serious dysfunction of any body organ or part; or
- 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

**SICKNESS** means sickness or disease of the Insured Person which causes loss while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition not separated by more than six months 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. Learning disabilities, developmental delay or disorder or mental retardation;
2. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children;
3. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
4. Dental treatment, except as specifically provided in the policy;
5. Elective Surgery or Elective Treatment as defined in the policy; except cosmetic surgery necessitated by a covered Injury;
6. 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 where treatment is a Medical Necessity due to a covered Injury or; except when due to a disease process;
7. 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;

8. Hearing examinations or hearing aids; or other treatment for hearing defects and problems; except where treatment is a Medical Necessity due to a covered Injury. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
9. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
10. 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;
11. Investigational services;
12. Lipectomy;
13. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
14. 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;
  - 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; or
  - h. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
15. 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;
16. 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;
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; except as specifically provided in the policy;
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;
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. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
24. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
25. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia, except as specifically provided in the policy. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

## NurseLine

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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 NurseLine 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.

## Scholastic Emergency Services: Global Emergency Assistance

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Through participation in the Thomas Jefferson 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

### What Makes the Scholastic Emergency Services (SES) program unique?

1. Exceeds USIA requirements for International student and scholars
2. No maximums or subrogation for any assistance services Assist America 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 is 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, the students should:

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

## The Plan is Underwritten by:

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United HealthCare Insurance Company

## Submit all Claims or Inquiries to:

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First Student  
P. O. Box 809025  
Dallas, TX 75380-9025  
1-800-505-4160

or visit our website at: [www.firststudent.com](http://www.firststudent.com)

## Online Access to Account Information:

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UnitedHealthcare **StudentResources** Insureds have online access to claims status, EOBs, correspondence and coverage information via MyAccount 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 My Account" link from the home page at [www.firststudent.com](http://www.firststudent.com). Follow the simple, onscreen directions to establish an on-line account in minutes. Note that you will need your 7-digit insurance ID number to create an on-line account. If you already have an account, just log in from [www.firststudent.com](http://www.firststudent.com) to access your account information.

Please keep this Certificate 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 Certificate. The Master Policy is the contract and will govern and control the payment of benefits.

This Certificate is based on Policy Form  
Number COL-06-PA (Rev 07-07)  
School Policy # 2008-1527-91

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