

# 2009-2010

## STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for the Students and their Dependents of

# Utah State University



UnitedHealthcare Insurance Company

LIMITED BENEFIT HEALTH COVERAGE  
BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT  
INTENDED TO COVER ALL MEDICAL EXPENSES

Read your Policy carefully - This brochure provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and the Company. You may view a copy of the Master Policy at the Student Health and Wellness Center, or go online to [www.firststudent.com](http://www.firststudent.com). It is, therefore, important that you READ YOUR POLICY CAREFULLY!

Limited benefit coverage is designed to provide to persons insured, limited or supplemental coverage.



Dear Utah State University Student,

As the director of the Student Health Center, I want to take this opportunity to welcome you to Utah State University and to introduce the Utah State University Student Health Insurance Plan for the 2009-2010 academic year.

All of the staff of Student Services, and especially the Student Health Center, hope that your year at Utah State University will be rewarding and that it will bring both academic and personal growth. I certainly hope that you enjoy good health and experience no injuries during the coming year. Experience tells me, however, that many of you will experience an unexpected sickness or injury and that growing healthcare costs may interfere with your educational funding. It is these reasons that Utah State University offers a student health insurance policy.

The University strongly believes that students benefit by having health coverage for themselves and their families. The high cost of medical care may force you to delay your education if you are uninsured and even a minor injury or illness occurs. I encourage all students attending the University to obtain health insurance. It should be a top priority for everyone. Our goal is to assure that we don't have any uninsured students at Utah State University. Having insurance coverage for unexpected illnesses or injuries could enhance your ability to stay in school and complete your educational goals.

The enclosed health insurance coverage administered by First Risk Advisors and underwritten by United HealthCare Insurance Company offers you an outstanding balance of benefits, user-friendliness and cost-effectiveness. Please review the 2009-2010 brochure and if you have any questions about the policy, contact First Student toll-free at 1-800-505-4160.

Cordially,

Jim Davis, M.D.

Director, Student Health Center

Utah State University

**TABLE OF CONTENTS**

---

Privacy Policy ..... 1

Eligibility ..... 1

Effective and Termination Dates ..... 1

Extension of Benefits ..... 2

Student Health Center (SHC) Referral Required ..... 2

Pre- Admission Notification ..... 2

Schedule of Basic Medical Expense Benefits ..... 3

UnitedHealthcare Network Pharmacy Benefits ..... 6

Preferred Provider Information ..... 6

Optional Major Medical ..... 7

Maternity Testing ..... 7

Accidental Death and Dismemberment Benefits ..... 7

Excess Provision ..... 8

Continuation Privilege ..... 8

Mandated Benefits ..... 8

    Benefits for Inborn Errors or Metabolism ..... 8

    Benefits for Adoption Indemnity ..... 8

    Benefits for Diabetes Treatment ..... 8

    Benefits for Breast Surgery, Reconstruction and Prostheses Coverage ..... 9

Definitions ..... 9

Exclusions and Limitations ..... 10

Collegiate Assistance Program ..... 12

Scholastic Emergency Services: Global Assistance Services ..... 12

Claim Procedure ..... Back Cover

## PRIVACY POLICY

---

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-800-505-4160.

## ELIGIBILITY

---

### Students

Utah State University (USU) undergraduate students enrolled in six (6) USU credit hours or more, attending classes and paying student fees, as well as USU graduate students taking 1 or more credits and USU Study Abroad Students are eligible for coverage under this policy on a voluntary basis. (Independent Study, Home Study, Challenge program, and House Bill 60 students are not eligible).

**USU International Students are required to purchase this Student Insurance coverage on a hard waiver basis or show proof of qualifying comparable coverage each semester in order to waive.**

**USU Full-time Graduate Assistants working 20 or more hours per week and USU Graduate Fellowship or USU Scholarship students receiving \$10,000 or more from Utah State University are required to purchase this Student Insurance coverage at an 80% subsidized rate on a hard waiver basis or show proof of qualifying comparable coverage each semester in order to waive. Full time graduate students employed at the Space Dynamics Lab will be enrolled with this insurance at an 80% subsidized rate. Eligible Dependents of enrolled students may enroll on a voluntary basis.**

### Dependents

Eligible dependents may also be enrolled under the policy. Eligible dependents are the student's spouse, unmarried children (including stepchildren, adopted children and children of whom the insured has court appointed legal guardianship) who are dependents of the student or spouse and are under 26 years of age or, if over 26 years of age are continuously thereafter, incapable of self-sustaining employment by reason of mental retardation or physical handicap and chiefly dependent upon the Insured Person for supporting maintenance.

An Insured's newborn child is automatically covered from the moment of birth up to 31 days. Coverage for the newborn will continue after the 31 days only if, within the 31 days the Company receives: 1) notice of the birth; and 2) payment of the full additional dependent premium.

Coverage for adopted children will be provided on the same basis as newly born children beginning from 1) the moment of birth if placement for adoption occurs within 30 days of the child's birth or 2) the date of placement for adoption if placement occurs 30 days or more after the child's birth. Coverage is not subject to Pre-Existing Conditions, including congenital defects and birth abnormalities or prematurity.

### Optional Major Medical Coverage

All insured students may purchase Major Medical coverage on an optional basis. Optional coverages may only be purchased simultaneously and in conjunction with the purchase of Basic coverage at the time of initial enrollment in the plan. Only those students enrolled in Basic coverage may purchase Optional Major Medical Coverage. Students may purchase optional coverage for themselves or for themselves and all family members.

## EFFECTIVE AND TERMINATION DATES

---

The Master Policy becomes effective August 20, 2009. 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 19, 2010. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Students who enroll and pay the appropriate premium during the first 30 days of the effective date of the Semester, will be made effective on the beginning date of that policy Semester. Students who enroll after the 30 day period will have coverage effective as of the date the enrollment form and premium are received by the Company.

International and graduate students who arrive on campus early may elect to purchase coverage for up to four (4) weeks prior to the Semester effective date for an additional cost (call Company for details). The next full Semester premium payment must be received, along with the early enrollment amount, prior to the effective date of coverage for which the student is applying.

All benefits cease on the insured's Termination Date, except as shown under "Extension of Benefits". Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

You must meet the Eligibility requirements listed herein each time you pay a premium to continue insurance coverage. The Company maintains the right to investigate student enrollment status to verify that the policy Eligibility requirements have been met. If and when the Company discovers that the policy Eligibility requirements have not been met, its only obligation is to terminate coverage and refund premium.

You may terminate coverage during the first three (3) weeks of the semester in which the application for coverage is made, after which no changes will be made or refunds given, except in the event that you enter into the Armed Forces. Otherwise, coverage will remain in force until the end of the period for which premium has been paid and no refunds will be given. The Policy is a Non-Renewable one year Term Policy.

Although it is the intent of USU to maintain a student insurance plan, USU reserves the right to terminate the plan at any time.

## **EXTENSION OF BENEFITS**

---

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

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

## **STUDENT HEALTH & WELLNESS CENTER REFERRAL REQUIRED**

---

The Student and Dependents must use the services of the Student Health & Wellness Center (SHWC) first where treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the SHWC for which no prior approval or referral is obtained are excluded from coverage. A referral issued by the SHWC must accompany the claim when submitted.

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

1. Medical Emergency. The student must return to SWHC for necessary follow-up care;
2. When the SWHC 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 30 miles from campus;
5. Maternity; or
6. Psychotherapy.

Dependent children under 6 months of age are not eligible to use the SWHC and therefore are exempt from the above limitations and requirements.

## **PRE- ADMISSION NOTIFICATION**

---

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 8:00 a.m. to 6:00 p.m., C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

**IMPORTANT:** Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

## Schedule of Basic Medical Expense Benefits

**Up To \$50,000 Maximum Benefit Paid as Specified Below (Per Insured Person)(Per Policy Year)**

The policy provides benefits for the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$50,000.

All students and Dependents must use the SWHC as their primary care provider and obtain a referral for services outside of the SWHC. Children under 6 months of age are not treated by the SWHC (and are exempt from this referral requirement). If you do not receive the required referral from the SWHC, no benefits are payable. Medical care unrelated to maternity or psychotherapy requires a referral from the SWHC.

The Preferred Provider for this Plan is United Healthcare Options PPO. 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. **(Note: The Insured is responsible to notify a referring Physician of their insurance, and the need for a referral. It is also the Insured's responsibility to determine if the Physician they are being referred to is a Preferred Provider. This is not the responsibility of the referring facility and/or Physician.)**

For all benefits listed, the Insured is responsible for the copay listed plus the coinsurance payment required, up to the Out-of-Pocket maximum; then, Covered Medical Expenses are reimbursed at 100% of the Usual & Customary Charges. There is an Out-of-Pocket Maximum of \$6,000 (Preferred Providers) and \$8,000 (Out-of-Network). (This does not include copays or penalties. Copayments are required in addition to the coinsurance payment indicated.)

Benefits will be paid up to the Maximum Benefits for each service 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	max = maximum
<b>INPATIENT</b>	<b>PREFERRED PROVIDERS</b>	<b>OUT-OF-NETWORK PROVIDERS</b>
<p><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. <b>(\$2,000 per day maximum)</b></p>	<p>80% of PA / \$250 copay per visit</p>	<p>60% of U&amp;C / \$250 copay per visit</p>
<b>Intensive Care</b>	Paid under Hospital Expense	
<p><b>Routine Newborn Care</b>, while Hospital Confined; and routine nursery care provided immediately after birth. <b>(4 days Hospital Confinement expense maximum)</b></p>	Paid as any other Sickness	
<b>Physiotherapy</b>	80% of PA	60% of U&C
<p><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.</p>	80% of PA	60% of U&C

<b>INPATIENT</b>	<b>PREFERRED PROVIDERS</b>	<b>OUT-OF-NETWORK PROVIDERS</b>
<b>Assistant Surgeon</b>	80% of PA	60% of U&C
<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	Paid under Hospital Expense	
<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. <i>(15 days maximum Per Policy Year)</i>	50% of PA / \$250 copay per visit	50% of U&C / \$250 copay per visit
<b>OUTPATIENT</b>		
<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.	80% of PA	60% of U&C
<b>Day Surgery Miscellaneous</b> , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	80% of PA / \$100 copay per visit	60% of U&C / \$100 copay per visit
<b>Assistant Surgeon</b>	80% of PA	60% of U&C
<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.	80% of PA / \$25 copay per visit	60% of U&C / \$25 copay per visit
<b>Physiotherapy</b> , benefits are limited to one visit per day.	80% of PA / \$50 copay per visit	60% of U&C / \$50 copay per visit
<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 / \$50 copay per visit	60% of U&C / \$50 copay per visit
<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.	80% of PA / \$250 copay per visit	60% of U&C / \$250 copay per visit
<b>Diagnostic X-ray and Laboratory Services</b>	80% of PA/\$50 copay per visit	60% of U&C/ \$50 copay per visit
<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>Radiation Therapy / Chemotherapy</b>	80% of PA / \$100 copay per visit	60% of U&C / \$100 copay per visit

OUTPATIENT	PREFERRED PROVIDERS	OUT-OF-NETWORK PROVIDERS
<p><b>Prescription Drugs</b>, are available through UnitedHealthCare Network pharmacies or at the SWHC. No benefits are payable outside of the SWHC and/or UnitedHealthCare Network pharmacies. Up to a 31 day supply per prescription. Mail order prescriptions are available at 2.5 times the retail copay up to a 90 day supply. (Attention Deficit Disorder medications are covered when medically necessary).</p>	<p>\$15 copay for Tier 1 / \$30 copay for Tier 2 / \$1,000 maximum (Per Policy Year)</p>	<p>No Benefits</p>
<p><b>Psychotherapy</b>, including all related or ancillary charges incurred as a result of Mental &amp; Nervous Disorder. Benefits are limited to one visit per day. <i>(15 days maximum Per Policy Year)</i></p>	<p>50% of PA / \$30 copay per visit</p>	<p>50% of U&amp;C / \$30 copay per visit</p>
<b>OTHER</b>		
<b>Ambulance Services</b>	80% of PA	80% of U&C
<p><b>Durable Medical Equipment</b>, a written prescription must accompany the claim when submitted. Replacement equipment is not covered.</p>	50% of PA	50% of U&C
<p><b>Consultant Physician Fees</b>, when requested and approved by the attending Physician.</p>	80% of PA / \$30 copay per visit	60% of U&C / \$30 copay per visit
<p><b>Dental Treatment</b>, benefits paid on Injury to Sound, Natural Teeth only</p>	80% of PA	80% of U&C
<b>Alcoholism / Drug Abuse</b>	Paid under Psychotherapy	
<b>Maternity and Complications of Pregnancy</b>	Paid as any other Sickness	
<b>Home Health Care</b>	80% of PA	60% of U&C
<p><b>Private Duty Nursing Services</b>, <i>(\$10,000 maximum Per Policy Year)</i></p>	80% of PA	60% of U&C
<b>Skilled Nursing Facility</b>	80% of PA	60% of U&C
<b>Cat Scan / MRI</b>	80% of PA / \$100 copay per visit	60% of U&C / \$100 copay per visit

## **UNITEDHEALTHCARE NETWORK PHARMACY BENEFITS**

---

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 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.

\$15 per prescription order or refill for a Tier 1 Prescription Drug  
\$30 per prescription order or refill for a Tier 2 Prescription Drug

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

### **Your Plan maximum is \$1,000 (Per Person) (Per Policy Year)**

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

If you do not present the card, you will need to pay for the prescription and then submit a prescription reimbursement claim 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 customer service number on your ID card.

### **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**

---

**"Preferred Providers"** are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Provider in the local school area is:

### **UnitedHealthcare Options PPO**

Please be aware that if an Insured is treated at a Preferred Provider Hospital, it does not mean that all providers at that Hospital are Preferred Providers. In addition, if an Insured is referred by a Preferred Provider to another provider or facility, it does not mean that the provider or facility to which the Insured is referred is also a Preferred Provider.

The availability of specific providers is subject to change without notice. Insureds should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-800-505-4160 and/or by asking the provider when making an appointment for services. Also, UnitedHealthcare Options PPO can be accessed via [www.firststudent.com](http://www.firststudent.com)

**"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.

### **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.

### **Professional & Other Expenses**

Benefits for Covered Medical Expenses provided by UnitedHealthcare Options PPO will be paid at 80% of Preferred Allowance 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.

## **OPTIONAL MAJOR MEDICAL**

---

### **\$200,000 Maximum Benefit (Per Insured Person) (Per Policy Year)**

This optional benefit is subject to payment of an additional premium as specified on the enrollment card. Optional benefits may only be purchased at the time of initial enrollment in the Plan and may not be added later.

The Optional Major Medical Benefit begins payment after the Basic Maximum Benefit of \$50,000 has been paid by the Company.

The Company will pay 100% for additional Covered Medical Expenses incurred up to the Major Medical Maximum of \$200,000. The total benefit payable under Major Medical is \$250,000 minus the Basic Benefits already paid.

No benefits will be paid under Major Medical for:

1. Room & Board / Hospital Miscellaneous expenses which exceed \$2,000 per day;
2. Prescription Drugs which exceed \$1,000 (Per Policy Year);
3. Inpatient Psychotherapy in excess of 15 day maximum (Per Policy Year);
4. Outpatient Psychotherapy in excess of the 15 day maximum (Per Policy Year);
5. Private Duty Nursing Services in excess of \$10,000 (Per Policy Year); and
6. Pre-existing Conditions; Any condition which is diagnosed, treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under Optional Major Medical coverage; except for individuals who have been continuously insured under Optional Major Medical coverage for at least 6 consecutive months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under Creditable Coverage that was in force within 63 days prior to the Insured's Effective Date under this policy (Foreign Policies are not considered Prior Creditable Coverage).

## **MATERNITY TESTING**

---

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: AFP Blood Screening; 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**

---

### **Loss of Life, Limb or Sight**

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below. Payment under this benefit will not exceed the policy Maximum Benefit.

#### **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.

## **EXCESS PROVISION**

---

No benefits are payable for any expense incurred for Injury or Sickness which has been paid or payable by other valid and collectible insurance or under a no fault automobile insurance policy.

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

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed as a result of the Insured's failure to comply with policy provisions or requirements.

**Important:** The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover loss.

## **CONTINUATION PRIVILEGE**

---

All Insured Persons who have been continuously insured under the school's regular student Policy for at least three consecutive months and who no longer meet the Eligibility requirements under that Policy are eligible to continue their coverage for a period of not more than 6 months under the school's policy in effect at the time of such continuation. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that policy year.

## **MANDATED BENEFITS**

---

### ***Benefits for Inborn Errors or Metabolism***

Benefits will be paid the same as any other Sickness for Dietary Products used for the treatment of Inborn Errors of Amino Acid or Urea Cycle Metabolism. Inborn errors of amino acid or urea cycle metabolism means a disease caused by an inherited abnormality of body chemistry which is treatable by the dietary restriction of one or more amino acid.

Dietary products means medical food or a low protein modified food product that:

- (a) is specifically formulated to treat Inborn Errors of Amino Acid or Urea Cycle Metabolism;
- (b) is not a natural food that is naturally low in protein; and
- (c) is used under the direction of a Physician.

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

### ***Benefits for Adoption Indemnity***

Benefits will be provided for \$4,000 payable to the Insured when an adopted child is placed for adoption with the Insured within 90 days of the child's birth. If more than one child from the same birth is placed for adoption with the Insured, only one adoption indemnity benefit is required. The full amount of the benefit shall be refunded to the Company if the post placement evaluation disapproves the adoption placement and a court rules the adoption may not be finalized because of an act or omission of the adoptive parent or parents that affects the child's health or safety.

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

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

Benefits will be paid the same as any other Sickness for treatment, services and supplies for diabetes. "Diabetes" includes:

- (a) complete insulin deficiency or type 1 diabetes;
- (b) insulin resistant with partial insulin deficiency or type 2 diabetes; and
- (c) elevated blood glucose levels induced by pregnancy or gestational diabetes.

Benefits will be paid for the following:

- a) diabetes self-management training and patient management, including medical nutrition therapy as defined by rule, provided by an accredited or certified program and referred by a Physician within the plan and consistent with the health plan provisions for self-management education that is:
  - (1) recognized by the federal Health Care Financing Agency; or
  - (2) certified by the Department of Health; and;
- (b) the following equipment, supplies, and appliances to treat diabetes when medically necessary;
  - (1) blood glucose monitors, including those for the legally blind;
  - (2) test strips for blood glucose monitors;
  - (3) visual reading urine and ketone strips;

- (4) lancets and lancet devices;
- (5) insulin;
- (6) injection aides, including those adaptable to meet the needs of the legally blind, and infusion delivery systems;
- (7) syringes;
- (8) prescriptive oral agents for controlling blood glucose levels; and
- (9) glucagon kits.

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

### ***Benefits for Breast Surgery, Reconstruction and Prosthesis Coverage***

Benefits will be paid the same as any other Sickness for an Insured who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy. Benefits will be provided in a manner determined in consultation with the Physician and the Insured for the following:

- a) reconstruction of the breast on which the mastectomy has been performed;
- b) surgery and reconstruction of the breast on which the mastectomy was not performed to produce symmetrical appearance; and
- c) prostheses and physical complications with regards to all stages of mastectomy, including lymphedemas.

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

## **DEFINITIONS**

---

**Covered Medical Expenses** means reasonable charges which are: (1) not in excess of Usual and Customary Charges; 2) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 3) made for services and supplies not excluded under the policy; 4) made for services and supplies which are a Medical Necessity; 5) made for services included in the Schedule of Benefits; and 6) in excess of the amount stated as a Deductible, if any.

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

**Injury** means bodily injury which is: 1) directly 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.

**Medical Emergency** means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, who possesses an average knowledge of medicine and health, would reasonably expect the absence of immediate medical attention at a Hospital emergency department to result in:

- 1) placing the Insured's health, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy;
- 2) serious impairment to bodily functions; or
- 3) serious dysfunction of any bodily organ or part.

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.

**Mental and Nervous Disorder** means a Sickness that is a mental, emotional or behavioral disorder. If not excluded or defined elsewhere in the policy, all diagnoses classified as a "Mental Disorder" according to the (International Classification of Diseases) are considered one Sickness.

**Pre-existing Condition** means: Any condition which is diagnosed, treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under the policy.

**Psychotherapy** means the treatment of a Mental and Nervous Disorder. Psychotherapy includes all related or ancillary charges incurred as a result of a Mental and Nervous Disorder.

**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 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 where the service is rendered. 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**

---

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. 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;
4. Biofeedback;
5. Circumcision;
6. Congenital conditions; except as specifically provided for Newborn or adopted Infants;
7. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
8. Custodial Care; care provided in: rest homes, health resorts, homes for the aged, halfway houses or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
9. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
10. Elective Surgery or Elective Treatment;
11. Elective abortion;
12. 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;
13. 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;
14. 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;
15. Health spa or similar facilities; strengthening programs;
16. Hirsutism; alopecia;
17. Hypnosis;
18. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
19. 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;
20. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
21. Injury sustained by reason of motor vehicle accident to the extent that the benefits are paid or payable by any other valid or collectable insurance, or under a no-fault automobile insurance policy;
22. Injury sustained while (a) participating in any interscholastic, 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;
23. Investigational Services;
24. Lipectomy;
25. Organ transplants, including organ donation;
26. Active participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;

27. 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 Creditable Coverage that was in force within 63 days prior to the Insured's Effective Date under this policy (Foreign Policies are not considered Creditable coverage).
28. Prescription Drugs, services or supplies as follows:
  - 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) Birth control and/or contraceptives, oral or other, whether medication or device;
  - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
  - d) Drugs labeled, "Caution limited by federal law to investigational use" or experimental drugs;
  - e) Products used for cosmetic purposes;
  - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
  - g) Anorectics - drugs used for the purpose of weight control;
  - h) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
  - i) Growth hormones; or
  - j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
29. 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;
30. 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;
31. 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;
32. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury of Sickness;
33. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
34. 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;
35. 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;
36. Sleep disorders;
37. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
38. Supplies, except as specifically provided in the policy;
39. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided in the policy;
40. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
41. 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
42. 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

---

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

### SCHOLASTIC EMERGENCY SERVICES: GLOBAL ASSISTANCE SERVICES

---

Through participation in the UTAH STATE 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, Inc.

#### 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 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 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 or

(609) 452-8570 Collect outside the United States

Services are also accessible via e-mail at [medservices@assistamerica.com](mailto:medservices@assistamerica.com).

Scholastic Emergency Services 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**

---

In the event of Injury or Sickness (except for medical emergencies), students should report to the SHC for treatment or referral.

- 1) If a referral is given, Student Health Services will submit the completed referral form to First Student for the claim to be processed. No other form is required.
- 2) For other services, mail all medical and hospital bills to the address below along with the patient's name and insured student's name, address, Social Security Number and name of the Institute 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. Bills must be received by the Company within 90 days of service in order for a claim to be considered for payment. Failure to furnish proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to furnish proof.

## **CLAIMS APPEALS PROCESS**

---

If you believe that your claim was denied in error, or wish to request that additional consideration be given to the circumstances surrounding your claim, you may send First Student a letter of appeal.

Send the appeal for reconsideration, with any additional pertinent information to First Student at the address below.

Your response will be addressed and a determination will be mailed to you. If your appeal is denied and you still believe that additional review is needed, forward your appeal letter to the attention of Regulation & Consumer Offices at the address below.

## **THE PLAN IS UNDERWRITTEN BY:**

---

### **UnitedHealthcare Insurance Company**

## **DIRECT ALL CLAIMS AND/OR CUSTOMER SERVICE INQUIRIES TO:**

---

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)

For policy holder questions or special needs or concerns please contact the above.

### **Online 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 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:

2009-5856-91