

Student Accident and Sickness Insurance Plan for Eastern University

2009-2010



Eastern University is pleased to offer an Accident and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All full-time undergraduate and all International students including ELP (English as a Second Language Institute - ESLI) students, regardless of course load are automatically enrolled in this insurance Plan at registration unless proof of comparable coverage is furnished. All full-time accelerated term, traditional semester full-time graduate students and Campolo College of Graduate & Professional Studies students are eligible to enroll in this insurance Plan. Eligible Dependents of students enrolled in the plan may enroll on a voluntary basis.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources are:

- Up to \$50,000 per Insured Person Per Policy Year Maximum Benefit for Covered Medical Expenses.
- Covered Medical Expenses for Preferred Providers are payable at 80% of Preferred Allowance and Out of Network benefits are payable at 60% of Usual and Customary Charges. (all benefits are subject to satisfaction of the deductible, specific benefit limitations, maximums and copays as described in the policy).
- Preferred Providers Deductible \$50 per Insured Person Per Policy Year, Out-of-Network Providers \$100 per Insured Person Per Policy Year.
- Prescription Drug Benefits: \$20 copay per prescription when filled at UnitedHealthcare Network Pharmacy/ up to 31 day supply per prescription. \$750 maximum per policy year.
- Coverage available for eligible dependents.
- Scholastic Emergency Services – Domestic Students are covered when 100 miles or more away from their campus or home address. International Students are covered worldwide except in their home country.
- MyAccount, available through www.firststudent.com, allows insured students access 24/7 to check their claim status, search for network providers, print ID cards, enter accident details, view EOBs and enter additional insurance information online.
- Included with every policy, the UnitedHealth Allies® discount program provides 5% to 50% savings on dental and vision services, fitness clothing and equipment, and textbooks from McGraw-Hill Professional. The UnitedHealth Allies program is not insurance and is offered by UnitedHealth Allies, a UnitedHealth Group company.
- **When do I Enroll/Waive in the Plan? Full-time Arts & Science Students**
Annual Waiver Deadline Date – 09/15/09, Spring/Summer Waiver Deadline Date 02/1/10
Please Note: Students must either waive coverage or enroll online at www.firststudent.com. If you fail to complete an online waiver by the published deadline your student account will be charged. Once you have enrolled in the plan, there are no refunds.
- **All full-time accelerated term, traditional semester full-time graduate students and Campolo College of Graduate & Professional Studies Students-** Can enroll through the Student Health Center. 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.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2009-201290-91.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to the plan brochure available at www.firststudent.com.

If you have any questions, please contact Customer Service at 800-505-4160 or customerservice@uhcsr.com.

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

Rates	Annual	Fall	Spring/Summer
	8/15/09 - 8/14/10	8/15/09 - 01/03/10	1/04/10 - 8/14/10
Student Under Age 23	\$1,152.00	\$ 463.00	\$ 722.00
Student Age 23 & Older	\$1,406.00	\$ 564.00	\$ 880.00
Spouse Under Age 23	\$3,809.00	\$1,518.00	\$ 2,373.00
Spouse Age 23 & Older	\$4,654.00	\$1,853.00	\$2,900.00
Each Child	\$2,423.00	\$ 968.00	\$1,514.00

How do I Enroll / Waive?
To complete the Enroll / Waive process, please go to www.firststudent.com, select your school, click on the Enroll / Waive insurance button and follow the directions.
For additional information, please contact the Student Health Center by phone at 610-341-5955 or by email: jtopper@eastern.edu

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. Assistant Surgeon Fees;
4. Autistic disease of childhood, except as specifically provided under the Benefits for Autism Spectrum Disorder, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy;
5. Chemotherapy; Radiation Therapy; Injections;
6. Circumcision;
7. Congenital conditions for cosmetic purposes only, except as specifically provided for Newborn or adopted Infants;
8. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy, removal of warts, non-malignant moles and lesions;
9. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
10. Elective Surgery or Elective Treatment as defined in the policy; except cosmetic surgery necessitated by a covered Injury;
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 where treatment is a Medical Necessity due to a covered Injury or; except when due to a disease process;
13. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
14. 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;
15. Hirsutism; alopecia;
16. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
17. Injury caused by, contributed to, or resulting from the Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician;
18. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
19. Injury sustained while (a) participating in any club 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;
20. Lipectomy;
21. No benefits under the policy will duplicate any benefits provided by the Pennsylvania Motor Vehicle Financial Responsibility Law;
22. Experimental organ transplants, including organ donation;
23. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation;
24. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
25. 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) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use;
 - 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 (1) year of date of the prescription.
26. 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;
27. 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;
28. 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;
29. Services provided normally without charge by the Health Service of the Policyholder;
30. 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;
31. Skydiving, recreational 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;
32. Sleep disorders;
33. Suicide or attempted suicide; or intentionally self-inflicted Injury;
34. Supplies, except as specifically provided in the policy;
35. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
36. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
37. 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
38. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.



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