

IMPORTANT: Deadlines Apply!



Student Injury and Sickness Insurance
for the
2009-2010
Academic School Year

Important Student Health Insurance Information. Deadline Sensitive!



Welcome to UnitedHealthcare StudentResources

Good Health is vital to keeping your academic career on track, and health insurance plays a key role against unexpected illness or injury. But you may think that health insurance is too expensive for your financial situation or too complicated to make it worthwhile. Think again. Your institution is working with UnitedHealthcare StudentResources to provide you with straightforward, essential health care benefit coverage.

- Receive Basic Coverage for most major services, including pharmacy, hospitalization and psychotherapy services.
- Obtain online health information and benefit plan management tools anytime and anywhere on www.firststudent.com.
- Access a national network of physicians without referrals.

Who is Eligible?

All full-time undergraduate students taking 12 or more credit hours and graduate or matriculated students taking 9 or more credit hours are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished. All part-time students are eligible to enroll in this insurance. Eligible students who do enroll may also insure their eligible Dependents. Eligible Dependents are the spouse (husband, wife or Civil Union partner) and unmarried children under 30 years of age who are not self-supporting.

When do I Enroll/Waive in the Plan?

Full-Time Students

Annual Waiver Deadline Date - 9/22/09

Spring/Summer Waiver Deadline Date - 1/30/10

Please note: All full time students will be automatically charged for the Student Health Insurance Plan. If you fail to complete an online waiver form by the published deadline the premium for the plan will remain on your tuition bill. You will automatically be enrolled and charged for the plan once you become full time at the University. You must complete an online waiver form by the published deadline if you have comparable insurance and do not wish to be enrolled in the plan offered by the University.

Part-Time Students

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.

How do I Enroll/Waive?

Full-Time Students

To complete the waive/enroll process, please go to www.firststudent.com, select New Jersey City University, click on the Enroll/Waive Insurance button and select Full-time Students. Follow the directions to complete and submit your waive/enroll request and print out the confirmation page.

Part-Time Students

To sign up for the insurance plan and to complete the enrollment process, please go to www.firststudent.com, select New Jersey City University, click on the Enroll/Waive Insurance button and select Part-time Students. Follow the directions to complete and submit your enrollment request and print out the confirmation page. Or you can enroll by mail by completing and returning the enclosed enrollment form.

How much does it Cost?

Coverage	Annual 8/2/09 - 8/1/10	Spring/Summer 1/1/09 - 8/1/10
Student	\$166	\$103
Spouse	\$693	\$429
Each Child	\$416	\$257

What we have to offer you:

Scholastic Emergency Services

Through participation in the insurance plan each Insured Person has access to emergency medical assistance services when traveling 100 miles or more from campus, permanent home or around the world. Services are available 24 hours a day, 365 days a year, and meet or exceed the United States J-1 visa requirements for international students.

Key features of the program:

- No pre-existing conditions or territorial exclusions
- Worldwide network of pre-qualified medical providers
- Operations Centers with immediate world-wide response capabilities
- "Out-of-Area" medical problems alleviated

Key services include:

- Evacuation
- Repatriation
- Return of Mortal Remains
- Medical Consultation, Evaluation and Medical Referrals
- Foreign Hospital Admission Guarantee
- Critical Care Monitoring
- Prescription Assistance
- Emergency Message Transmission
- Care of Minor Children, left unattended due to medical incident
- Emergency Trauma Counseling
- Legal and Interpreter Referrals
- Lost Luggage or Document Assistance

For more information go to www.assistamerica.com.

Pharmacy Benefits

At UnitedHealthcare StudentResources our goal is to provide you with access to the medications you need at the most affordable cost, and to provide you with the tools that will help you make informed decisions regarding medications. Our national retail network includes more than 60,000 pharmacies, with national and regional chains and many local independent pharmacies. You may receive your prescription drugs for a copayment when using a participating pharmacy.

To get prescription drug information go to www.firststudent.com, or call 1-877-417-7345.

On-Line Services

The FirstStudent web site is your on-line gateway to a broad range of tools and services. Once you have enrolled, simply register to receive access to your personal health benefits information. Just a few clicks will take you directly to the information you need to:

- Verify your eligibility
- Confirm that a claim has been received, is being processed or was paid
- Order a replacement ID card, or print a temporary ID card
- Search for a network physician or hospital
- Find health information on hundreds of health topics, medical conditions and related procedures.

To Learn More: Go to www.firststudent.com or Call 1-800-505-4160

SCHEDULE OF MEDICAL EXPENSE BENEFITS
Up to \$2,500 Maximum Benefit (For Each Injury or Sickness)

The policy provides benefits for 100% of 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 \$2,500 for each Injury or Sickness. Benefits will be paid up to the Maximum Benefit for each service as scheduled below.

UnitedHealthcare Options PPO Network Physicians and Hospitals have agreed to accept special reimbursement rates for treatment rendered to Insureds; therefore, use of UnitedHealthcare Options PPO Network may result in lower out of pocket expenses. All benefits payable for Covered Medical Expenses are subject to the coinsurance and maximum benefits for each service specified below.

Usual and Customary Charges are based on data provided by Ingenix using the 90th percentile based on location of provider

Benefits for Wellness Health Examinations and Counseling for Insured persons under 20 years of age is as specified in Benefit for Wellness Health Examinations and Counseling for Insured persons 20 years of age or older. Benefits will be paid as any other Sickness up to \$750 maximum Per Policy Year.

Covered Medical Expenses include:

U&C = Usual & Customary Charges	INPATIENT	Injury	Sickness
Room and Board Expense , daily semiprivate room rate; and general nursing care provided by the Hospital.		100% of U&C / \$500 max per day	100% of U&C / \$500 max per day
Hospital Miscellaneous Expense , such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.		100% of U&C / \$2,000 max per Injury	100% of U&C / \$2,000 max per Sickness
Physiotherapy		Paid under Hospital Miscellaneous Expenses	
Postpartum Care / Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth.		No Benefits	Paid as any other Sickness / 48 hours vaginal/96 hours cesarean delivery / See Benefits for Postpartum Care and Routine Newborn Care
Surgeon's Fees , 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.		100% of U&C / \$2,000 max per Injury (Total combined Inpatient and Outpatient)	100% of U&C / \$2,000 max per Sickness (Total combined Inpatient and Outpatient)
Assistant Surgeon		25% of Surgery Allowance	
Anesthetist , professional services in connection with inpatient surgery.		30% of Surgery Allowance	
Registered Nurse's Services , private duty nursing care.		100% of U&C / \$50 max per 24 hour period / \$750 max per Injury	100% of U&C / \$50 max per 24 hour period / \$750 max per Sickness
Physician's Visits , benefits are limited to one visit per day and do not apply when related to Surgery.		100% of U&C / \$100 per visit max / \$750 max per Injury	100% of U&C / \$100 per visit max / \$750 max per Sickness
Pre-Admission Testing , payable within 3 working days prior to admission.		Paid under Hospital Expense	Paid under Hospital Expense
Psychotherapy , benefits are limited to one visit per day.		No Benefits	100% of U&C / \$30 max per visit for psychiatric consultation / 10 visits max combined inpatient and outpatient
Biologically Based Mental Illness		No Benefits	See Benefits for Biologically Based Mental Illness
	OUTPATIENT	Injury	Sickness
Surgeon's Fees , 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.		100% of U&C / \$2,000 max per Injury total combined Inpatient and Outpatient	100% of U&C / \$2,000 max per Sickness total combined Inpatient and Outpatient
Day Surgery Miscellaneous , 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 and based on the Outpatient Surgical Facility Charge Index.		100% of U&C / \$1,500 max per Injury	100% of U&C / \$1,500 max per Sickness
Assistant Surgeon		25% of Surgery Allowance	
Anesthetist , professional services administered in connection with outpatient surgery.		30% of Surgery Allowance	
Outpatient Miscellaneous Benefit , includes benefits designated as Paid under Outpatient Miscellaneous Benefits. (Benefits payable for removal of nonmalignant growths when deemed medically necessary)		100% of U&C / \$1,000 max per Injury	100% of U&C / \$1,000 max per Sickness
Physician's Visits , benefits limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.		100% of U&C / \$100 per visit max / \$1,000 max (per Injury)	100% of U&C / \$100 per visit max / \$1,000 max (per Sickness)
Physiotherapy , benefits are limited to one visit per day.		100% of U&C / \$35 per visit max / \$150 max (per Injury)	No Benefits
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from the time of Injury or first onset of Sickness.		Paid under Outpatient Miscellaneous	
Diagnostic X-Ray and Laboratory Services		Paid under Outpatient Miscellaneous	
Test & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-ray and lab procedures		Paid under Outpatient Miscellaneous	
Radiation and Chemotherapy		No Benefits	Paid under Outpatient Miscellaneous
Prescription Drugs , United Healthcare Network Pharmacy Mail order Prescription Drugs through UHPS at 2.5 times the retail copay up to a 90 day supply subject to the Prescription Drug maximum benefit; \$7.50 copay per prescription for Tier 1, \$25 copay per prescription for Tier 2.		\$3 copay per prescription for Tier 1 / \$10 copay per prescription for Tier 2 / up to a 31- day supply per prescription / \$500 max per Policy Year	\$3 copay per prescription for Tier 1 / \$10 copay per prescription for Tier 2 / up to a 31- day supply per prescription / \$500 max per Policy Year
Psychotherapy , includes all related or ancillary charges incurred as a result of a Mental or Nervous Disorder. Benefits are limited to one visit per day.		No Benefits	100% of U&C / \$30 max per visit for psychiatric consultation / 10 visits max combined inpatient and outpatient
Biologically Based Mental Illness		No Benefits	See Benefits for Biologically Based Mental Illness
	OTHER	Injury	Sickness
Ambulance Services		100% of U&C / \$250 max per Injury	100% of U&C / \$250 max per Sickness
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered. (Benefits payable for wheelchair and crutches only.)		100% of U&C	100% of U&C
Consultant Physician Fees , when requested and approved by the attending Physician.		100% of U&C / \$50 max per Injury	100% of U&C / \$50 max per Sickness
Dental Treatment , made necessary by Injury to Sound, Natural Teeth.		100% of U&C / \$1,000 max per Injury and for bridges, caps and crowns	Paid under Surgery for treatment of impacted wisdom teeth
Alcoholism		No Benefits	See Benefits for Treatment of Alcoholism
Drug Abuse		No Benefits	
Maternity		No Benefits	Paid as any other Sickness except as provided in the Benefits for Postpartum care and Routine Newborn Care
Complications of Pregnancy		No Benefits	Paid as any other Sickness
Elective Abortion		No Benefits	100% of U&C / \$150 max per Policy Year
Second Surgical Opinion		100% of U&C / \$50 max	100% of U&C / \$50 max per Sickness
Intramural & Club Sports		Paid as any other Injury	No Benefits

The Plan includes the following Mandated Benefits: Benefits for Treatment of Alcoholism; Benefits for Biologically Based Mental Illness; Benefits for Diabetes Treatment; Benefits for Treatment of Inherited Metabolic Disease; Benefits for Inpatient Coverage for Mastectomies; Benefits for Reconstructive Breast Surgery; Benefits for Mammography; Benefits for Prostate Cancer Testing; Benefits for Colorectal Cancer Screening; Benefits for Treatment of Wilm's Tumor; Benefits for Audiology and Speech Language Pathology; Benefits for Pap Smear; Benefits for Wellness, Health Examinations and Counseling; Benefits for Home Health Care; Benefits for Anesthesia and Hospitalization for Dental Services; Benefits for Infertility Treatment; Benefits for Lead Poisoning Screening, Newborn Hearing Loss, Childhood Immunizations; Benefits for Prescription Female Contraceptives; Benefits for Non-Standard Infant Formula; Benefits for Orthotic and Prosthetic Appliances; and Benefits for Postpartum and Routine Newborn Care.

Major Medical Benefits

Maximum Benefit	\$47,500
Coinsurance	80%
Deductible	- 0 -

The Major Medical Benefit begins payment after the Basic Maximum Benefit of \$2,500 has been paid by the Company. The Company will pay 80% for additional, incurred Covered Medical Expenses after first deducting the Basic Maximum Benefit. Payment will not exceed the Major Medical Maximum Benefit of \$47,500.

The total amount payable by the Company under the Major Medical endorsement for any one Injury or Sickness will never exceed an amount determined by subtracting from \$50,000 all amounts paid under the policy, including amounts paid under this Major Medical endorsement.

Additional Exclusions: No benefits will be paid under the Major Medical endorsement for loss or expense caused by, contributed to, or resulting from:

1. Room and Board expenses which exceed the semi-private room rate;
2. Psychotherapy; and
3. Services designated as "No Benefits" under the Basic Medical Expense Benefits Schedule of Benefits.

Exclusions and Limitations

PRE-EXISTING CONDITION means a condition which existed for which the Insured Person received treatment or medical advice from a Physician or used Prescription Drugs within 6 months prior to the Insured's Effective Date of the Coverage.

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. Learning disabilities;
3. Biofeedback;
4. Injections;
5. Circumcision;
6. Congenital conditions, except as specifically provided for Newborn or adopted Infants including those continuously insured under the preceding student policy issued by this Company;
7. 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 including children continuously insured under the preceding student policy issued by this Company;
8. Dental treatment except as specifically provided in the Schedule of Benefits;
9. Elective Surgery or Elective Treatment;
10. 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; except as specifically provided in the policy;
11. 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;
12. Hearing examinations, except as specifically provided in the policy; 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;
13. Hirsutism;
14. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;
15. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
16. 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;
17. Investigational services;
18. Organ transplants;
19. Participation in a riot or civil disorder; Loss to which a contributing cause was the Insured Person's commission of or attempt to commit a felony or to which a contributing cause was the Insured Person's engagement in an illegal occupation;
20. Pre-existing Conditions of Dependents; except for individuals who have been continuously Insured under the school's student insurance policy for at least 12 consecutive months; or, individuals who have been insured under another group policy immediately preceding the individual's Effective Date under this Policy. Credit shall be given to the Insured for satisfaction of the Pre-existing Condition waiting period under the prior policy, or any portion thereof if the prior waiting period has not been satisfied in full;
21. 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, except for expenses incurred in prescribing a drug for a treatment for which it has not been approved by the Food and Drug Administration if the drug is recognized as being medically appropriate for the specific treatment for which it has been prescribed in one of the following established reference compendia: (1) the American Medical Association Drug Evaluations; (2) the American Hospital Formulary Service Drug Information; (3) the United States Pharmacopeia Drug Information; or it is recommended by a clinical study or review article in a major peer-reviewed professional journal. Any coverage of a drug shall also include Medically Necessary services associated with the administration of the drug;
 - d) Products used for cosmetic purposes, except as specifically provided in the Policy;
 - 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) Sexual enhancement drugs, such as Viagra;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
22. Reproductive services including but not limited to: family planning; fertility tests; 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; except as specifically provided in the Benefits for Infertility Treatment;
23. 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;
24. 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;
25. 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;
26. 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;
27. Sleep disorders;
28. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
29. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
30. War or any act of war, declared or undeclared: 1) While the Insured Person is serving in the armed forces of any country; 2) while the Insured Person is serving in any civilian non-combatant unit supporting or accompanying any armed forces of any country or international organization; or 3) while the Insured Person is not serving in any armed forces if the Injury or Sickness occurs outside the 50 states of the United States of America, the District of Columbia or Canada. A pro-rata premium will be refunded upon request for such period not covered;
31. 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 Benefits for Treatment of Inherited Metabolic Disease. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on Policy Number 2009-200049-1. For a full description of coverage including cost, benefits, exclusions, any reductions and limitations and the terms under which coverage may remain in force, please refer to the plan's online certificate of coverage at www.firststudent.com, click "Preview Brochures" and search for New Jersey City University.

If you have any questions, please contact Customer Service at 1-800-505-4160 or visit our website at www.firststudent.com.