

Student Injury and Sickness Insurance Plan for Columbia College 2013-2014



Columbia College is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. **Eligibility Statement:** All undergraduate students in the women's college enrolled in 9 or more credit hours, and undergraduate evening students and graduate students enrolled in 6 or more credit hours are eligible to enroll in this plan on a voluntary basis. Eligible dependents of enrolled students may participate in this plan on a voluntary basis.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2013-1172-1.

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

- Up to \$500,000 Per Insured Person, Per Policy Year Maximum Benefit for Covered Medical Expenses.
- \$200 Deductible for Preferred Providers Per Insured Person, Per Policy Year, \$500 Deductible for Out of Network Providers Per Insured Person, Per Policy Year
- Covered Medical Expenses for Preferred Providers are payable at 70% of Preferred Allowance and Out of Network benefits are payable at 50% 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 Provider Out-of-Pocket Maximum of \$5,000 Per Insured Person, Per Policy Year. Out-of-Network Out-of-Pocket maximum of \$10,000 Per Insured Person, Per Policy Year. After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the policy Maximum Benefit subject to any applicable benefit maximums. Refer to the plan Brochure for details about how the Out-of-Pocket Maximum applies.
- Prescription Drug Benefits: \$15 Copay for Tier 1 / \$40 Copay for Tier 2 / \$75 copay for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP). Prescriptions must be filled at a UHCP Network Pharmacy. Mail Order through UHCP at 2.5 time the retail copay.
- Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations are covered at 100% with no copay or deductible only when the services are received from a Preferred Provider. Please see www.healthcare.gov for complete details of the services provided for specific age and risk groups.
- The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link www.firststudent.com.
- FrontierMEDEX: – Domestic Students are eligible for FrontierMEDEX services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address. International Students are covered worldwide except in their home country.
- Online Services: UnitedHealthcare StudentResources Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at www.firststudent.com. To create an online account, select the "My Account" link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also visit our mobile site at my.uhcsr.com to access an electronic ID card
- **WHEN DO I ENROLL IN THE PLAN?**

Please read the Plan Brochure to determine whether this plan is right for you before you enroll. The Plan Brochure provides details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Copies of the Brochure are available from the College, or may be viewed and downloaded 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.

How do I Enroll?

To complete the Enrollment process, please go to www.firststudent.com, select your school from the drop down box, click on the "Enroll Now - Health Insurance" button, and follow instructions.

Annual/Fall Enrollment Deadline: 9/4/13

Spring/Summer Enrollment Deadline: 2/12/14 (New Incoming Students and Students renewing coverage only)

- **IMPORTANT INFORMATION:** Open Enrollment Periods for all eligible Students and dependents: If you or your dependent is eligible to purchase the annual coverage and you choose not to enroll before the Annual Enrollment Deadline, you or your dependent will not be eligible to enroll again until the following school year unless you experience a "Life Status" change during the year. Visit www.firststudent.com for more info.

Your student health insurance coverage, offered by UnitedHealthcare Insurance Company may not meet the minimum standards required by the healthcare reform law for restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions on annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012 and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage puts a policy year limit of \$500,000 that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified. If you have any questions or concerns about this notice, contact Customer Service at 1-800-505-4160. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

Rates	Annual	Fall	Spring/Summer
	8/5/13 - 8/4/14	8/5/13 - 1/12/14	1/13/14 - 8/4/14
Undergraduate Student	\$1,203	\$ 541	\$ 686
Graduate Student	\$1,434	\$ 645	\$ 817
Spouse	\$3,111	\$1,400	\$1,774
Each Child	\$1,996	\$ 898	\$1,138

PRE-EXISTING CONDITION means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within 6 months immediately prior to the Insured's Effective Date under the policy or. 2) 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.

Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Pre-existing conditions or diseases, except for congenital anomalies of a covered Dependent child, except for individuals who have been continuously insured under the school student insurance policy for at least 6 consecutive months; This exclusion will not be applied to an Insured Person who is under age 19;
2. Illness, accident, treatment or medical condition arising out of:
 - (a) War or act of war (whether declared or undeclared); participation in a felony, riot or insurrection; service in the armed forces or units auxiliary thereto;
 - (b) Aviation;
 - (c) Intercollegiate sports;
3. Cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect;
4. Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet;
5. Treatment provided in a governmental hospital (except a hospital confinement policy); benefits provided under Medicare or other governmental program (except Medicaid), any state or federal workmen's compensation, employers liability or occupational disease law, any motor vehicle no-fault law; services rendered by employees of hospitals, laboratories or other institutions; services performed by a member of the covered person's immediate family; and services for which no charge is normally made in the absence of insurance;
6. Dental care or treatment; except as specifically provided in the policy;
7. Eye glasses, hearing aids and examination for the prescription or fitting thereof; except as specifically provided in the policy;
8. Rest cures, custodial care and transportation;
9. Routine physical examinations, except as specifically provided in the policy.