

# Student Injury and Sickness Insurance Plan for Dickinson College

2014-2015

Dickinson

Dickinson College is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. **Eligibility Statement:** All full-time Domestic Undergraduate students are required to purchase this insurance Plan, unless proof of comparable coverage is furnished. All International students and Visiting Scholars are automatically enrolled in this insurance Plan at registration. Eligible Dependents of enrolled students may participate on a voluntary basis.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2014-965-61.

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

- There is no overall Maximum dollar limit on the policy.
- \$100 Deductible for Preferred Providers Per Insured Person, Per Policy Year, \$350 Deductible for Out of Network Providers Per Insured Person, Per Policy Year.
- Covered Medical Expenses for Preferred Providers are payable at 90% of Preferred Allowance and Out of Network benefits are payable at 70% 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 \$2,000 Per Insured Person, Per Policy Year and \$4,000 for all Insureds in a Family, Per Policy Year. Out-of-Network Out-of-Pocket maximum of \$6,000 Per Insured Person, Per Policy Year. After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.
- Prescription Drug Benefits: \$15 copay for Tier 1 / \$30 copay for Tier 2 / \$45 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 times the retail copay up to a 90 day supply.
- Refer to Plan certificate for details about pediatric dental and vision benefits. (Age limits apply.)
- 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](http://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](http://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](http://www.firststudent.com). To create an online account, select the "My Account" link and follow the simple, on screen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and Apple's App store.

Please read the certificate of coverage to determine whether this plan is right for you before you enroll. The certificate of coverage 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 certificate are available from the College, or may be viewed and downloaded at [www.firststudent.com](http://www.firststudent.com).

If you have any questions, please contact Customer Service at 800-505-4160 or [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com).

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

### When do I Enroll/Waive:

**International Students** are automatically enrolled in the insurance plan at registration.

### Full-Time Domestic Undergraduate Students:

Annual enrollment/Waiver deadline: 9/1/14

Spring/Summer enrollment/waiver deadline: 1/31/15

**Please Note:** All full-time Domestic undergraduate students attending Dickinson College must enroll in or waive out of the insurance coverage offered by the College. If you do not enroll in or waive the student health insurance by August 15, 2014, you may have a hold placed on your account. Further, if you do not enroll or waive by September 1, 2014, you will be charged for the student health insurance.

### Dependents:

Annual enrollment deadline: 9/30/14

Spring/Summer enrollment deadline: 2/13/15

- **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 "Qualifying Life Event" during the year. Please visit [www.firststudent.com](http://www.firststudent.com) for more information.

### How do I enroll/Waive?

To complete the Enroll / Waive process, please go to [www.firststudent.com](http://www.firststudent.com), select your school from the drop down box, click on the "Enroll Now-Health Insurance" or "Waive Your School's Health Insurance" button, and follow instructions.

For Additional information, please contact RCM&D 800-346-4075 ext. 1607 and speak to Paige Fritze or email at [Dickinson@RCMD.com](mailto:Dickinson@RCMD.com).



Rates	Annual	Spring / Summer
	8/1/14 - 7/31/15	1/1/15 - 7/31/15
Student	\$1,656	\$ 957
Spouse	\$4,847	\$2,815
All Children	\$3,751	\$2,179

## 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 any of the following:

1. Acupuncture; except as specifically provided in the policy;
2. Addiction, such as:
  - Caffeine addiction;
  - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious;
  - Codependency;
3. Behavioral problems. Conceptual handicap. Developmental delay or disorder or mental retardation. Learning disabilities. Milieu therapy. Parent-child problems;
4. Biofeedback;
5. Circumcision;
6. Congenital Conditions for cosmetic purposes only;
7. Cosmetic procedures, except reconstructive procedures to:
  - Correct an Injury or treat a Sickness for which benefits are otherwise payable under this policy. The primary result of the procedure is not a changed or improved physical appearance;
  - Treat or correct Congenital Conditions of a Newborn or adopted Infant or to restore normal bodily function;
8. Custodial care;
  - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care;
  - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care;
9. Dental treatment, except:
  - For removal of bony, impacted teeth;
  - As specifically provided in the Schedule of Benefits;This exclusion does not apply to benefits specifically provided in Pediatric Dental Services;
10. Elective Surgery or Elective Treatment as defined in the policy. This exclusion does not apply to cosmetic surgery necessitated by a covered Injury;
11. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
12. Foot care for the following:
  - Flat foot conditions;
  - Supportive devices for the foot;
  - Fallen arches;
  - Weak feet;
  - Chronic foot strain;
  - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery);This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
13. Health spa or similar facilities; strengthening programs;
14. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;  
This exclusion does not apply to:
  - Hearing defects or hearing loss as a result of an Infection or Injury;
15. Hirsutism; alopecia;
16. Hypnosis;
17. 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;
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:
  - Participating in any intercollegiate, or professional sport, contest or competition;
  - Traveling to or from such sport, contest or competition as a participant;
  - Participating in any practice or conditioning program for such sport, contest or competition;
20. Investigational services;
21. Lipectomy;
22. Participation in a riot or civil disorder. Commission of or attempt to commit a felony;
23. Prescription Drugs, services or supplies as follows:
  - 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 policy;
  - Immunization agents, except as specifically provided in the policy; Biological sera, Blood or blood products administered on an outpatient basis;
  - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
  - Products used for cosmetic purposes;
  - Drugs used to treat or cure baldness; anabolic steroids used for body building;
  - Anorectics - drugs used for the purpose of weight control;
  - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
  - Growth hormones; or
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
24. Reproductive/Infertility services including but not limited to the following:
  - Procreative counseling;
  - Genetic counseling and genetic testing;
  - Cryopreservation of reproductive materials. Storage of reproductive materials;
  - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except to diagnose or surgically treat the underlying cause of the infertility;
  - Premarital examinations;
  - Impotence, organic or otherwise;
  - Female sterilization procedures, except as specifically provided in the policy;
  - Vasectomy;
  - Reversal of sterilization procedures;
  - Sexual reassignment surgery;
25. 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, except as specifically provided in the policy;
26. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems.  
This exclusion does not apply as follows:
  - When due to a covered Injury or disease process;
  - To benefits specifically provided in Pediatric Vision Services;
27. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy;
28. Preventive care services, except as specifically provided in the policy, including:
  - Routine physical examinations and routine testing;
  - Preventive testing or treatment;
  - Screening exams or testing in the absence of Injury or Sickness.
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, except for treatment of a covered Injury or treatment of chronic sinusitis;
31. Skydiving. Recreational parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping;
32. Sleep disorders;
33. Speech therapy; except as specifically provided in the policy, naturopathic services;
34. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.
35. Supplies, except as specifically provided in the policy;
36. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
37. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
38. 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
39. Weight management, weight reduction, Nutrition programs, Treatment for obesity, Surgery for removal of excess skin or fat.

