

Student Injury and Sickness Insurance Plan for Fairleigh Dickinson University Hard Waiver Student

2013-2014

Fairleigh Dickinson University is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. **Eligibility Statement:** All full-time undergraduate students taking 12 credit hours or more, all full-time graduate students taking 9 credit hours or more, and any graduate student designated as full time by their department, all international students regardless of credit hours (including English as a Second Language, American Studies Program, and visiting faculty/scholars) and those working as an intern are automatically enrolled in this plan unless proof of comparable coverage is furnished. Dependents of insured students are eligible to enroll on a voluntary basis.

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.
- \$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 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).
- \$3,500 Out of Pocket Maximum Per Insured Person, Per Policy Year. \$7,000 Out of Pocket Maximum for all Insureds in a Family, 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 certificate for details about how the Out-of-Pocket Maximum applies.
- Prescription Drug Benefits: \$15 Copay for Tier 1 / \$35 Copay for Tier 2 / \$50 Copay for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Network Pharmacy (UHP). Mail order through UHP at 2.5 times the retail copay. \$15 Deductible for generic drugs / \$35 Deductible for brand name up to a 31-day supply per Prescription at an Out-of-Network pharmacy.
- 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 eligible for FrontierMEDEX services when 100 miles or more away from their campus or 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, on screen 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/Waive in the Plan?**
Annual Waiver Deadline Date – 10/15/13
Spring/Summer Waiver Deadline Date – 2/28/14
- **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 enroll¹ 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.

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This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2013-200137-2.

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 University, 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 / Waive?

To complete the Enrollment or the Waiver process, please go to www.firststudent.com, select your school, click on either the Enroll Now - Health Insurance or the Waive Your School's Health Insurance button and follow the directions.

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.

Full Time Student Rates	Annual	Spring / Summer
	8/15/13 - 8/14/14	1/1/14 - 8/14/14
Student	\$ 992	\$ 643
Spouse	\$1,766	\$1,122
Each Child	\$1,369	\$ 876

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this plan.

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. Acne;
 2. Acupuncture;
 3. Addiction, excluding alcohol addiction, such as nicotine addiction; except as specifically provided in the policy; codependency;
 4. Learning disabilities, behavioral problems, developmental delay or disorder or intellectual disability, except as specifically provided in Benefits for Treatment of Autism and Other Developmental Disabilities or as otherwise provided in the policy;
 5. Biofeedback;
 6. Circumcision;
 7. Congenital conditions, except as specifically provided in Benefits for Treatment of Sickle Cell Anemia, and except as specifically provided for Newborn or adopted Infants including those continuously insured under the preceding student policy issued by this Company;
 8. 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;
 9. 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;
 10. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
 11. Elective Surgery or Elective Treatment;
 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 covered Injury or disease process;
 13. Symptomatic complaints of the feet; and routine foot care including: the care, cutting and removal of corns, calluses, and bunions (except capsular or bone surgery);
 14. Health spa or similar facilities; strengthening programs;
 15. Hearing examinations, except as specifically provided in the policy; hearing aids; or other treatment for hearing defects and problems, except as a result of an infection or trauma and except as specifically provided in Benefits for Hearing Aids. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
 16. Hirsutism; alopecia;
 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 or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
 19. 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;
 20. Investigational services;
 21. Lipectomy;
 22. Loss sustained or contracted as a consequence of the Insured Person's intoxication or being under the influence of any narcotic unless administered or consumed on the advice of a Physician.
 23. 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;
 24. 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 policy;
 - b) Immunization agents, except as specifically provided in the policy, 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; or
 - h) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
25. 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; female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment surgery; reversal of sterilization procedures; except as specifically provided in Benefits for Infertility Treatment; or except as specifically provided in the policy;
 26. 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;
 27. Preventive care services; 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;
 28. Services provided normally without charge;
 29. 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 purulent sinusitis; except as specifically provided in the policy;
 30. 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;
 31. Sleep disorders;
 32. Supplies, except as specifically provided in the policy;
 33. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
 34. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all-terrain vehicle (ATV); jet ski; ski cycle; or snowmobile;
 35. Skiing; scuba diving; surfing; roller skating; or riding in a rodeo;
 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: 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; and
 36. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat; except as specifically provided in Benefit for Treatment of Inherited Metabolic Disease or as specifically provided in the policy.