

2015–2016

# Student Injury and Sickness Plan for Cooper Medical School of Rowan University



## Who is eligible to enroll?

All full-time medical students are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence and online courses do not fulfill the Eligibility requirements that the student actively attend classes.

## Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at [www.firststudent.com](http://www.firststudent.com).

## How do I Enroll / Waive?

To complete the Enrollment or the Waiver process, please go to [www.firststudent.com](http://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. Once you are enrolled in the plan, there are no refunds.

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

## Who can answer questions I have about the plan?

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

All personal e-mails sent securely from the following companies:

- Nuvotera
- Cisco

## What important deadlines should I be aware of?

### Important Information for Hard Waiver Students:

Open Enrollment Periods for all Hard Waiver Students: If you are a student in the fall semester and eligible to purchase coverage and you choose not to enroll for coverage before the Annual Enrollment Deadline of **August 15, 2015** you will not be eligible to enroll again until the start of the next fall unless you experience a Qualifying Life Event during the year. See [www.firststudent.com](http://www.firststudent.com) for further information.

## Nurseline and Student Assistance Program

Insured Students and their family have unlimited access to a Registered Nurse or a Licensed Professional Counselor any time, day or night. Nurseline and Student Assistance Program is staffed by Registered Nurses and Licensed Professional Counselors who can help students and their family determine if they need to seek medical care or if they may need to talk to someone about everyday issues that can be overwhelming. Please call 1-866-799-2670.



## How much does the plan cost?

2015-2016 Rates	
	Annual 8/1/15 - 7/31/16
Student	\$2,150.00

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2015-202906-1. The Policy is a Non-Renewable One Year Term Policy.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources		
	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	There is no overall maximum dollar limit on the policy	
<b>Plan Deductible</b>	\$100 per Insured Person, per Policy Year	\$500 per Insured Person, per Policy Year
<b>Out-of-Pocket Maximum</b> <i>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.</i>	\$2,500 Per Insured Person, Per Policy Year	\$10,000 Per Insured Person, Per Policy Year
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	90% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Customary Charges for Covered Medical Expenses
<b>Prescription Drugs</b> <i>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.</i>	\$15 Copay for Tier 1 \$30 Copay for Tier 2 \$50 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	Usual and Customary Charges
<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Please see <a href="http://www.healthcare.gov">www.healthcare.gov</a> for complete details of the services provided for specific age and risk groups.</i>	100% of Preferred Allowance	No Benefits
<b>The following services have per Service Copays/Deductibles</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays/Deductibles.</i>	Physician's Visits: \$25	
<b>Pediatric Dental and Vision Benefits</b>	Refer to the plan certificate for details (age limits apply).	
<b>UnitedHealthcare Global: Global Emergency Services</b>	Domestic Students are eligible for UnitedHealthcare Global 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.	

### Preferred Providers

The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: [www.firstriskadvisors.com](http://www.firstriskadvisors.com).

### 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.firstriskadvisors.com](http://www.firstriskadvisors.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 download our UHCSR Mobile App available on Google Play and Apple's App Store.

### 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. Behavioral problems. Developmental delay or disorder or intellectual disability. Learning disabilities.  
This exclusion does not apply to benefits specifically provided in Benefits for Treatment of Autism and Other Developmental Disabilities.
3. 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 Infants, including those continuously insured under the preceding student policy issued by this Company.
4. 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.
5. Dental treatment, except:
  - As described under Dental Treatment in the policy. This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
6. Elective Surgery or Elective Treatment.
7. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
8. Foot care for the following:
  - Flat foot conditions.
  - Supportive devices for the foot.
  - Subluxations of the foot.
  - Fallen arches.
  - Weak feet.
  - Chronic foot strain.
  - Routine foot care including the care, cutting and removal of corns, calluses, toenails, except for the removal of nail roots, and bunions.

This exclusion does not apply to Medically Necessary open surgery of the foot or preventive foot care for Insured Persons with diabetes.
9. 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.
  - Benefits specifically provided in the policy.

10. Hirsutism. Alopecia.
11. 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.
12. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
13. 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.
14. Lipectomy.
15. 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 engagement in an illegal occupation.
16. 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.
  - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs, except for 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.
  - Products used for cosmetic purposes, except as specifically provided in the policy.
  - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
  - Anorectics - drugs used for the purpose of weight control.
  - Sexual enhancement drugs, such as Viagra.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
17. Reproductive services including but not limited to the following, except as specifically provided in the policy:

- Procreative counseling.
- Genetic counseling and genetic testing.
- Cryopreservation of reproductive materials. Storage of reproductive materials.
- Premarital examinations.
- Impotence, organic or otherwise.
- Female sterilization procedures, except as specifically provided in the policy.
- Vasectomy.
- Reversal of sterilization procedures.

This exclusion does not apply to benefits specifically provided in Benefits for Infertility Treatment.

18. 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.

19. 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.
- To one pair of eyeglasses or contact lenses for the initial replacement for the loss of a natural lens.

20. 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.

21. Services provided normally without charge.

22. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. 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.

23. 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.

24. Supplies, except as specifically provided in the policy.

25. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.

26. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.

27. War or any act of war, declared or undeclared, while the Insured Person:

- Is serving in the armed forces of any country.
- Is serving in any civilian non-combatant unit supporting or accompanying any armed forces of any country or international organization.
- 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 contribution will be refunded upon request for such period not covered.

28. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in Benefits for Treatment of Inherited Metabolic Disease.



*NOTE: This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare and does not constitute a promise of coverage. Benefits and rates under any Student policy are subject to state and federal requirements and review. Company reserves the right to make any changes necessary to meet such requirements.*