2017–2018
Student Injury and Sickness Plan for Montreat College

Who is eligible to enroll?
All full-time undergraduate and international students taking 12 or more credit hours 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.

Eligible students who do enroll may also insure their Dependents.

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. Once you are enrolled in the plan, there are no refunds.

All personal e-mails sent securely from the following companies: Microsoft Office 365, Cisco
Most Communication will come from UHCSR.com or 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

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 College and may be viewed at www.firststudent.com. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2017-935-61. The Policy is a Non-Renewable One-Year Term Policy.

Important dates or deadlines
Important Information for Hard Waiver Students:
Open Enrollment Periods for all Dependents and Hard Waiver Students: If you have eligible Dependents in the fall or, are a student in the fall semester and eligible to purchase coverage and you choose not to enroll for coverage before the Fall Enrollment Deadline of September 8, 2017, your Dependents or 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.

*For new Dependents or new or renewing students in the Spring semester, your open enrollment deadline is January 24, 2018.

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8/1/17 – 7/31/18</th>
<th>Spring/Summer 1/1/18 – 7/31/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,714.00</td>
<td>$996.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,714.00</td>
<td>$996.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$1,714.00</td>
<td>$996.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$3,428.00</td>
<td>$1,992.00</td>
</tr>
<tr>
<td>Spouse + Two or More Children</td>
<td>$5,142.00</td>
<td>$2,988.00</td>
</tr>
</tbody>
</table>

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

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# Highlights of the Coverage and Services offered by UnitedHealthcare Student Resources

**METALLIC LEVEL – [GOLD WITH ACTUARIAL VALUE OF 82.570%]**

### Preferred Providers:
The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: [UHC Choice Plus](#).

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Deductible</td>
<td>$250 Per Insured Person, Per Policy Year</td>
<td>$500 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$6,000 Per Insured Person, Per Policy Year</td>
<td>$12,000 For all Insureds in a Family, Per Policy Year</td>
</tr>
</tbody>
</table>

**Out-of-Pocket Maximum**

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.

### Coinsurance

All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of Preferred Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
</tbody>
</table>

### Prescription Drugs

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.

- **$15** Copay for Tier 1
- **$35** Copay for Tier 2
- **$60** Copay for Tier 3

Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP).

- **$15** Deductible for generic drugs
- **$35** Deductible for brand name drugs

Up to a 31-day supply per prescription.

### Preventive Care Services

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 [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/) for complete details of the services provided for specific age and risk groups.

- **100% of Preferred Allowance**
- **No Benefits**

### The following services have per Service Copays/Deductibles

This list is not all inclusive. Please read the plan certificate for complete listing of Copays/Deductibles.

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Emergency: $150</td>
<td>Medical Emergency: $150</td>
</tr>
<tr>
<td>Urgent Care Center: $50</td>
<td>Urgent Care Center: $50</td>
</tr>
</tbody>
</table>

### Pediatric Dental and Vision Benefits

Refer to the plan certificate for details (age limits apply).

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**Online Services**

UnitedHealthcare Student Resources 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 “create My Account Now” 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.
Healthiest You: National Telehealth Service
Starting on the effective date of your policy, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service. By calling the toll-free number listed on the front of your medical ID card or visiting www.telehealth4students.com, you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor’s office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor’s office, urgent care facility, or emergency room. As an insured with StudentResources, there is no consultation fee for this service.* Every call with a HealthiestYou doctor is covered 100% during your policy period.

This service is meant to compliment your Student Health Center. If possible, we encourage you to visit your SHC first before using this service.

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Not available in Arkansas; limited services in California, Idaho and Texas.

*If you are an Insured under this insurance Plan, and you call prior to the plan effective date, you will be charged a $40 service fee before being connected to a board-certified physician.

Student Assistance
Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA’s and Certified Financial Planners offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into My Account at www.firststudent.com.

UnitedHealthcare Global: Global Emergency Services
If you are a member insured with this insurance plan, you and your insured spouse Domestic Partner or Civil Union Partners and minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International Students, insured spouse Domestic Partner or Civil Union Partners and insured minor child(ren); you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

Domestic Students, insured spouse Domestic Partner or Civil Union Partners and insured minor child(ren): you 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 or while participating in a Study Abroad program.

The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for payment. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

1. Key Services include:
   - Transfer of Insurance Information to Medical Providers
   - Monitoring of Treatment
   - Transfer of Medical Records
   - Medication, Vaccine
   - Worldwide Medical and Dental Referrals
   - Dispatch of Doctors/Specialists
   - Emergency Medical Evacuation
   - Facilitation of Hospital Admittance up to $5,000.00 payment (when included with your enrollment in an UnitedHealthcare StudentResources health insurance policy)
   - Facilitation of Hospital Admission Payments (when Global Emergency Services is purchased as a stand-alone supplement)
   - Transportation to Join a Hospitalized Participant
   - Transportation After Stabilization
   - Coordinate the replacement of Corrective Lenses and Medical Devices
   - Emergency Travel Arrangements
   - Hotel Arrangements for Convalescence
   - Continuous Updates to Family and Home Physician
   - Return of Dependent Children
   - Replacement of Lost or Stolen Travel Documents
   - Repatriation of Mortal Remains
   - Worldwide Destination Intelligence Destination Profiles
   - Legal Referral
   - Transfer of Funds
   - Message Transmittals
   - Translation Services
   - Security and Political Evacuation Services
   - Natural Disaster Evacuation Services

Please visit www.firststudent.com for the UnitedHealthcare Global brochure which includes service descriptions and program exclusions and limitations.

To access services please refer to the phone number on the back of your ID Card or access My Account and select Value Added Benefits: Global Emergency Services.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:

17PPOS-2017-935-61
UnitedHealthcare Global is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by UnitedHealthcare Global. Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted. Please refer to the UnitedHealthcare Global information in My Account at www.firststudent.com for additional information, including limitations and exclusions.

**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.
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. This exclusion does not apply to benefits specifically provided in the Policy or to any screening or assessment specifically provided under the Preventive Care Services benefit.
4. Circumcision, except as specifically provided for a Newborn Infant during an Inpatient maternity Hospital stay provided under the Benefits for Maternity Expenses.
5. Cosmetic procedures, except:
   - To treat or correct congenital conditions of a newborn infant and adopted or foster child
   - Reconstructive procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
6. 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.
7. Dental treatment, except:
   - For accidental Injury to Natural Teeth. This exclusion does not apply to any screening or assessment specifically provided under the Preventive Care Services benefit or benefits specifically provided in Pediatric Dental Services.
8. Elective Surgery or Elective Treatment.
10. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
11. Foot care that is palliative or cosmetic in nature:
   - Supportive devices for the foot, except for foot orthotics custom molded to the Insured.
   - Routine foot care for hygiene and preventive maintenance of feet 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.
12. Health spa or similar facilities. Strengthening programs.
13. Hearing examinations, except as specifically provided in the Benefits for Newborn Hearing Screening. Hearing aids, except as specifically provided in the Benefits for 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.
   - Any screening or assessment specifically provided under the Preventive Care Services benefit.
14. Hypnosis, except when used for control of acute or chronic pain.
15. 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. This exclusion does not apply to any screening or assessment specifically provided under the Preventive Care Services benefit.
16. 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.
17. Investigational services, except as specifically provided in the Benefits for Covered Clinical Trials.
18. Lipectomy.
19. Voluntary participation in a riot or civil disorder. Commission of or attempt to commit a felony.
20. 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 for Medical Supplies or as specifically provided in Benefits for Diabetes.
   - Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs. This exclusion does not apply to Prescription Drugs used in covered phases I, II, III and IV clinical trials or for the treatment of cancer that have not been approved by the Federal Food and Drug Administration, provided the drug is recognized for treatment of the specific type of cancer for which the drug has been prescribed in one of the following established reference compendia: (1) The National Comprehensive Cancer Network Drugs and Biologics Compendium; (2) The Thomson Micromedex DrugDex; (3) The Elsevier Gold Standard’s Clinical Pharmacology; or (4) Any other authoritative compendia as recognized periodically by the United States Secretary of Health and Human Services.
   - Products used for cosmetic purposes.
21. Reproductive services including but not limited to the following, except as specifically provided in the Policy for Infertility Services:
   - Procreative counseling.
   - Genetic counseling and genetic testing, except for high risk patients when the therapeutic or diagnostic course would be determined by the outcome of the testing.
   - Cryopreservation of reproductive materials. Storage of reproductive materials.
   - Premarital examinations.
   - Reversal of sterilization procedures.

22. 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 Benefits for Covered Clinical Trials.

23. 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 therapeutic contact lenses when used as a corneal bandage.
   - To one pair of eyeglasses or contact lenses due to a prescription change following cataract surgery.
   - To any screening or assessment specifically provided under the Preventive Care Services benefit.

24. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.

25. Preventive care services which are not 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. This exclusion does not apply to any screening or assessment specifically provided under the Preventive Care Services benefit or any North Carolina mandated benefit included under the Policy.

26. Services provided normally without charge by the Health Service of the Policyholder.

27. Services or supplies for the treatment of an occupational Injury or Sickness which are paid under the North Carolina Worker’s Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers compensation insurance carrier according to a final adjudication under the North Carolina Workers’ Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers’ Compensation Act.


29. Speech therapy for stammering or stuttering. Holistic medicine services performed by any Physician or provider.

30. Supplies, except as specifically provided in the Policy.

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

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

33. 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).

34. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to nutritional counseling or any screening or assessment specifically provided under the Preventive Care Services benefit.

This Summary Brochure is based on Policy #2017-935-61.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. 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. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.
NON-DISCRIMINATION NOTICE

UnitedHealthcare StudentResources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
United HealthCare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online   https://ocrportal.hhs.gov/ocr/portal/lobby.jsf


Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201

We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.
LANGUAGE ASSISTANCE PROGRAM

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-866-260-2723.


알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723번으로 전화하시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Mangyaring tumawag sa 1-866-260-2723.


Tentu, jika anda berbicara dalam Bahasa Melayu (Malay), anda akan mendapat bantuan terjemahan tanpa bayaran. Hubungi 1-866-260-2723.

注意事項：如果您說西班牙語 (Spanish)，我們免費為您提供語言協助服務。請致電：1-866-260-2723.

Пожалуйста, число бесплатных услуг переводчика доступно для людей, говорящих на испанском, звоните по номеру 1-866-260-2723.

ATTENTION: Si vous parlez français (French), des services d’aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1-866-260-2723.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue para 1-866-260-2723.

ATTENZIONE: in caso la lingua parlata sia l’italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero 1-866-260-2723.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-866-260-2723 an.

注意事項：如果您說阿拉伯語 (Arabic)，我們免費為您提供語言協助服務。請致電：1-866-260-2723.

警告: अगर आप अंग्रेजी भाषा (English) में पागल हैं, तो हमारे मदद के लिए आपको मदद की आवश्यकता है। कृपया नंबर 1-866-260-2723 पर कॉल करें।

NOTA: Si habla italiano (Italian), si dispone di servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-260-2723.

注意事項：如果您說俄語 (Russian)，我們免費為您提供語言協助服務。請致電：1-866-260-2723.

ADZWONI: گرچه اگر شما به انگلیسی (English) می‌گویید، امکان خدمات مترجمان رایگان را دارید. لطفاً 1-866-260-2723 را تماس بگیرید.

注意事項：如果您說西班牙語 (Spanish)，我們免費為您提供語言協助服務。請致電：1-866-260-2723.

Achtung: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-866-260-2723 an.

주의: 러시아어 (Russian)를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723번으로 전화하시오.

注意事項：如果您說阿拉伯語 (Arabic)，我們免費為您提供語言協助服務。請致電：1-866-260-2723.