

Student Injury and Sickness Insurance Plan for Rutgers Biomedical and Health Sciences

2014-2015

2014-527-1

PLEASE NOTE:
THIS DOCUMENT HAS
BEEN CHANGED. SEE THE
BACK COVER FOR DETAILS

Rutgers Biomedical and Health Sciences is pleased to offer an Injury and Sickness Insurance Plan 2014-527-1 underwritten by UnitedHealthcare StudentResources.

Who is Eligible?

All full-time Rutgers Biomedical and Health Sciences students, as well as those part-time students who participate in clinical experience as part of their educational programs are required to be covered by health and accident insurance.

All part-time degree or certificate seeking students taking at least 1 credit hour and not participating in clinical experience, are eligible to enroll on a voluntary basis.

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.

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, \$500 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 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).
- Preferred Provider Out-of-Pocket Maximum of \$2,500 Per Insured Person, Per Policy Year, \$5,000 for all Insureds in a Family, Per Policy Year. Out-of-Network Out-of-Pocket maximum of \$10,000 Per Insured Person, Per Policy Year, \$20,000 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% 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 / \$50 Copay for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP). Mail order through UHCP at 2.5 times the retail copay up to a 90 day supply. If a retail UnitedHealthcare Network Pharmacy agrees to the same rates, terms and requirements associated with dispensing a 90 day supply, then up to a consecutive 90 day supply of a Prescription Drug at 2.5 times the copay that applies to a 31 day supply per prescription.
- 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 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.
- 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 download our UHCSR Mobile App available on Google Play and Apple's App Store

IMPORTANT INFORMATION FOR ALL STUDENTS:

Open Enrollment Periods for all Dependents and 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 30, 2014**, your Dependents or you, will not be eligible to enroll again until the start of the fall of the next policy year unless you experience a "Life Status" change during the year. A life status change includes marriage, divorce, birth of a child or loss of coverage through no fault of your own (i.e. aging off your parent's coverage). If your Dependents or you, experience a "Life Status" change, you must submit proof of the event and enroll within 30 days of the event, otherwise you will no longer be eligible to enroll for the remainder of the policy year.

*For new Dependents or new or renewing students in the spring 1 semester, your open enrollment deadline is **February 25, 2015**.

*For new Dependents or new students in the spring 2 semester, your open enrollment deadline is **March 15, 2015**.

*For new Dependents or new students in the summer 2 semester, your open enrollment deadline is **May 31, 2015**.

ENROLLMENT AND WAIVER INFORMATION

DEADLINES

- Fall - September 30, 2014
- Spring/Summer 1 - February 25, 2015
- Spring/Summer 2 - March 15, 2015
- Summer 2 - May 31, 2015

The Student Injury and Sickness Insurance Plan premium is automatically charged on the term bill. Failure to waive at www.universityhealthplans.com before the deadline will result in a non-refundable charge, and students will be responsible for the premium.

FULL TIME STUDENTS: Must submit an online waiver form prior to the posted deadline each academic year. The Fall waiver deadline is **September 30**. **Students who do not respond by the deadline will be automatically enrolled in the annual plan and will be responsible for paying the premium.** Students who do not pay the assessed premium and who have not properly waived coverage will have a hold placed on their account until it is paid in full.

Eligible voluntary part time students not participating in clinical may enroll by submitting the appropriate form online. All enrollments and payments must be received prior to the posted deadline.

TO ENROLL OR WAIVE, VISIT: www.universityhealthplans.com
For enrollment or waiver issues, please contact University Health Plans directly at 1-800-437-6448

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2014-527-1. The Policy is a Non-Renewable One-Year Term Policy. 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 may be viewed and downloaded at www.firststudent.com. If you have any questions, please contact Customer Service at 800-505-4160 or customerservice@firstriskadvisors.com.

Coverage Periods	Students	Spouse	Each Child
Annual 8/15/14 - 8/14/15	\$1,695	\$6,884	\$3,685
Spring/Summer 1 1/1/15 - 8/14/15	\$1,050	\$4,262	\$2,281
Spring/Summer 2 3/1/15 - 8/14/15	\$ 776	\$3,150	\$1,686
Summer 2 6/1/15 - 8/14/15	\$ 350	\$1,415	\$ 758



To Enroll or Waive.

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 or adopted 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 nonmedical 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.
 - Sexual reassignment surgery.

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 or 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.



POLICY NUMBER: 2014-527-1

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC# 3 (10/7/14)

1. Prescription Drug Benefits – added the following wording:
If a retail UnitedHealthcare Network Pharmacy agrees to the same rates, terms and requirements associated with dispensing a 90 day supply, then up to a consecutive 90 day supply of a Prescription Drug at 2.5 times the copay that applies to a 31 day supply per prescription.
2. Exclusions and Limitations #27 - War or any act of war, etc... added 'contribution' after premium.