

Student Injury and Sickness Insurance Plan for Stetson University - Deland / Celebration Campus

2014-2015



Stetson University is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. **Eligibility Statement:** All degree seeking students taking credit hours are eligible to enroll in this plan on a voluntary basis. All international students attending Stetson University are required to purchase this plan 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. Dependents, including Domestic Partners, of those enrolled in the plan may participate in the plan on a voluntary basis.

Highlights of the Coverage and Services

offered by UnitedHealthcare StudentResources are:

- There is no overall maximum dollar limit on the policy.
- \$150 Deductible for Preferred Providers Per Insured Person, Per Policy Year, \$400 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).
- Preferred Provider Out-of-Pocket Maximum of \$6,350 Per Insured Person, Per Policy Year and \$12,700 for all Insureds in a Family, Per Policy Year. Out-of-Network Out-of-Pocket maximum of \$12,700 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: 100% of Usual and Customary charges. \$15 deductible per prescription for generic drugs and \$40 deductible per prescription for brand name drugs up to a 31 day supply per prescription.
- 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 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. 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.

When do I Enroll:

Annual/Fall enrollment deadline: **8/25/14**

Spring/Summer enrollment deadline: **1/21/15**

Summer enrollment deadline: **5/27/15**

Please Note: If you choose the Fall Only option and will continue as a student at Stetson University in the Spring Semester, you will need to enroll in the Spring/Summer Coverage by January 21, 2015 in order to continue your coverage throughout the remainder of the policy year.

- **IMPORTANT INFORMATION:** Open Enrollment Periods for all eligible Students and dependents: If you or your dependent is eligible to purchase the annual/fall coverage or spring/summer (new incoming, newly eligible, or students renewing coverage and their dependents only) and you choose not to enroll before the 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. Visit www.firststudent.com for more info.

How do I waive?

All students enrolled at Stetson University are expected to have adequate health insurance to cover them while attending the University.

If you do not currently have health coverage, a Student Health Plan is available to all eligible students through United Healthcare StudentResources.

Per university policy and the Cultural Exchange Act, International students with a student visa who have not been granted permanent residency status, are required to enroll in and purchase this insurance plan unless proof of other adequate insurance is furnished to the Stetson International Learning Office.

If you are an International Student who will be waiving the school's insurance, please provide the Stetson University International Learning Office with your current medical insurance coverage information.

If you are a Domestic Student (U.S. Citizen or Legal Resident), and already have adequate insurance to cover you in the Stetson/Central Florida area, there is no Waiver/Opt-Out Form to complete. You are not being automatically charged or enrolled in the Student Plan. If your health insurance plan has changed from last year, or from the info you provided on your Health History Form, you may submit a copy of your updated insurance card to the Health Services Office on campus the next time you visit Health Services or may send to them.

Address for Student Health Services:
Stetson Student Health Services
421 N Woodland Blvd – UNIT 8415
Deland, FL 32723

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2014-200433-1.

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?

To complete the Enrollment process, please go to www.firststudent.com, select your school from the drop down box and click on the "Enroll Now - Health Insurance" button, and follow instructions.



Rates	Annual	Fall	Spring/Summer
	8/12/14 - 8/11/15	8/12/14 - 1/7/15	1/8/15 - 8/11/15
Student	\$2,294	\$ 937	\$1,357
Spouse	\$7,377	\$3,011	\$4,366
Each Child	\$4,710	\$1,923	\$2,787

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, such as:
 - Caffeine addiction.
 - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
 - Codependency.
4. Behavioral problems. Conceptual handicap. Developmental delay or disorder or mental retardation. Learning disabilities. Milieu therapy. Parent-child problems.
5. Congenital Conditions, except as specifically provided for:
 - Habilitative Services.
 - Benefits for Newborn Infant, Adopted or Foster Child
 - Benefits for Cleft Lip and Cleft Palate.
 - Reconstructive surgery to correct deformity caused by birth defects or growth defects.
6. 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.
 - Correct deformity caused by birth defects or growth defects.
 - Treat or correct Congenital Conditions of a Newborn or adopted Infant
7. 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.
8. Dental treatment, except:
 - For accidental Injury to Sound, Natural Teeth. This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
9. Elective Surgery or Elective Treatment. except cosmetic surgery made necessary as the result of a covered Injury or to correct a disorder of a normal bodily function.
10. Elective abortion.
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.
 - Benefits for Cleft Lip and Cleft Palate.
 - Benefits for Child Health Assurance.
 - Benefits for Newborn Infant, Adopted or Foster Child.
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.
16. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
17. Injury sustained while:
 - Participating in any intercollegiate 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.
18. Investigational services.
19. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting, except in self-defense
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.
- 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.
- Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
21. 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.
 - Fertility tests.
 - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
 - Premarital examinations.
 - Impotence, organic or otherwise.
 - Reversal of sterilization procedures.
 - Sexual reassignment surgery.
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 policy.
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 benefits specifically provided in Benefits for Newborn Infant, Adopted or Foster Child.
 - To benefits specifically provided in Benefits for Child Health Assurance.
24. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
25. 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.
26. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
27. 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.
28. Sleep disorders;
29. Speech therapy, except as specifically provided in Benefits for Cleft Lip and Cleft Palate. or except as specifically provided in the policy. Naturopathic services.
30. 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.
31. Suicide or attempted suicide while sane or insane. Intentionally self-inflicted Injury.
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. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
35. 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).
36. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat