

Student Injury and Sickness Insurance Plan for Utah State University

2014-2015



Who is Eligible?

Undergraduate students enrolled in six (6) credit hours or more, attending classes and paying student fees, as well as graduate students taking 1 or more credits and Study Abroad Students are eligible for coverage under this policy on a voluntary basis. (Independent Study, Home Study, Challenge program, and House Bill 60 students are not eligible). International F-1 and J-1 Visa Students and Veterinary Program Students are required to purchase this Student Insurance coverage on a hard waiver basis or show proof of qualifying comparable coverage each semester in order to waive. Eligible Dependents including Domestic Partners of enrolled students may 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.

Prescription Drug Benefits

\$15 Copay for Tier 1 / \$30 Copay for Tier 2 up to a 31- day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP). 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 Deductible for generic drugs / \$30 Deductible for brand name up to a 31-day supply per Prescription at an Out-of-Network pharmacy.

Policy Deductibles

\$250 Deductible for Preferred Providers Per Insured Person, Per Policy Year and \$500 for all Insureds in a family, Per Policy Year. \$600 Deductible for Out of Network Providers Per Insured Person, Per Policy Year and \$1,200 for all Insureds in a family, Per Policy Year.

Covered Medical Expenses

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).

Out-of-Pocket Maximum

Preferred Provider Out-of-Pocket Maximum of \$6,000 Per Insured Person, Per Policy Year and \$12,000 For all Insureds in a Family, Per Policy Year. Out-of-Network Out-of-Pocket maximum of \$8,000 Per Insured Person, Per Policy Year and \$16,000 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.

Preventive Care Services

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.

Preferred Provider Network

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

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.

Pediatric Dental and Vision

Refer to Plan certificate for details about pediatric dental and vision benefits. (Age limits apply.)

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2014-5856-91. 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 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.

Nurseline

Students have access to nurse advice and health information 24 hours a day, 7 days a week. Collegiate Assistance Program is staffed by Registered Nurses who can help students determine if they need to seek medical care, understand their medications or medical procedures, or learn ways to stay healthy, all at no cost to you.

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 address. International Students are covered worldwide except in their home country.

When Do I Enroll/Waive in the Plan?

IMPORTANT INFORMATION FOR International F-1 and J-1 Visa 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 19, 2014**, your Dependents or you, will not be eligible to enroll again until the start of the year.*For new Dependents or new or renewing students in the spring semester, your open enrollment deadline is **February 13, 2015**.*For new Dependents or new or renewing students in the summer semester, your open enrollment deadline is **June 5, 2015**.

IMPORTANT INFORMATION FOR Undergraduate 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 ***August 28, 2014**, 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 14, 2015**.

*For new Dependents or new or renewing students in the summer semester, your open enrollment deadline is **May 14, 2015**.

Qualifying Life Event:

A Qualifying Life Event 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 "Qualifying Life Event", 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.

How do I Enroll/Waive?

Enrollment process: please go to www.firststudent.com, select Utah State University, click on the Enroll Now button and follow the directions. Students may contact Utah State University Student Health & Wellness Center with questions or concerns. Call 435-797-1660 or e-mail ship@usu.edu.

Dependent Enrollment: To enroll your dependents please go to www.firststudent.com, select Utah State University, click on the Enroll Now button and follow the "Enrollment instructions for Qualifying Life Event, Voluntary Student and Dependents". Download the enrollment form and send it with your check or money order to the address on the back. (Please note the important information below.)

Waiver process: please go to www.firststudent.com, select Utah State University, click on the Waive Your School's Insurance button and follow the directions. A confirmation e-mail will be sent to you but you can also print out the confirmation page that appears on your screen. Students may contact Utah State University Student Health & Wellness Center with questions or concerns. Call 435-797-1660 or e-mail ship@usu.edu.

	Student	Spouse	Each Child	All Children
Fall 8/15/14 - 12/31/14	\$ 568	\$1,345	\$ 568	\$1,043
Spring/Summer 1/1/15 - 8/14/15	\$ 915	\$2,187	\$ 922	\$1,694



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. Biofeedback.
6. Circumcision.
7. Congenital Conditions, except as specifically provided for:
 - Habilitative Services.
 - Newborn or adopted Infants.
 - Reconstructive surgery to restore bodily function to an abnormal structure of the body.
8. 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 Infant.
 - Restore bodily function to an abnormal structure of the body caused by a congenital defect or developmental abnormality. This exclusion does not apply as specifically provided for Benefits for Mastectomy, Breast Surgery, Reconstruction and Prostheses.
9. 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.
10. Dental treatment:
 - For accidental Injury to Sound, Natural Teeth. This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
11. Elective Surgery or Elective Treatment.
12. Elective abortion.
13. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
14. 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, and bunions (except capsular or bone surgery). This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
15. Health spa or similar facilities. Strengthening programs.
16. 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.
17. Hirsutism. Alopecia.
18. Hypnosis.
19. 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.
20. Injury caused by, contributed to, or resulting from:
 - The ingestion or use of alcohol over the legal limit.
 - The addition to or use of intoxicants, hallucinogenics, or illegal drugs.
 - The addition to or use of any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician.
21. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
22. Injury sustained while:
 - Participating in any interscholastic, 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.
23. Investigational services.
24. Lipectomy.
25. Active participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
26. 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.
27. 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.
 - Female sterilization procedures, except as specifically provided in the policy.
 - Vasectomy.
 - Reversal of sterilization procedures.
 - Sexual reassignment surgery.
28. 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.
29. 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 lens for the affected eye following corneal transplant surgery and contact lenses for the Medically Necessary treatment of keratoconus.
30. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
31. 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.
32. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
33. 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 sinusitis.
34. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
35. Sleep disorders.
36. Suicide or attempted suicide while sane or insane (including drug overdose). Intentionally self-inflicted Injury.
37. Supplies, except as specifically provided in the policy.
38. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
39. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
40. 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).
41. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat.