

Student Injury and Sickness Insurance Plan for Washington and Lee University

2014-2015

Washington and Lee University is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. **Eligibility Statement:** All International students are automatically enrolled in this plan at registration. All Graduate students, as well as all undergraduate students with a minimum of 12 credit hours are required to purchase coverage through this insurance Plan, unless proof of comparable coverage is furnished. Eligible Dependents may also enroll in this 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. 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: \$20 copay for Tier 1 / \$40 copay for Tier 2 / \$60 copay for Tier 3 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.
- 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 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/waive?

● **International Students:** are automatically enrolled in the insurance plan at registration.

● Domestic Students:

Annual Enroll/Waiver Deadline: **8/31/14**

Spring/Summer Enroll/Waiver Deadline: **1/30/15**

Please Note: Eligible Students will be automatically enrolled and charged for the Washington and Lee University student Injury and Sickness insurance plan if you fail to complete an online waiver by the published deadline. The premium for the plan will be added to your tuition bill. Once enrolled, there are no refunds or cancellations except entry into the armed forces.

● Eligible Dependents:

Annual enrollment deadline: **9/16/14**

Spring/Summer Enrollment Deadline: **1/30/15**

● **IMPORTANT INFORMATION:** Open Enrollment Periods for all eligible Students and dependents: If you or your dependent is eligible to purchase the annual coverage or spring/summer (new incoming or newly eligible students 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.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2014-1451-91.

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/Waive?

To complete the Enroll / Waive process, please go to www.firststudent.com, select your school from the drop down box, click on the "Enroll Now-Health Insurance" or "Waive Your School's Health Insurance" button, and follow instructions.



Rates	Annual 8/15/14 - 8/14/15	Spring/Summer 1/15/15 - 8/14/15
Student	\$1,195	\$690
Spouse	\$1,145	\$665
Each Child	\$1,145	\$665
All Children	\$2,290	\$1,330
All Dependents	\$3,435	\$1,995

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. Congenital Conditions, except as specifically provided for:
 - Habilitative Services;
 - Surgery or other procedure to correct a Congenital Condition that causes a functional impairment.
 - Adopted or Newborn Child.
2. 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 an Adopted or Newborn Child.
3. 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 use facilities for domiciliary or Custodial Care;
4. Dental treatment, except:
 - As provided in the Dental Treatment benefit.
 - As specifically provided in the Schedule of Benefits.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
5. Elective Surgery or Elective Treatment;
6. Elective abortion;
7. Health spa or similar facilities; strengthening programs;
8. 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 Benefits for Newborn Infant Hearing Screening.
9. Hirsutism; alopecia;
10. Hypnosis;
11. Immunizations for travel or work.
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. Investigational services;
14. Lipectomy;
15. Participation in a riot or civil disorder. Commission of or attempt to commit a felony;
16. Prescription Drugs, services or supplies as follows:
 - Therapeutic devices or appliances, including: 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, except as specifically provided in Benefits for Home Treatment of Hemophilia and Congenital Bleeding Disorders.
 - 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, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene.
 - Growth hormones.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
17. Reproductive/Infertility services including but not limited to the following:
 - Procreative counseling;
 - Genetic counseling and genetic testing except as specifically provided in Genetic Testing.
 - Cryopreservation of reproductive materials. Storage of reproductive materials;
 - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except to diagnose or treat the underlying cause of the infertility;
 - Premarital examinations;
 - Impotence, organic or otherwise;
 - Female sterilization procedures, except as specifically provided in the policy;
 - Vasectomy;
 - Reversal of sterilization procedures;
 - Sexual reassignment surgery;
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 Benefits for Clinical Trials for Treatment Studies on Cancer.
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 eyeglasses or contact lenses as described under Vision Correction in the policy.
20. Routine Adopted or Newborn Care and well-baby nursery and related Physician charge, except as specifically provided in the policy;
21. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
22. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
24. 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).
25. Weight management, Weight reduction, Nutrition programs, Treatment for obesity, Surgery for removal of excess skin or fat.

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.