

Student Injury and Sickness Insurance Plan for 2014 - 2015



Who is Eligible?

All full-time undergraduate students taking 12 or more credit hours are automatically enrolled in this insurance Plan at registration unless proof of comparable coverage is furnished. Eligible Dependents of those enrolled in the plan may participate in the plan 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 / \$35 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.

Policy Deductibles

\$200 Deductible for Preferred Providers Per Insured Person, Per Policy Year, \$600 Deductible for Out of Network Providers Per Insured Person, Per Policy Year.

Out of Pocket Maximums

Preferred Provider Out-of-Pocket Maximum of \$5,500 Per Insured Person, Per Policy Year and \$10,000 for all Insureds in a Family. Out-of-Network Out-of-Pocket maximum of \$10,000 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.

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).

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.)

Nurseline and Student Assistance Program

Insured Students and their family have unlimited access to a Registered Nurse or a Licensed Professional Counselor any time, day or night.

Nurseline and Student Assistance Program is staffed by Registered Nurses and Licensed Professional Counselors who can help students and their family determine if they need to seek medical care or if they may need to talk to someone about everyday issues that can be overwhelming. Please call 1-866-799-2670.

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 or Waive out of the Plan?

Annual Deadline:

September 29, 2014

The premium for this coverage is added to the student's tuition bill. Students who waive coverage with proof of comparable insurance coverage by the waiver deadline, will see the premium removed from their account.

How do I Enroll/Waive?

To complete the Enroll / Waive process, please go to your Campus Cruiser webadvisor and follow instructions.

IMPORTANT INFORMATION FOR ALL STUDENTS: Open Enrollment Periods for all Students: If you 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 29, 2014**, 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. 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 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.

Please contact us at customerservice@firstriskadvisors.com for cost and enrollment information as a Qualifying Life Event.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2014-1042-61. The Policy is a Non-Renewable One-Year Term Policy.

Please read the plan brochure to determine whether this plan is right for you before you enroll. The plan brochure 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.

Annual 8/25/14 - 8/24/15	Full-Time Undergraduate	Spouse	Each Child
Rates	\$1,284	\$3,737	\$2,418



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. 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. Intensive behavioral therapies, such as applied behavioral analysis, except as specifically provided in Benefits for Autism Spectrum Disorder. Learning disabilities. Milieu therapy. Parent-child problems.
 4. Biofeedback;
 5. Circumcision;
 6. Congenital Conditions for cosmetic purposes only;
 7. 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 or to restore normal bodily function;
 8. 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;
 9. Dental treatment, except:
 - For removal of bony, impacted teeth;
 - As specifically provided in the Schedule of Benefits.;

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services;
 10. Elective Surgery or Elective Treatment as defined in the policy. This exclusion does not apply to cosmetic surgery necessitated by a covered Injury;
 11. Elective abortion;
 12. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
 13. 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.
 14. Health spa or similar facilities; strengthening programs;
 15. 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;
 16. Hirsutism; alopecia;
 17. Hypnosis;
 18. 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;
 19. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
 20. 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;
 21. Investigational services;
 22. Lipectomy;
 23. Participation in a riot or civil disorder. Commission of or attempt to commit a felony;
 24. 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;
25. 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;
 - 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 surgically 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;
 26. 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;
 27. 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;
 28. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy;
 29. 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;
 30. Services provided normally without charge by the Health Service of the Policyholder;
 31. 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;
 32. Skydiving. Recreational parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping;
 33. Sleep disorders;
 34. Speech therapy; except as specifically provided in the policy, naturopathic services;
 35. 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.
 36. Supplies, except as specifically provided in the policy;
 37. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
 38. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
 39. 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);
 40. Weight management, weight reduction, Nutrition programs, Treatment for obesity, Surgery for removal of excess skin or fat.

