

Student Injury and Sickness Insurance Plan for College of Saint Elizabeth International Students

2014-2015

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



Who is Eligible?

All traditional international students are automatically enrolled in this Plan on a mandatory 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 \$5,000 Per Insured Person, Per Policy Year and \$10,000 for all Insureds in a Family, Per Policy Year. Out-of-Network Out-of-Pocket maximum of \$15,000 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 certificate of coverage 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.

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.

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.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2014-202888-61 available through IHECT NJ Gold Care Basic and issued to College of Saint Elizabeth under 2014-1665-61. 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 College, or may be viewed and downloaded at www.firststudent.com. If you have any questions, please contact Customer Service at 1-800-505-4160 or customerservice@uhcsr.com.

Rates	Annual	Spring / Summer
	8/15/14 - 8/14/15	1/18/15 - 8/14/15
Student	\$1,536	\$880



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, excluding alcohol 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 intellectual disability. Learning disabilities. Milieu therapy. Parent-child problems.
This exclusion does not apply to benefits specifically provided in Benefits for Treatment of Autism and Other Developmental Disabilities.
4. Biofeedback
5. Circumcision.
6. Congenital Conditions, except as specifically provided for:
 - Habilitative Services.
 - Benefits for Treatment of Sickle Cell Anemia.
 - Newborn or adopted Infants, including those continuously insured under the preceding student policy issued by this Company.
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 Infants including those continuously insured under the preceding student policy issued by this Company.
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:
 - As described under Dental Treatment in the policy.
 This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
10. Elective Surgery or Elective Treatment.
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, 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.
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.
 - Benefits specifically provided in the policy.
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 or payable 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. 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.
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.
- 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.
- Growth hormones.
- Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
25. Reproductive services including but not limited to the following:
 - 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
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.
 - To one pair of eyeglasses or contact lenses for the initial replacement for the loss of a natural lens.
28. 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.
29. Services provided normally without charge;
30. 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.
31. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
32. Sleep disorders
33. Naturopathic services.
34. 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.
35. Supplies, except as specifically provided in the policy.
36. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
37. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
38. War or any act of war, declared or undeclared; 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 will be refunded upon request for such period not covered.
39. 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: 2014-1665-61

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 # 1-

Updated the following wording on the Benefit Summary Flyer:

From: This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2014-1665-61.

To: This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2014-202888-61 available through IHECT NJ Gold Care Basic and issued to College of Saint Elizabeth under 2014-1665-61.