

# 2016–2017

## Student Injury and Sickness Plan for Maryland Institute College of Art



### Who is eligible to enroll?

All students enrolled for a minimum of 9 credit hours (at least 7 credit hours for a student with a documented disability) are required to purchase this insurance Plan, unless proof of comparable coverage is furnished. International students are automatically enrolled in this insurance Plan at registration.

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.

Eligible students who do enroll may also insure their Dependents.

### Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the College and may be viewed at [www.firststudent.com](http://www.firststudent.com).

### Who can answer questions I have about the plan?

If you have questions please contact Healthcare Advocates at Hulse/QM 1-800-398-8441 or [hulseqm.com/studentportal](http://hulseqm.com/studentportal).

All personal e-mails sent securely from the following companies:

- Nuvotera
- Cisco
- McAfee Saas

Most Communication will come from UHCSR.com or Firstriskadvisors.com.

### What important deadlines should I be aware of?

#### Important Information for Hard Waiver Students:

Open Enrollment Periods for all Dependents and Hard Waiver Students: If you are a hard-waiver student and you fail to waive coverage before the **September 30, 2016** deadline, you will be enrolled automatically and responsible to pay Maryland Institute College of Art for this annual coverage that was purchased on your behalf.

\*For new students in the spring semester, your open enrollment deadline is **February 28, 2017**.

\*For new Dependents or new or renewing students in the summer semester, your open enrollment deadline is **July 31, 2017**.

### How much does the plan cost?

Rates	Annual 8/1/16 – 7/31/17	Fall 8/1/16 – 12/31/16	Spring / Summer 1/1/17 – 7/31/17	Summer 6/1/17 – 7/31/17
Student	\$1,356.00	\$568.00	\$788.00	\$227.00
Spouse	\$1,356.00	\$568.00	\$788.00	\$227.00
One Child	\$1,356.00	\$568.00	\$788.00	\$227.00
Two or More Children	\$2,712.00	\$1,136.00	\$1,576.00	\$454.00
Spouse + Two or More Children	\$4,068.00	\$1,704.00	\$2,364.00	\$681.00

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2016-33-91.  
The Policy is a Non-Renewable One-Year Term Policy.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources		
METALLIC LEVEL –PLATINUM WITH ACTUARIAL VALUE OF 91.490%		
	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	There is no overall maximum dollar limit on the policy	
<b>Plan Deductible</b>	\$0 per Insured Person, per Policy Year	\$150 per Insured Person, per Policy Year
<b>Out-of-Pocket Maximum</b> <i>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.</i>	\$6,350 Per Insured Person, Per Policy Year \$12,700 For all Insureds in a Family, Per Policy Year	There is no Out-of-Pocket Maximum for Out-of-Network benefits.
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate</i>	100% of Preferred Allowance for Covered Medical Expenses	80% of Usual and Customary Charges for Covered Medical Expenses
<b>Prescription Drugs</b> <i>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.</i>	\$10 Copay for Tier 1 \$20 Copay for Tier 2 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	\$10 Deductible for generic drugs \$20 Deductible for brand name drugs Up to a 31-day supply per prescription
<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Please see <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for complete details of the services provided for specific age and risk groups.</i>	100% of Preferred Allowance	80% of Usual and Customary
<b>The following services have per Service Copays/Deductibles</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays/Deductibles.</i>	Physician's Visits: \$20 Medical Emergency: \$50 Laboratory Procedures: \$20 Tests & Procedures: \$20 STD Screening: \$20 Diagnostic X-ray Services: \$20	Physician's Visits: \$20 Medical Emergency: \$50 Laboratory Procedures: \$20 Tests & Procedures: \$20 STD Screening: \$20 Diagnostic X-ray Services: \$20
<b>Pediatric Dental and Vision Benefits</b>	Refer to the plan certificate for details (age limits apply).	
<b>UnitedHealthcare Global: Global Emergency Services</b>	Domestic Students are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address.	

### Preferred Providers

The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: [www.firststudent.com](http://www.firststudent.com).

### 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](http://www.firststudent.com). To create an online account, select the "My Account" link and follow the simple, onscreen 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.

## Information on Plan Enhancements and services such as:

- TeleHealth
- United HealthCare Global (Travel Assistance)
- My Account

Please visit [www.firststudent.com](http://www.firststudent.com)

## Student Assistance

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA's and Certified Financial Planners offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into **My Account** at [www.firststudent.com](http://www.firststudent.com).

## 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. Sexual dysfunction not related to organic disease.
2. Cosmetic procedures, surgery, or related services to improve appearance.  
This exclusion does not apply to reconstructive procedures to restore bodily function or correct deformity resulting from disease, trauma or congenital or developmental anomalies for which benefits are otherwise payable under this policy, as determined by the treating Physician.
3. Personal care services and domiciliary care services.
4. Dental treatment which includes Hospital or professional care in connection with:
  - The operation or treatment for the fitting or wearing of dentures.
  - Orthodontic care or malocclusion.
  - Operations on or for treatment of or to the teeth or supporting tissues of the teeth, except for removal of tumors and cysts or treatment of Injury to natural teeth due to an accident if the treatment is received within 6 months of the accident.
  - Dental implants.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services and benefits specified under Dental Treatment in the policy.

5. Experimental Services.
6. Foot care for the following:

- Supportive devices for the foot including arch supports, orthotic devices, in-shoe supports, orthopedic shoes, elastic supports or exams for their prescription or fitting.
- Routine foot care including the care, cutting and removal of corns, calluses, and toenails.

This exclusion does not apply to preventive foot care for Insured Persons with diabetes or treatment of a covered Injury or Sickness, as determined necessary by the treating Physician.

7. Lifestyle improvements, including nutritional counseling, or physical fitness programs, except as specifically provided under the policy.
8. The purchase, examination, or fitting of hearing aids and supplies, and tinnitus maskers. This exclusion does not apply to:
  - Treatment for hearing defects or hearing loss as a result of an infection or Injury. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
  - Hearing aids as specifically provided in the policy.
9. Immunizations related to foreign travel.
10. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
11. Services resulting from accidental bodily Injury arising out of a motor vehicle accident to the extent the services are payable under a medical expense payment provision of an automobile insurance policy.
12. Reproductive services as follows, except as specifically provided in Infertility Services:
  - Ovum transplants and gamete intrafallopian tube transfer, zygote intrafallopian transfer, or cryogenic or other preservation techniques used in these or similar procedures.
  - Services to reverse a voluntary sterilization procedure.
  - Services for sterilization or reverse sterilization for a Dependent minor, except for FDA approved sterilization procedures for women with reproductive capacity.
13. The purchase, examination, or fitting of eyeglasses or contact lenses, except for aphakic patients and soft or rigid gas permeable lenses or sclera shells intended for use in the treatment of an Injury or Sickness.  
This exclusion does not apply to benefits specifically provided in Pediatric Vision Services.
14. Services performed or prescribed under the direction of a person who is not a Physician or performed beyond the scope of the practice of the Physician.
15. Services for which the Insured Person is not legally, or as a customary practice, required to pay in the absence of an Insurance policy.
16. Temporomandibular joint syndrome (TMJ) treatment and treatment for craniomandibular pain syndrome (CPS), except surgery to treat joint abnormalities due to Injury and Sickness and where clear demonstrable radiographic evidence of joint abnormality exists.
17. Services to the extent they are covered by any government unit, except for veterans in Veterans'

Administration or armed forces facilities for services received for which the Insured is liable.

18. Medical or surgical treatment or regimen for reducing or controlling weight.

This exclusion does not apply to:

- Benefits specifically provided in Benefits for Morbid Obesity
- Benefits specifically provided in Nutritional Services.



**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.