

2015–2016

# Student Injury and Sickness Plan for the Loyola University Maryland



## Who is eligible to enroll?

All full-time undergraduate students are automatically enrolled in this plan on a hard waiver basis, unless proof of comparable coverage is furnished.

All graduate students are automatically enrolled in the plan unless proof of comparable coverage is furnished.

Eligible Dependents of those enrolled in the plan may participate in the plan on a voluntary basis.

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

Please read the plan brochure to determine whether this plan is right before you enroll. The plan brochure 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 plan brochure are available from the University and may be viewed at [www.firststudent.com](http://www.firststudent.com).

If you have questions please contact Customer Service at 800-505-4160 or [customerservice@firstriskadvisors.com](mailto:customerservice@firstriskadvisors.com)

## How do I Enroll / Waive?

To complete the Enrollment or the Waiver process, please go to [www.firststudent.com](http://www.firststudent.com), select your school, click on either the Enroll Now - Health Insurance or the Waive Your School's Health Insurance button and follow the directions. Once you are enrolled in the plan, there are no refunds.

If you have questions please contact Customer Service at 800-505-4160 or [customerservice@firstriskadvisors.com](mailto:customerservice@firstriskadvisors.com).

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

If you have questions please contact Customer Service at 800-505-4160 or [customerservice@firstriskadvisors.com](mailto:customerservice@firstriskadvisors.com)

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

## 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 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 31, 2015**, 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 **February 15, 2016**.

## Loyola University Maryland Student Health Services

**8:30am to 5:00pm**

Loyola University Health and Education Services is committed to sustaining a welcoming environment where diversity, equity and inclusion are valued and demonstrated in our organization practices, policies, services and programs. We respect the uniqueness of the students we serve, and embrace the opportunity to provide culturally sensitive health care. The Center is open for medical care weekdays by appointment during the regular school year from 8:30 am to 5:00 pm. For after-hours medical care please call Sinai Hospital at (410) 583-9396 and the on-call provider will return your call. Please be within reach of your phone to receive this call back.

## How much does the plan cost?

2015-2016 Rates		
	Annual 8/15/2015 – 8/14/2016	Spring/Summer 1/1/2016 – 8/14/2016
Student	\$1,581.00	\$981.00
Spouse	\$1,581.00	\$981.00
One Child	\$1,581.00	\$981.00
Two or More Children	\$3,162.00	\$1,960.00
Spouse + Two or More Children	\$4,743.00	\$2,941.00

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2015-1370-67.

The Policy is a Non-Renewable One Year Term Policy.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources		
	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>	\$250 per Insured Person, per Policy Year	\$600 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 brochure for details about how the Out-of-Pocket Maximum applies.</i>	\$5,000 Per Insured Person, Per Policy Year and \$10,000 For all Insureds in a Family, Per Policy Year	\$15,000 Per Insured Person, Per Policy Year
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan brochure.</i>	80% of Preferred Allowance for Covered Medical Expenses	60% 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>	\$15 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)	\$15 Deductible for generic drugs \$40 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">www.healthcare.gov</a> for complete details of the services provided for specific age and risk groups.</i>	100% of Preferred Allowance	No Benefits
<b>The following services have per Service Copays/Deductibles</b> <i>This list is not all inclusive. Please read the plan brochure for complete listing of Copays/Deductibles.</i>	Medical Emergency: \$250 Physicians Visits: \$25	Medical Emergency: \$250 Physicians Visits: \$0
<b>Pediatric Dental and Vision Benefits</b>	Refer to the plan brochure 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. International Students are covered worldwide except in their home country.	

## Preferred Providers

The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found at [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.

## Nurseline and Student Assistance Program

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.

### 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 for Insured Persons ages 0 to 18.
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.
    - Treatment leading to or in connection with transsexualism, or sex changes or modifications, including but not limited to surgery, unless specifically provided for in the Schedule of Benefits.
  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: 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. The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare and does not constitute a promise of coverage. Benefits and rates under any Student policy are subject to state and federal requirements and review. Company reserves the right to make any changes necessary to meet such requirements.*