

# Student Injury and Sickness Insurance Plan for MidAmerica Nazarene University

## 2014-2015

MidAmerica Nazarene University is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. Undergraduate students taking 12 or more credit hours are automatically enrolled in this plan on a hard waiver basis. Eligible Dependents of enrolled students may participate in the 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.
- \$200 Deductible for Preferred Providers Per Insured Person, Per Policy Year, \$600 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 \$5,000 Per Insured Person, Per Policy Year and \$10,000 for all Insureds in a Family. 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 plan certificate for details about how the Out-of-Pocket Maximum applies.
- 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. \$15 Deductible for generic drugs / \$35 Deductible for brand name up to a 31-day supply per prescription at an Out of Network Pharmacy.
- 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](http://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](http://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](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.
- **\*When Do I Enroll/Waive the Plan?**

Fall Waiver Deadline Date - **9/23/14**

Spring/Summer Waiver Deadline Date - **2/10/15**

\*Students are required to waive each semester (Fall & Spring). If you do not complete a waiver prior to 9/23/14 for the fall and 2/10/15 for the Spring/Summer, you will be automatically enrolled in this insurance plan by your school.

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This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2014-1576-61.

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](http://www.firststudent.com).

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

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

### How do I Waive?

To complete the waiver process, please go to [www.firststudent.com](http://www.firststudent.com), select your school, click on Waive Your School's Health Insurance button and follow the instructions.



| Rates          | Fall              | Spring/Summer    |
|----------------|-------------------|------------------|
|                | 8/1/14 - 12/31/14 | 1/1/15 - 7/31/15 |
| Student        | \$ 580.00         | \$ 800.00        |
| Spouse         | \$1,734.00        | \$2,402.00       |
| All Children   | \$1,119.00        | \$1,551.00       |
| All Dependents | \$2,855.00        | \$3,957          |

## 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
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 Learning disabilities. Milieu therapy. Parent-child problems.
4. Biofeedback, except
  - To treat urinary incontinence in adults 18 years and older.
5. Circumcision.
6. Congenital Conditions, except for:
  - Habilitative Services.
  - Reconstructive surgery to correct cleft lip or cleft palate, birthmarks on head or neck, webbed fingers or toes, or supernumerary digits or toes.
  - Newborn or adopted Infants.
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.
  - Improve or restore impairments of bodily function resulting from Congenital Conditions or developmental anomalies.
  - Treat or correct Congenital Conditions of a Newborn or adopted Infant.
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 accidental Injury to Sound, Natural Teeth.

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, 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.
  - A bone anchored hearing aid for an Insured Person with: a) craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or b) hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid.
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 follow:
  - 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. This exclusion does not apply to drugs for the treatment of cancer that have not been approved by the Federal Food and Drug Administration for that indication, if the drug has been prescribed for an Insured Person who has been diagnosed with cancer, provided the drug is recognized for treatment of the specific type of cancer for which the drug has been prescribed and is recognized in substantially accepted peer-reviewed medical literature or in one of the following established reference compendia: 1) The U.S. Pharmacopeia Drug Information Guide for the Health Care Professional (USPDI); 2) The American Medical Association's Drug Evaluations (AMADE); or 3) The American Society of Hospital Pharmacists' American Hospital Formulary Service Drug Information (AHFS-DI). This exception does not provide coverage for any experimental or investigational drugs or any drug which the Federal Food and Drug Administration has determined to be contraindicated for treatment of the specific type of cancer for which the drug has been prescribed.
- 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.
- 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.
  - Fertility tests.
  - 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.
  - 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.
  - To an Insured Person under age 12 for: a) the initial pair of eyeglasses or contact lenses following cataract surgery, aphakia or pseudophakia; and b) subsequent eyeglasses or contact lenses following cataract surgery when there is a diopter change of .25 diopter
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. 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. 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.