

# 2015–2016 Student Health Insurance Plan for Thomas Jefferson University



## Who is eligible to enroll?

All matriculated students of Thomas Jefferson University are eligible to enroll in this plan. Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's spouse, husband or wife, or Domestic partners and their dependent children under 26 years of age. See the Definitions section of the Certificate for specific requirements needed to meet Domestic Partner eligibility.

## 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 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 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, it will be in effect until the end of the academic year and you may not cancel unless you have a Qualifying Life Event.

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

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

**Deadline for Completion of 2015-16 Student Health Insurance Matriculation Requirement: Noon on the Business Day Prior to the First Day of the Fall Semester.** Once the open enrollment period has closed, you and your dependents will not be eligible to enroll again during the academic year unless you experience a Qualifying Life Event. Please see [www.firststudent.com](http://www.firststudent.com) for further information.

## How much does the plan cost?

Sidney Kimmel Medical College at Thomas Jefferson 1 <sup>st</sup> Year Students	Annual 7/27/15 - 7/31/16	Jefferson College of Biomedical Sciences	Annual 9/1/15 - 8/31/16
Student	\$4,681.00	Student	\$4,618.00
Student + One Spouse OR One Child	\$9,362.00	Student + One Spouse OR One Child	\$9,236.00
Student + Two or More Children	\$14,043.00	Student + Two or More Children	\$13,854.00
Student + Spouse + One Child	\$14,043.00	Student + Spouse + One Child	\$13,854.00
Student + Spouse + Two or More Children	\$18,724.00	Student + Spouse + Two or More Children	\$18,472.00

Sidney Kimmel Medical College at Thomas Jefferson 2 <sup>nd</sup> , 3 <sup>rd</sup> , and 4 <sup>th</sup> Year Students	Annual 8/1/15 - 7/31/16	Jefferson Colleges of Health Professions, Nursing, Pharmacy and Population Health	Annual 8/26/15 - 8/31/16
Student	\$4,618.00	Student	\$4,694.00
Student + One Spouse OR One Child	\$9,236.00	Student + One Spouse OR One Child	\$9,388.00
Student + Two or More Children	\$13,854.00	Student + Two or More Children	\$14,082.00
Student + Spouse + One Child	\$13,854.00	Student + Spouse + One Child	\$14,082.00
Student + Spouse + Two or More Children	\$18,472.00	Student + Spouse + Two or More Children	\$18,776.00

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2015-294-91.

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>	\$0 Per Insured Person, per Policy Year	\$1,000 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>	\$3,000 Per Insured Person, Per Policy Year \$6,000 For all Insureds in a Family, Per Policy Year	\$5,000 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>	100% of Preferred Allowance for Covered Medical Expenses	50% 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 times the retail Copay up to a 90 day supply.</i>	\$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)	\$15 Deductible for generic drugs \$35 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 certificate for complete listing of Copays/Deductibles.</i>	Lab: \$20 X-rays: \$20 Medical Emergency: \$100 Physicians Visits: \$20	Lab: \$40 X-Ray \$0 Medical Emergency: \$100 Physicians Visits: \$40
<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 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 "create My Account Now" 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

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.

### 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. Developmental delay or disorder or mental retardation. Learning disabilities.
2. 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.
3. 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.
4. 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.
5. Elective Surgery or Elective Treatment as defined in the policy. This exclusion does not apply to cosmetic surgery necessitated by a covered Injury.
6. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
7. 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.
8. 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.
9. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
  10. 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.
  11. Investigational services.
  12. Lipectomy.
  13. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
  14. 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.
    - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
  15. 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.
16. 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.
17. 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.
18. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
19. 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.
20. Services provided normally without charge by the Health Service of the Policyholder.
21. 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.
22. Supplies, except as specifically provided in the policy.
23. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
24. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
25. 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).
26. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat.



**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.