

2015–2016

Student Injury and Sickness Plan for the University of the District of Columbia



Who is eligible to enroll?

All enrolled full-time students, part-time students and all international students are automatically enrolled in this plan on a hard waiver basis, 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.

If you have questions please contact Customer Service at 800-505-4160 or 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

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

How do I Enroll / Waive?

To complete the Enrollment or the Waiver process, please go to 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.

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 ***September 6, 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 **January 24, 2016**.

*For new Dependents or new or renewing students in the summer 1 semester, your open enrollment deadline is **May 27, 2016**.

*For new Dependents or new or renewing students in the summer 2 semester, your open enrollment deadline is **July 7, 2016**.

University Health Center

Office Hours

Fall, Spring & Summer

Mon - Fri: 8:30am - 5pm

Wed: 8:30am - 6pm

The Deductible will be waived and benefits will be paid at 100% when treatment is rendered at the Student Health Center for the following services: services listed on the approved fee schedule on file with the Student Health Center.

UDC University Health Center
Van Ness Main Campus
4200 Connecticut Ave NW
Building 44, Room A-40
202-274-5030

How much does the plan cost?

2015-2016 Rates				
	Annual 8/11/15 – 8/10/16	Spring/Summer 1/6/16 – 8/10/16	Summer 1 5/16/16 – 8/10/16	Summer 2 6/27/16 – 8/10/16
Student	\$1,161	\$692.00	\$276.00	\$143.00
Spouse	\$1,161	\$692.00	\$276.00	\$143.00
One Child	\$1,161	\$692.00	\$276.00	\$143.00
Two or More Children	\$2,322	\$1,384.00	\$552.00	\$286.00
Spouse + Two or More Children	\$3,483	\$2,076.00	\$828.00	\$429.00

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2015-202777-1

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
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	\$150 per Insured Person, per Policy Year	\$400 per Insured Person, per Policy Year
Out-of-Pocket Maximum <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>	\$2,500 Per Insured Person, Per Policy Year For each Injury or Sickness \$5,000 For all Insureds in a Family, Per Policy Year	\$5,000 Per Insured Person, Per Policy Year For each Injury or Sickness
Coinsurance <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
Prescription Drugs <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 \$35 Copay for Tier 2 \$60 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	No Benefits
Preventive Care Services <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 www.healthcare.gov for complete details of the services provided for specific age and risk groups.</i>	100% of Preferred Allowance	No Benefits
The following services have per Service Copays/Deductibles <i>This list is not all inclusive. Please read the plan brochure for complete listing of Copays/Deductibles.</i>	Medical Emergency: \$150 Urgent Care \$50	Medical Emergency: \$150 Urgent Care \$50
Pediatric Dental and Vision Benefits	Refer to the plan brochure for details (age limits apply).	
UnitedHealthcare Global: Global Emergency Services	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.	

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, 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.

Preferred Providers

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

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.

HealthiestYou: National Telehealth Service

Insureds have immediate access to medical advice with HealthiestYou, a national telehealth service. By calling the toll-free number listed on the front of your medical ID card, you have access to board-certified physicians via your phone. This service is especially helpful for minor illnesses (allergies, sore throats, earaches, pink eye, etc.) and is free of charge. You may even get a prescription written for you, saving you a trip to the doctor's office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor's office, urgent care facility, or emergency room. As an insured with **StudentResources**, there is no consultation fee for this service. Every call to HealthiestYou doctors is covered during your policy period.

HealthiestYou is available when the Student Health Center is closed or you are more than 50 miles away from campus.

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Not available in Arkansas, Idaho, and Texas.

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. Behavioral problems. Conceptual handicap. Developmental delay or disorder or mental retardation. Intensive behavioral therapies, such as applied behavioral analysis. Learning disabilities. Milieu therapy. Parent-child problems.
3. Biofeedback.
4. Circumcision.
5. 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.

6. 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.
7. Dental treatment, except:
 - For accidental Injury to Sound, Natural Teeth.
 - Treatment of Cleft Lip and Cleft Palate

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
8. Elective Surgery or Elective Treatment.
9. Elective abortion.
10. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
11. 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.
12. Health spa or similar facilities. Strengthening programs.
13. 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.
 - Hearing screenings specifically provided for in Benefits for Child Health Screening Services.
14. Hirsutism. Alopecia.
15. Hypnosis.
16. 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.
17. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease, Law or Act, or similar legislation.
18. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance.
19. 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.
20. Investigational services.
21. Lipectomy.

22. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
 23. 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 as specifically provided in the policy.
 - 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.
 24. 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, except to diagnose the underlying cause of infertility including testing and counseling.
 - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
 - Premarital examinations.
 - Impotence, organic or otherwise.
 - Female sterilization procedures, except as specifically provided in the policy.
 - Vasectomy.
 - Reversal of sterilization procedures.
 25. 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 for Covered Medical Expenses incurred in connection with participation in approved clinical trials.
 26. 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.
27. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
 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 by the Health Service of the Policyholder. Services covered or provided by the student health fee.
 30. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Temporomandibular joint dysfunction, except for surgical treatment. 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. Speech therapy, except as specifically provided in the policy. 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; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).
 39. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat



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.