

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

2014-2015



University of the District of Columbia is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. **Eligibility Statement:** 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.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources are:

- There is no overall maximum dollar limit on the policy.
- \$150 Deductible for Preferred Providers Per Insured Person, Per Policy Year, \$400 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 \$2,500 Per Insured Person, Per Policy Year. Preferred Provider out of pocket maximum of \$5,000 for all insured in a family, per policy year. Out-of-Network Out-of-Pocket maximum of \$5,000 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 brochure 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 UHCP network pharmacy. Mail order through UHCP at 2.5 times the retail copay up to a 90 day supply.
- Refer to Plan brochure 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 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.
- 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.
- Benefits will be paid at 100% when treatment is rendered at the Student Health Center for services listed on the Approved Fee Schedule.
- **When do I Enroll/Waive in the Plan?**
OPEN ENROLLMENT PERIODS: Annual Deadline – 9/7/14; Spring/Summer Deadline - 1/25/15; Summer 1 Deadline - 5/29/15; Summer 2 Deadline - 7/9/15

The premium for this coverage is added to the student's tuition bill. Students who waive coverage with proof of comparable insurance coverage by the waiver deadline, will see the premium removed from their account

- **IMPORTANT INFORMATION FOR ALL STUDENTS:** Open Enrollment Periods for all Dependents and 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 7, 2014**, your Dependents or you, will not be eligible to enroll again until the start of next fall unless you experience a "Qualifying Life Event" during the year. A Qualifying Life Event includes marriage, divorce, birth of a child or loss of coverage through no fault of your own (i.e. aging of your parents coverage). If your Dependents or you, experience a "Qualifying Life Event", you must submit proof of the event and enroll within 30 Days of the event, otherwise you will no longer be eligible to enroll for the remainder of the policy year.

*For new Dependents or new students in the spring semester, your open enrollment deadline is **January 25, 2015**.

*For new Dependents or new students in the summer 1 semester, your open enrollment deadline is **May 29, 2015**.

*For new Dependents or new students in the summer 2 semester, your open enrollment deadline is **July 9, 2015**.

Please contact us at customerservice@firstriskadvisors.com for cost and enrollment information as a Qualifying Life Event.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2014-202777-61.

Please read the plan brochure to determine whether this plan is right for you before you enroll. The plan brochure 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 plan brochure are available from the University, or may be viewed and downloaded at www.firststudent.com.

If you have any questions, please contact Customer Service at 800-505-4160 or customerservice@uhcsr.com.

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

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.



Rates	Annual	Spring / Summer	Summer 1	Summer 2
	8/11/14 - 8/10/15	1/6/15 - 8/10/15	5/18/15 - 8/10/15	6/29/15 - 8/10/15
Student	\$1,189.00	\$ 707.00	\$ 277.00	\$ 141.00
Spouse	\$3,291.00	\$1,957.00	\$ 765.00	\$ 387.00
Each Child	\$2,131.00	\$1,267.00	\$ 496.00	\$ 252.00

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;
This exclusion does not apply to benefits specifically provided in Benefits for Treatment of Mental Illness and Substance Use Disorder.
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. Congenital Conditions, except as specifically provided for:
 - Habilitative Services;
 - Treatment of Cleft Lip and Cleft Palate;
 - Newborn or adopted Infants;
6. 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;
7. 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;
8. Dental treatment, except:
 - For accidental Injury to Sound, Natural Teeth;
 - For treatment of cleft lip and cleft palate;

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
9. Elective Surgery or Elective Treatment;
10. Elective abortion;
11. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
12. 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.
13. Health spa or similar facilities; strengthening programs;
14. 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;
15. Hirsutism; alopecia;
16. Hypnosis;
17. 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;
18. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
19. 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;
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. Fighting;
24. 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 for Phase I, II, III or IV clinical trials for cancer, AIDS or other life-threatening conditions.
 - 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, except as specifically provided in the Benefits for In-Vitro Fertilization:
 - 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;
 - Reversal of sterilization procedures;
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 for Covered Medical Expenses incurred in connection with participation in approved clinical trials;
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;
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; Services covered or provided by the student health fee;
31. 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.
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;
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); and
39. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat.