

2015–2016 Student Injury and Sickness Plan for University of Maryland – College Park

Who is eligible to enroll?

All Undergraduate students enrolled in 6 or more credit hours are required to purchase this insurance plan, unless proof of comparable coverage is furnished.

All Graduate students (enrolled in at least 1 credit hour) and visiting scholars regardless of credit hours, are eligible to enroll in this insurance Plan. Summer students must be enrolled in Summer I Session and taking 1 or more credits to be eligible.

Students must actively attend classes for at least the 31 days from the first day of classes. Home study, correspondence and online courses do not fulfill the Eligibility requirements that the student actively attend classes.

Eligible students who do enroll may also insure their Dependents.

How do I Enroll?

You must submit your enrollment form and premium payment to First Risk Advisors by September 15, 2015 in order for your Annual coverage to be effective as of 8/1/15. To be eligible for coverage in the Spring/Summer 2016 semester, your completed enrollment form and premium payment must be received by First Risk Advisors no later than February 15, 2016 in order for your Spring/Summer coverage to be effective as of 1/1/16. To be eligible for coverage in the Summer 2016 semester, your completed enrollment form and premium payment must be received by First Risk Advisors no later than June 30, 2016 in order for your Summer coverage to be effective as of 6/1/16.

University Health Center

Monday - Friday: 8am - 6pm

Saturday: 9am - 12pm

Sunday: Closed

Please note - Center hours vary during semester breaks, summer sessions and holidays. The University Health Center is a place where students and their Dependents (age 13 and older) can receive quality health care provided by licensed Physicians and a wide range of other licensed providers. Students should first use the University Health Center, where treatment will be administered with no fee requirements for covered services. The student's annual deductible does not apply for medical services rendered at the Center.

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 1-866-799-2654.

What important deadlines should I be aware of?

If you do not enroll for coverage before the Enrollment Deadline your Dependents or you, will not be eligible to enroll again until the next open enrollment period unless you experience a Qualifying Life Event during the year. See www.firststudent.com for further information.

Open Enrollment Period	Open Enrollment Period	Effective Date of Coverage	Deadline for Payment
*Annual	7/15/15 to 9/15/15	8/1/15 – 7/31/16	9/15/15
Semi-Annual	7/15/15 to 9/15/15 , 1/1/16 to 2/15/16	8/1/15 – 12/31/15 , 1/1/16 – 7/31/16	9/15/15 , 2/15/16
Spring / Summer	1/1/16 to 2/15/16	1/1/16 – 7/31/16	2/15/16
Summer	5/5/16 to 6/30/16	6/1/16 – 7/31/16	6/30/16
*Mandatory Students are enrolled in Annual coverage.			

	Annual	Fall	Spring/Summer	Summer
Student	\$1,509.00	\$754.00	\$755.00	\$251.00
Spouse	\$1,509.00	\$754.00	\$755.00	\$251.00
One Child	\$1,509.00	\$754.00	\$755.00	\$251.00
Two or More Children	\$3,018.00	\$1,508.00	\$1,510.00	\$502.00
Spouse + Two or More Children	\$4,527.00	\$2,262.00	\$2,265.00	\$753.00
Premium rates may be paid online at www.firststudent.com . Graduate Students: The first payment is due upon application; Second payment is due on or before 2/15/2016.				

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2015-2071-91.

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
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	\$200 per Insured Person, per Policy Year \$400 per Family, per Policy Year	\$500 per Insured Person, per Policy Year \$600 per Family, 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 certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$2,000 Per Insured Person, Per Policy Year \$3,000 For all Insureds in a Family, Per Policy Year	\$4,000 Per Insured Person, Per Policy Year \$5,000 For all Insureds in a Family, Per Policy Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</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>	\$20 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)	80% of Usual and Customary Charges \$20 Deductible for generic drugs \$40 Deductible for brand name drugs Up to a 31-day supply per prescription
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	80% of Usual and Customary Charges
The following services have per Service Copays/Deductibles <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays/Deductibles.</i>	Medical Emergency: \$100	Medical Emergency: \$100
Pediatric Dental and Vision Benefits	Refer to the plan certificate 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.	

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.

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

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.