

Blanket Student Accident and Sickness Insurance Plan for Uniformed Services University of the Health Sciences

2014-2015

Uniformed Services University of the Health Sciences is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. **Eligibility Statement:** All registered, International graduate students and Domestic graduate students are required to purchase this insurance plan unless proof of comparable coverage is furnished. Eligible Dependents of students 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.
- \$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, Per Policy Year. 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 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.
- 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, on screen 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:**
 - Quarter 1 enrollment/Waiver deadline: **9/30/14**
 - Quarter 2 enrollment/Waiver deadline: **11/30/14**
 - Quarter 3 enrollment/Waiver deadline: **2/28/15**
 - Quarter 4 enrollment/Waiver deadline: **5/31/15**
- **All enrollments are handled through the school.**
- **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 Quarter 1 Enrollment Deadline of *September 30, 2014, 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. A Qualifying Life Event includes marriage, divorce, birth of a child or loss of coverage through no fault of your own (i.e. aging off your parent's 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 or renewing students in the Quarter 2 semester, your open enrollment deadline is November 30, 2014.
 - *For new Dependents or new or renewing students in the Quarter 3 semester, your open enrollment deadline is February 28, 2015.
 - *For new Dependents or new or renewing students in the Quarter 4 semester, your open enrollment deadline is May 31, 2015.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2014-201771-91.

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 College, 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 waiver process, please visit
www.universityhealthplans.com.



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. Addiction, such as:
 - Caffeine addiction;
 - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious;
 - Codependency;

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. Learning disabilities. Milieu therapy. Parent-child problems;

This exclusion does not apply to benefits specifically provided in the Benefits for Habilitative Services.
3. Biofeedback;
4. Circumcision;
5. Congenital Conditions, except as specifically provided for:
 - Habilitative Services;
 - Newborn or adopted Infants;

This exclusion does not apply to benefits specifically provided in Benefits for Treatment of Cleft Lip and Cleft Palate, Benefits for Amino-Acid Based Elemental Formula, or Benefits for Medical Foods and Modified Food Products.
6. Cosmetic procedures, except reconstructive procedures to:
 - Correct an Injury or treat a Sickness for which benefits are otherwise payable under this policy as determined by the treating physician. 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;
 - As specifically provided in the Benefits for Anesthesia for Dental Care;

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;
 - Benefits specifically provided in the Benefits for Minor Child Hearing Aid;
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 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, except as specifically provided in Benefits for Morbid Obesity;
22. 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, except as specifically provided in the Benefits for In-Vitro Fertilization.
- Growth hormones;
- Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
23. Reproductive 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;
 - Premarital examinations;
 - Impotence, organic or otherwise;
 - Reversal of sterilization procedures;
 - Sexual reassignment surgery;
24. 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;
25. 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;
26. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy;
27. 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.
28. Services provided normally without charge by the Health Service of the Policyholder;
29. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Temporomandibular joint dysfunction, except surgery to treat joint abnormalities due to Injury and Sickness. 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.
30. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping;
31. Sleep disorders, except as specifically provided in the policy;
32. Speech therapy, except as specifically provided in the Benefits for Habilitative Services for Children and Benefits for Cleft Lip and Cleft Palate or except as specifically provided in the policy. Naturopathic services.
33. 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.
34. Supplies, except as specifically provided in the policy;
35. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Benefits for Reconstructive Breast Surgery Following a Mastectomy.
36. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment (except for institutions or Hospitals of the State of Maryland or any county or municipality thereof, whether such institutions or Hospital be deemed charitable, or otherwise).
37. 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);
38. Weight management. Weight reduction. Nutrition programs, except for professional nutritional counseling and medical nutrition therapy provided for an Insured at risk due to nutritional history, current dietary intake, medication use or chronic illness or condition. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to Benefits for Morbid Obesity and Benefits for Child Wellness.

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.