

# 2015–2016

## Student Injury and Sickness Plan for Ursinus College



### Who is eligible to enroll?

All Ursinus College full-time students who are registered for 12 or more credit hours are required to purchase this insurance Plan unless proof of comparable coverage is furnished. Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence and online courses do not fulfill the Eligibility requirements that the student actively attend classes.

### 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 College 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).

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

- Nuvotera
- Cisco

### How do I Enroll / Waive?

Please visit Online Insurance Enrollment/Waiver form at [www.ursinus.edu/wellness](http://www.ursinus.edu/wellness). Click on Health Insurance and Records. Whether waiving or enrolling you MUST complete the online form.

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

- Open Enrollment Deadline:
- Annual: 9/11/15

### 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 11, 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. See [www.firststudent.com](http://www.firststudent.com) for further information.

\*For new Dependents or new or renewing students in the spring semester, your open enrollment deadline is **January 30, 2016**

### How much does the plan cost?

| 2015-2016 Rates               |                         |                                |
|-------------------------------|-------------------------|--------------------------------|
|                               | Annual<br>8/7/15-8/6/16 | Spring/Summer<br>1/1/16-8/6/16 |
| Student                       | \$1,532                 | \$917                          |
| Spouse                        | \$1,532                 | \$917                          |
| One Child                     | \$1,532                 | \$917                          |
| Two or More Children          | \$3,064                 | \$1,834                        |
| Spouse + Two or More Children | \$4,596                 | \$2,751                        |

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2015-1021-61.  
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>                                                                                                                                                                                                                                                                                                                                                            | \$250 per Insured Person, per Policy Year                                                                                                                                                                                                                        | \$600 per Insured Person, per Policy Year                       |
| <b>Out-of-Pocket Maximum</b><br><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>                                                                     | \$5,500 Per Insured Person, Per Policy Year<br>\$11,000 For all Insureds in a Family, Per Policy Year                                                                                                                                                            | \$15,000 Per Insured Person, Per Policy Year                    |
| <b>Coinsurance</b><br><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 |
| <b>Prescription Drugs</b><br><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<br>\$40 Copay for Tier 2<br>\$60 Copay for Tier 3<br>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)                                                                                                   | No Benefits                                                     |
| <b>Preventive Care Services</b><br><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><br><i>This list is not all inclusive. Please read the plan brochure for complete listing of Copays/Deductibles.</i>                                                                                                                                                                                             | Physician's Visits: \$25<br>Medical Emergency: \$150                                                                                                                                                                                                             | Medical Emergency: \$150                                        |
| <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 "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.

## Nurseline and Student Assistance Program

Students have access to nurse advice and health information 24 hours a day, 7 days a week. Collegiate Assistance Program is staffed by Registered Nurses who can help students determine if they need to seek medical care, understand their medications or medical procedures, or learn ways to stay healthy, all at no cost to you. Please call 866-799-2670

## University Health Center

Monday - Friday: 9am - 5pm

Saturday-Sunday: Closed

Please note - Center hours vary during semester breaks, summer sessions and holidays.

### 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. Addiction, such as:
  - Caffeine addiction.
  - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
  - Codependency.
3. Behavioral problems. Conceptual handicap. Developmental delay or disorder or mental retardation. Learning disabilities. Milieu therapy. Parent-child problems.
4. Biofeedback.
5. Circumcision.
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 or to restore normal bodily function.
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 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.
9. Elective Surgery or Elective Treatment as defined in the policy. This exclusion does not apply to cosmetic surgery necessitated by a covered Injury.
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.
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 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.
22. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
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. 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.
  - Growth hormones.
  - 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.
  - 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.
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 as specifically provided in the policy.
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.
30. 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.
31. Skydiving. Recreational 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.*