

# 2010-2011

## INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for the Students of

# Palo Alto University



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## Privacy Policy

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We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-800-767-0700 or by visiting us at [www.uhcsr.com](http://www.uhcsr.com).

## **Eligibility**

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All full-time and part-time matriculating students who are registered and attending classes are eligible for and are automatically insured under the plan, unless proof of comparable coverage is provided and a waiver is completed and submitted to the Business Affairs Office by the Waiver Deadline Date. In addition, students on an official Leave of Absence (as verified and approved by the school) may enroll in this plan, for a maximum of one quarter per lifetime, following a term in which the student was enrolled in the plan as a registered student. Students enrolled in Distance Learning Program are not eligible for coverage under this plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate Eligibility or student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse or Domestic Partner and unmarried children under 19 years of age who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student. See the Definitions section of the Brochure for the specific requirements needed to meet Domestic Partner eligibility.

## **Effective and Termination Dates**

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The Master Policy on file at the school becomes effective September 9, 2010 for Basic Graduate, and September 19, 2010 for Basic Undergraduate. The individual students coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates September 8, 2011 for Basic Graduate and September 26, 2011 for Basic Undergraduate. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the coverage expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage. If paying premiums by quarter, coverage expires as follows:

### **Basic Graduate**

<b>Annual</b>	09/09/2010 to 09/08/2011
<b>Fall</b>	09/09/2010 to 01/02/2011
<b>Winter</b>	01/03/2011 to 03/27/2011
<b>Spring/Summer</b>	03/28/2011 to 09/08/2011

### **Basic Undergraduate Graduate**

<b>Annual</b>	09/19/2010 to 09/26/2011
<b>Fall</b>	09/19/2010 to 01/02/2011
<b>Winter</b>	01/03/2011 to 04/03/2011
<b>Spring/Summer</b>	04/04/2011 to 09/26/2011

Refunds of premiums are allowed only upon entry into the armed forces.

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

## Premium Rates

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### Basic Graduate

	<u>Annual</u>	<u>Fall</u>	<u>Winter</u>	<u>Spring/Summer</u>
Student	\$1,148.00	\$372.00	\$269.00	\$529.00
Spouse	\$3,328.00	\$1,079.00	\$781.00	\$1,535.00
Each Child	\$2,118.00	\$687.00	\$497.00	\$977.00

### Basic Undergraduate

	<u>Annual</u>	<u>Fall</u>	<u>Winter</u>	<u>Spring/Summer</u>
Student	\$1,148.00	\$340.00	\$292.00	\$565.00
Spouse	\$3,328.00	\$986.00	\$846.00	\$1,637.00
Each Child	\$2,118.00	\$627.00	\$539.00	\$1,042.00

### Extension of Benefits After Termination

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The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

### Pre-Admission Notification

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UMR Care Management should be notified of all Hospital Confinements prior to admission.

- 1. PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:** The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.
- 2. NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:** The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide the notification of any admission due to Medical Emergency.

UMR Care Management is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m., C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

**IMPORTANT:** Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

**Schedule of Medical Expense Benefits**  
**Up To \$100,000 Maximum Benefit Paid as Specified Below**  
**(For Each Injury or Sickness)**

**\$150 Preferred Provider Deductible (Per Insured Person) (Per Policy Year)**

**\$250 Out-of-Network Deductible (Per Insured Person) (Per Policy Year)**

The Policy provides benefits for the Usual & Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$100,000 for each Injury or Sickness.

The Preferred Provider for this plan is UnitedHealthcare Options PPO.

If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when on Out-of-Network provider is used.

Benefits for the Inpatient Assistant Surgeon benefit will be paid at Preferred Allowance for Preferred Providers and Usual and Customary Charges for Out-of-Network Providers. Benefits for the Outpatient Assistant Surgeon benefit will not be a Covered Medical Expense.

All benefit maximums are combined Preferred Provider and Out-of-Network, unless noted below. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

<b>PA = Preferred Allowance</b>	<b>U&amp;C = Usual &amp; Customary Charges</b>	
<b>INPATIENT</b>	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<b>Room &amp; Board Expense</b> , daily semi-private room rate; general nursing care provided by the Hospital.	90% of PA	70% of U&C
<b>Hospital Miscellaneous Expense</b> , such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	90% of PA	70% of U&C
<b>Intensive Care</b>	90% of PA	70% of U&C
<b>Routine Newborn Care</b> , 4 days Hospital Confinement expense max. While hospital confined and routine nursery care provided immediately after birth.	Paid as any other Sickness	
<b>Physiotherapy</b>	90% of PA	70% of U&C
<b>Assistant Surgeon</b>	90% of PA	70% of U&C
<b>Anesthetist</b> , professional services in connection with inpatient surgery.	90% of PA	70% of U&C
<b>Surgeon's Fees</b> , \$5,000 max, in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	90% of PA	70% of U&C

INPATIENT	Preferred Providers	Out-of-Network Providers
<b>Registered Nurse's Services</b> , private duty nursing care.	90% of PA	70% of U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.	90% of PA	70% of U&C
<b>Pre-Admission Testing</b> , payable within 3 working days prior to admission.	90% of PA	70% of U&C
<b>Psychotherapy</b> , benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	Paid as any other Sickness	
<b>Severe Mental Illness</b>	See Benefits for Severe Mental Illness & Serious Emotional Disturbances	

OUTPATIENT		
<b>Surgeon's Fees</b> , \$5,000 maximum. In accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	90% of PA	70% of U&C
<b>Day Surgery Miscellaneous</b> , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	90% of PA	70% of U&C
<b>Assistant Surgeon</b>	No Benefits	
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	90% of PA	70% of U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	90% of PA	70% of U&C
<b>Physiotherapy</b> , benefits are limited to one visit per day. See exclusion number 30 for additional limitations.	90% of PA	70% of U&C
<b>Medical Emergency Expenses</b> , \$400 maximum if not admitted. Use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	90% of PA	70% of U&C
<b>Diagnostic X-ray and Laboratory Services</b> , \$1,200 maximum if not admitted.	90% of PA	70% of U&C
<b>Tests &amp; Procedures</b> , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-Rays and Lab Procedures.	90% of PA	70% of U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
<b>Chemotherapy &amp; Radiation Therapy</b>	90% of PA	70% of U&C
<b>Prescription Drugs.</b> \$1,200 maximum Per Policy Year. Mail order prescription drugs through UHPS at 2.5 times the retail copay for up to a 90 day supply subject to the Prescription Drug maximum benefit.	UnitedHealthcare Network Pharmacy (UHPS) \$15 copay per prescription for Tier 1 / \$30 copay per prescription for Tier 2 / up to a 31 day supply / \$50 copay per prescription for Tier 3	No Benefits
<b>Injections</b>	No Benefits	
<b>Psychotherapy</b> , \$100 per day maximum/ 10 days maximum Per Policy Year. Benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of Mental & Nervous Disorder.	Paid as any other Sickness	
<b>Severe Mental Illness</b>	See Benefits for Severe Mental Illness & Serious Emotional Disturbances	
<b>OTHER</b>		
<b>Ambulance Services</b>	90% of PA	90% of U&C
<b>Durable Medical Equipment</b> , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	90% of PA	70% of U&C
<b>Consultant Physician Fees</b> , when requested and approved by the attending Physician.	90% of PA	70% of U&C
<b>Dental Treatment</b> , made necessary by Injury to Natural Teeth.	90% of U&C	90% of U&C
<b>Maternity and Complications of Pregnancy</b>	Paid as any other Sickness	
<b>Elective Abortion</b>	No Benefits	
<b>Alcoholism/Drug Abuse</b> ,	90% of PA	70% of U&C
<b>Wellness Benefit</b> , \$500 maximum Per Policy Year. One annual preventive/well visit including associated labs.	90% of PA	70% of U&C

## **UnitedHealthcare Network Pharmacy Benefits**

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Benefits are available for outpatient Prescription Drugs on our Prescription Drug List (PDL) when dispensed by a UnitedHealthcare Network Pharmacy. Benefits are subject to supply limits (up to 31 days) and copayments that vary depending on which tier of the PDL the outpatient drug is listed. There are a few Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

You are responsible for paying the applicable copayments. Your copayment is determined by the tier to which the Prescription Drug is assigned on the PDL. Tier status may change periodically and without prior notice to you. Please access [www.uhcsr.com](http://www.uhcsr.com) or call 1-877-417-7345 for the most up-to-date tier status.

\$15 copay per prescription order or refill for a Tier 1 Prescription Drug up to a 31 day supply

\$30 copay per prescription order or refill for a Tier 2 Prescription Drug up to a 31 day supply

\$50 copay per prescription order or refill for a Tier 3 Prescription Drug up to a 31 day supply

Mail order Prescription Drugs are available at 2.5 times the retail copay up to a 90 day supply.

**Your maximum allowed benefit is \$1,200 Per Policy Year.**

Please present your ID card to the network pharmacy when the prescription is filled. If you do not use a network pharmacy, you will be responsible for paying the full cost for the prescription.

If you do not present the card, you will need to pay the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please visit [www.uhcsr.com](http://www.uhcsr.com) and log in to your online account or call 1-877-417-7345.

**PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.**

### **Preferred Provider Information**

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"**Preferred Providers**" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in the local school area is **UnitedHealthcare Options PPO network**.

The availability of specific providers is subject to change without notice. Insured's should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-800-767-0700 and/or by asking the provider when making an appointment for services.

"**Preferred Allowance**" means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

"**Out of Network**" providers have not agreed to any prearranged fee schedules. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

### **Inpatient Hospital Expenses**

**PREFERRED HOSPITALS** - Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at 90%, up to any limits specified in the Schedule of Benefits. Call (800) 767-0700 for information about Preferred Hospitals.

**OUT-OF-NETWORK HOSPITALS** - If care is provided at a Hospital that is not a Preferred Provider, eligible inpatient Hospital expenses will be paid according to the benefit limits in the Schedule of Benefits.

## **Outpatient Hospital Expenses**

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits. Insureds are responsible for any amounts that exceed the benefits shown in the Schedule, up to the Preferred Allowance.

## **Professional & Other Expenses**

Benefits for Covered Medical Expenses provided by UnitedHealthcare Options PPO network will be paid at 90% of Preferred Allowance or up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.

## **Medical Emergency for Active Labor**

For the purposes of PPO Coverage, Medical Emergency shall include Active Labor. Active Labor means a labor at a time at which either of the following would occur: 1) There is inadequate time to effect safe transfer to another hospital prior to delivery. 2) A transfer may pose a threat to the health and safety of the Insured or the unborn child.

## **Maternity Testing**

This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-767-0700.

## **Excess Provision**

Even if you have other insurance, the Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other insurance.

Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectible insurance except for automobile medical payment insurance.

However, this Excess Provision will not be applied to the first \$100 of Covered Medical Expenses incurred.

Covered Medical Expenses exclude amounts not covered by the primary carrier due to penalties imposed as a result of the Insured's failure to comply with policy provisions or requirements.

**Important:** The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

## Accidental Death and Dismemberment Benefits

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### Loss of Life, Limb or Sight

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below in lieu of payment under the Medical Expense Benefits.

#### For Loss of:

Life	\$5,000
Two or More Members	\$5,000
One Member	\$2,500

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one injury will be paid.

### Mandated Benefits

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#### *Benefits for Severe Mental Illnesses and Serious Emotional Disturbances*

Benefits will be paid the same as any other Sickness for the diagnosis and Medically Necessary treatment of Severe Mental Illnesses of an Insured of any age and of Serious Emotional Disturbances of an Insured child as specified below:

- (1) Outpatient services.
- (2) Inpatient hospitalization services.
- (3) Partial hospitalization services.
- (4) Prescription Drugs, if the policy includes coverage for Prescription Drugs.

"Severe Mental Illness" includes:

- (1) Schizophrenia.
- (2) Schizoaffective disorder.
- (3) Bipolar disorder (manic-depressive disorder)
- (4) Major depressive disorders.
- (5) Panic disorder.
- (6) Obsessive-Compulsive disorder.
- (7) Pervasive developmental disorder of Autism.
- (8) Anorexia nervosa.
- (9) Bulimia nervosa.

"Serious emotional disturbance of a child" means a child under the age of 18 years who has one or more mental disorders as identified in the most recent edition of the ***Diagnostic and Statistical Manual of Mental Disorders***, other than a primary substance use disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population must meet one or more of the following criteria:

- (A) As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur: (i) the child is at risk of removal from home or has already been removed from the home. (ii) The mental disorder and impairments have been present for more than 6 months or are likely to continue for more than one year without treatment.
- (B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
- (C) The child meets special education eligibility requirements under Chapter 26.5 of division 7 of Title 1 of the Government Code.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

## **Additional Benefits**

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Benefits are provided as mandated by California Department of Insurance such as Benefits for Diabetes, Telemedicine, AIDS Vaccine, Phenylketonuria (PKU), Osteoporosis, Cancer Clinical Trials, Breast Cancer Screening and Treatment, Mammography, Upper or Lower Jawbone Surgery, Reconstructive Surgery, Prosthetic Devices for Speaking Post Laryngectomy, Prostate Cancer Screening, Cancer Screening Tests, and Cervical Cancer Screening. A detail of these benefits may be found in the Master Policy on file at the University

## **Definitions**

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**Injury** means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

**Domestic Partner** Domestic partners are two adults who have chosen to share one another's lives in an intimate and committed relationship of mutual caring and where all of the following requirements are met: (1) Both persons have a common residence. (2) Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity. (3) The two persons are not related by blood in a way that would prevent them from being married to each other in this state. (4) Both persons are at least 18 years of age. (5) Either of the persons meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C. Section 402(a) for old-age insurance benefits or Title XVI of the Social Security Act as defined in 42 U.S.C. Section 1381 for aged individuals. Notwithstanding any other provision of this section, persons of opposite sexes may not constitute a domestic partnership unless one or both of the persons are over the age of 62. (6) Both persons are capable of consenting to the domestic partnership.

**Pre-Existing Condition** means any condition for which medical advice, diagnosis, care or treatment, including the use of Prescription Drugs is recommended or received from a Physician within 6 months immediately prior to the Insured's Effective Date under the policy.

**Sickness** means sickness or disease of the Insured Person which causes loss while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.

**Usual and Customary Charges** means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

## **Exclusions and Limitations**

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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:

1. Acne; acupuncture; allergy, including allergy testing;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Assistant Surgeon Fees;
4. Hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation;
5. Biofeedback;
6. Injections;
7. Chronic pain disorders;
8. Circumcision;
9. Congenital conditions, except as specifically provided in benefits for Reconstructive Surgery or for Newborn or adopted Infants;
10. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
11. 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;
12. Dental treatment, except for accidental Injury to Natural Teeth;
13. Elective Surgery or Elective Treatment;
14. Elective abortion;
15. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
16. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
17. Health spa or similar facilities; strengthening programs;
18. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
19. Hirsutism; alopecia;
20. Hypnosis;
21. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
22. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
23. Loss sustained or contracted in consequence of the Insured's being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician;

24. Injury sustained while (a) participating in any interscholastic, club, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
25. Investigational services;
26. Lipectomy;
27. Nuclear, chemical or biological Contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death;
28. Organ transplants, including organ donation;
29. Marital or family counseling;
30. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation;
31. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
32. Pre-Existing Conditions, except for individuals who have been continuously insured for at least 6 consecutive months under any health insurance plan or policy or employer-provided health benefit arrangement. Credit for time served will be given when covered under Creditable Coverage provided the individual becomes eligible and enrolls under this policy within 63 days of termination of the prior plan;
33. Prescription Drug Services - no benefits will be payable for:
  - a. 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 Benefits for Diabetes;
  - b. Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
  - c. Drugs labeled, "Caution-limited by federal law to investigational use" or experimental drugs;
  - d. Products used for unapproved cosmetic indications;
  - e. Drugs used to treat or cure baldness, and anabolic steroids used for body building;
  - f. Anorectics - drugs used for the purpose of weight control;
  - g. Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene;
  - h. Growth hormones; or
  - i. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
34. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (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; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
35. 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;

36. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
37. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
38. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
39. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
40. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
41. Sleep disorders;
42. Speech therapy; naturopathic services;
43. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
44. Supplies, except as specifically provided in the policy;
45. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia;
46. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; or snowmobile, skiing, scuba diving, surfing, roller skating;
47. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
48. 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
49. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, except as specifically provided in the policy.

## **Collegiate Assistance Program**

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Insured students have access to nurse advice, health information, and counseling support 24 hours a day, 7 days a week by dialing the number indicated on the permanent ID card. Collegiate Assistance Program is staffed by Registered Nurses and Licensed Clinicians who can help students determine if they need to seek medical care, need legal/financial advice or may need to talk to someone about everyday issues that can be overwhelming.

## Scholastic Emergency Services: Global Emergency Medical Assistance

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If you are a student insured with this insurance plan, you and your insured spouse or Domestic Partner and minor child(ren) are eligible for Scholastic Emergency Services (SES). The requirements to receive these services are as follows:

International Students, insured spouse or Domestic Partner and insured minor child(ren): You are eligible to receive SES worldwide, except in your home country.

Domestic Students, insured spouse or Domestic Partner and insured minor child(ren): You are eligible for SES when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

SES includes Emergency Medical Evacuation and Return of Mortal Remains that meet the US State Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All SES services must be arranged and provided by SES, Inc.; any services not arranged by SES, Inc. will not be considered for payment.

### Key Services include:

- \* Medical Consultation, Evaluation and Referrals
- \* Foreign Hospital Admission Guarantee
- \* Emergency Medical Evacuation
- \* Medically Supervised Repatriation
- \* Emergency Counseling Services
- \* Lost Luggage or Document Assistance
- \* Care for Minor Children Left Unattended Due to a Medical Incident
- \* Prescription Assistance
- \* Critical Care Monitoring
- \* Return of Mortal Remains
- \* Transportation to Join Patient
- \* Interpreter and Legal Referrals

Please visit your school's insurance coverage page at [www.uhcsr.com](http://www.uhcsr.com) for the SES Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations.

### To access services please call:

**(877) 488-9833** Toll-free within the United States  
**(609) 452-8570** Collect outside the United States

Services are also accessible via e-mail at [medservices@assistamerica.com](mailto:medservices@assistamerica.com).

When calling the SES Operations Center, please be prepared to provide:

1. Caller's name, telephone and (if possible) fax number, and relationship to the patient;
2. Patient's name, age, sex, and Reference Number;
3. Description of the patient's condition;
4. Name, location, and telephone number of hospital, if applicable;
5. Name and telephone number of the attending physician; and
6. Information of where the physician can be immediately reached

SES is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by SES, Inc. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES brochure or Program Guide at [www.uhcsr.com](http://www.uhcsr.com) for additional information, including limitations and exclusions pertaining to the SES program.

## **Online Access to Account Information**

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UnitedHealthcare **StudentResources** Insureds have online access to claims status, Explanation of Benefits, correspondence and coverage information via My Account at [www.uhcsr.com](http://www.uhcsr.com). Insured can also print a temporary ID card, request replacement ID card and locate network provider from My Account.

If you don't already have an online account, simply select the "Create an Account" link from the home page at [www.uhcsr.com](http://www.uhcsr.com). Follow the simple, onscreen directions to establish an online account in minutes. Note that you will need your 7-digit insurance ID number to create an online account. If you already have an online account, just log in from [www.uhcsr.com](http://www.uhcsr.com) to access your account information.

## **Claim Procedure**

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In the event of Injury or Sickness, students should:

- 1) Mail to the address below all medical and hospital bills along with the patient's name, address, social security number and name of the University under which the student is insured. A Company claim form is not required for filing a claim.
- 2) File Claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

### **The Plan is Underwritten by**

UnitedHealthcare Insurance Company

### **Submit all Claims or Inquiries to:**

UnitedHealthcare **StudentResources**  
P.O. Box 809025  
Dallas, Texas 75380-9025  
1-866-948-8472

### **Sales/Marketing Services:**

UnitedHealthcare **StudentResources**  
805 Executive Center Drive West, Suite 220  
St. Petersburg, FL 33702  
1-800-237-0903  
E-Mail: [info@uhcsr.com](mailto:info@uhcsr.com)

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control the payment of benefits.

**This Brochure is based on Policy #2010-202468-1**