

# 2011-2012

## STUDENT INJURY AND SICKNESS BLANKET INSURANCE PLAN

Designed Especially for the Students of



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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 registered undergraduate students taking 6 or more credit hours are automatically enrolled in this Insurance plan at registration, 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, 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 may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 25 years of age.

Dependent Eligibility expires concurrently with that of the Insured student.

## **Effective and Termination Dates**

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The Master Policy on file at the school becomes effective at 12:01 a.m., August 15, 2011. The individual student's 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 at 11:59 p.m., on August 14, 2012. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

A student who requests to cancel coverage under the Policy will receive a refund of unearned premium as of the time of cancellation if the unearned premium is for a period of more than one month. The return of unearned premium will be delivered to the Insured within 30 days following receipt of the Insured's request for cancellation.

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

## **Extension of Benefits After Termination**

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 After Termination" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

## **Pre-Admission Notification**

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 ADMISSIONS:** The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide 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.

**Schedule of Medical Expense Benefits**  
**Up To \$50,000 Maximum Benefit Paid as Specified Below**  
**(For Each Sickness or Injury)**

**Deductible Preferred Providers \$150 (Per Insured Person)(Per Policy Year)**  
**Deductible Out-of-Network \$250 (Per Insured Person)(Per Policy Year)**

This policy provides benefits for Usual & Customary Charges incurred by an Insured Person for a loss due to a covered Injury or Sickness up to the Maximum Benefit of \$50,000 for each Injury or Sickness.

The Preferred Provider for this plan is UnitedHealthcare Options PPO.

If care is received from a Preferred Provider and 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 an Out-of-Network provider is used.

Benefits will be paid up to the maximum benefit for each service as scheduled below. Covered Medical Expenses include:

<b>PA = Preferred Allowance U&amp;C = Usual &amp; Customary Charges max = maximum</b>		
<b>Inpatient</b>	<b>Preferred Provider</b>	<b>Out-of-Network</b>
<b>Hospital Expense</b> , daily semi-private room rate; general nursing care provided by the Hospital; Hospital Miscellaneous Expenses, 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.	80% of PA	60% of U&C / \$1,200 max per day
<b>Intensive Care</b>	Paid under Hospital Expense	
<b>Routine Newborn Care</b> , while Hospital Confined; and routine nursery care provided immediately after birth. <i>4 days Hospital Confinement expense max.</i>	Paid as any other Sickness	
<b>Physiotherapy</b>	80% of PA	60% of U&C
<b>Surgeon's Fees</b> , in accordance with data provided by FAIR Health, Inc. 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.	80% of PA / \$5,000 max	60% of U&C / \$2,500 max
<b>Anesthetist</b> , professional services administered in connection with inpatient surgery.	25% of Surgery Allowance	
<b>Assistant Surgeon</b>	No Benefits	
<b>Registered Nurse</b> , private duty nursing care.	80% of PA	60% of U&C

Inpatient	Preferred Provider	Out-of-Network
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.	80% of PA	60% of U&C
<b>Pre-Admission Testing</b> , payable within 3 working days prior to admission.	80% of PA	60% of U&C
<b>Psychotherapy</b> , benefits are limited to one visit per day. Psychiatric hospitals are not covered.	Paid as any other Sickness	
Outpatient		
<b>Surgeon's Fees</b> , in accordance with data provided by FAIR Health, Inc. 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.	80% of PA / \$5,000 max	60% of U&C / \$2,500 max
<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.	80% of PA	60% of U&C / \$1,400 max
<b>Assistant Surgeon</b>	No Benefits	
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	25% of Surgery Allowance	
<b>Outpatient Miscellaneous Benefit</b> , includes benefits designated as Paid under Outpatient Miscellaneous Benefit.	No Benefit	60% of U&C / \$750 max
<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.	80% of PA	Paid under Outpatient Miscellaneous Benefit
<b>Physiotherapy</b> , benefits are limited to one visit per day. See exclusion number 28 for additional limitations. <i>(Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.)</i>	80% of PA	Paid under Outpatient Miscellaneous Benefit
<b>Medical Emergency</b> , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	80% of PA / \$250 max (if not admitted)	Paid under Outpatient Miscellaneous Benefit
<b>Diagnostic X-ray &amp; Laboratory Services</b>	80% of PA / \$800 max	Paid under Outpatient Miscellaneous Benefit

Outpatient	Preferred Provider	Out-of-Network
<b>Radiation Therapy &amp; Chemotherapy</b>	80% of PA	Paid under Outpatient Miscellaneous Benefit
<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.	80% of PA	Paid under Outpatient Miscellaneous Benefit
<b>Injections</b> ,	No Benefits	
<b>Prescription Drugs</b> , (\$500 max Per Policy Year)	80% of U&C / \$20 Deductible per prescription	80% of U&C / \$20 Deductible per prescription
<b>Psychotherapy</b> , benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of Mental and Nervous Disorder (including Prescription Drugs). (\$75 max per day / 10 days max Per Policy Year.)	Paid as any other Sickness	
<b>Other</b>		
<b>Ambulance Services</b> , \$250 max.	80% of PA	80% of U&C
<b>Durable Medical Equipment</b> , a written prescription must accompany the claim when submitted. Replacement equipment is not covered. (\$400 max.)	80% of PA	60% of U&C
<b>Alcoholism/Drug Addiction</b>	See Benefits for Alcoholism, Chemical Dependency and Drug Addiction	
<b>Consultant Physician Fees</b> , when requested and approved by the attending Physician.	80% of PA	60% of U&C
<b>Maternity</b>	Paid as any other Sickness	
<b>Dental Treatment</b> , made necessary by Injury to Sound, Natural Teeth. (\$500 max.)	80% of U&C	80% of U&C
<b>Elective Abortion</b>	No Benefits	
<b>Complications of Pregnancy</b>	Paid as any other Sickness	

## **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 are:

### **UnitedHealthcare Options PPO**

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 the coinsurance percentages specified in the Schedule of Benefits 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 will be paid at the coinsurance percentage specified in the Schedule of Benefits 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.

## Coordination of Benefits

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Benefits will be coordinated with any other group medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

## Maternity Testing

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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: **Initial screening at first visit** – Pregnancy test: Urine human chorionic gonatropin (HCG), Asymptomatic bacteriuria: Urine culture, Blood type and Rh antibody, Rubella, Pregnancy-associated plasma protein-A (PAPPA) (first trimester only), Free beta human chorionic gonadotrophin (hCG) (first trimester only), Hepatitis B: HBsAg, Pap smear, Gonorrhea: Gc culture, Chlamydia: chlamydia culture, Syphilis: RPR, HIV: HIV-ab; and Coombs test; **Each visit** – Urine analysis; **Once every trimester** – Hematocrit and Hemoglobin; **Once during first trimester** – Ultrasound; **Once during second trimester** – Ultrasound (anatomy scan); Triple Alpha-fetoprotein (AFP), Estriol, hCG or Quad screen test Alpha-fetoprotein (AFP), Estriol, hCG, inhibin-a; **Once during second trimester if age 35 or over** - Amniocentesis or Chorionic villus sampling (CVS); **Once during second or third trimester** – 50g Glucola (blood glucose 1 hour postprandial); and **Once during third trimester** - Group B Strep Culture. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-767-0700.

## Accidental Death & 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
Thumb or Index Finger	\$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 Alcoholism, Chemical Dependency and Drug Addiction***

Benefits will be paid the same as any other Sickness for the treatment of alcoholism, chemical dependency or drug addiction to any Minnesota resident entitled to coverage hereunder when treatment is rendered in:

- 1) a licensed Hospital;
- 2) a residential treatment program as licensed by the state of Minnesota pursuant to diagnosis or recommendation by a Physician; and
- 3) a non-residential treatment program approved or licensed by the state of Minnesota.

The benefits provided under clauses (1) and (2) shall not exceed 20% of the total patient days allowed by the policy and in no event shall coverage be less than 28 days in each policy year. The benefits provided under clause (3) shall not exceed 130 hours of treatment per policy year.

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

### ***Benefits for Cytologic Screening, Mammographic Examinations, Ovarian Cancer Surveillance Tests and Colorectal Screening Tests***

Benefits will be paid the same as any other Sickness for routine screening procedures for cancer, and the office or facility visit, including mammograms and Pap smears, surveillance tests for women who are at risk for ovarian cancer, and colorectal screening tests for men and women when ordered or performed by a Physician in accordance with the standard practice of medicine.

“At risk for ovarian cancer” means:

- 1) having a family history: (i) with one or more first or second degree relatives with ovarian cancer; (ii) of clusters of women relatives with breast cancer; or (iii) of nonpolyposis colorectal cancer; or
- 2) testing positive for BRCA1 or BRCA2 mutations.

“Surveillance tests for ovarian cancer” means annual screening using:

- 1.) CA-125 serum tumor marker testing;
- 2.) Transvaginal ultrasound;
- 3.) Pelvic examination; or
- 4.) Other proven ovarian cancer screening tests currently being evaluated by the federal Food and Drug Administration or by the National Cancer Institute.

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

### ***Benefits for Reconstructive Surgery***

Benefits will be paid the same as any other Injury or Sickness for reconstructive surgery when such service is incidental to or follows surgery resulting from Injury, Sickness or other diseases of the involved part or when such service is performed on a covered Dependent child because of congenital disease or anomaly which has resulted in a functional defect as determined by the attending Physician.

Benefits for reconstructive breast surgery following mastectomies is not limited as outlined above and must be provided if the mastectomy is medically necessary as determined by the attending Physician. Reconstructive surgery benefits include all stages of reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prosthesis and physical complications at all stages of a mastectomy, including lymphedemas, in a manner determined in consultation with the attending Physician and Insured.

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

### ***Benefits for Conditions Caused by Breast Implants***

Benefits will be paid the same as any other Sickness for conditions caused solely by breast implants.

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

### ***Benefits for Scalp Hair Prosthesis***

Benefits will be paid for scalp hair prostheses worn for hair loss suffered as a result of alopecia areata. Benefits are limited to \$350 per policy year, exclusive of any Deductible.

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

### ***Benefits for Temporomandibular Joint Disorder and Cranio-mandibular Disorder***

Benefits will be paid the same as for treatment to any other joint in the body for surgical and nonsurgical treatment of temporomandibular joint disorder and craniomandibular disorder. Treatment may be administered or prescribed by a Physician or dentist.

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

### ***Benefits for Phenylketonuria Treatment***

Benefits will be paid the same as any other Sickness for special dietary treatment for phenylketonuria when recommended by a Physician.

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

### ***Benefits For Child Health Supervision Services and Prenatal Care Services***

Benefits will be paid for the Usual and Customary Charges incurred for "child health supervision services" and "prenatal care services" exclusive of any Deductible, copayment or other coinsurance or dollar limitation requirements subject to the following guidelines.

Benefits shall be limited to one visit payable to one provider for all of the services provided at each visit subject to the schedule set forth below.

**"Child health supervision services"** means pediatric preventive services, appropriate immunizations, developmental assessments, and laboratory services appropriate to the age of a child from birth to age six, and appropriate immunizations from ages six to 18, as defined by Standards of Child Health Care issued by the American Academy of Pediatrics. Reimbursement must be made for at least five child health supervision visits from birth to 12 months, three child health supervision visits from 12 months to 24 months, once a year from 24 months old to 72 months old.

**"Prenatal care services"** means the comprehensive package of medical and psychosocial support provided throughout the pregnancy, including risk assessment, serial surveillance, prenatal education and use of specialized skills and technology, when needed, as defined by Standards of Obstetric Gynecologic Services issued by the American College of Obstetricians and Gynecologists.

### ***Benefits For Cleft Lip and Cleft Palate***

Benefits will be paid the same as any other Sickness for Dependent children under the limiting age for coverage for such Dependent, for inpatient or outpatient expenses arising from medical and dental treatment, including orthodontic and oral surgery treatment, involved in the management of birth defects known as cleft lip and cleft palate. If the policy extends Dependent coverage to children beyond age 19, benefits for those Dependent children age 19 up to the limiting age for coverage of such Dependent child are limited to inpatient and outpatient expenses arising from medical and dental treatment that was scheduled or initiated prior to the Dependent child turning age 19. If orthodontic services are eligible for coverage under a dental insurance plan, the dental plan shall be primary and this coverage shall be secondary. Payment for dental or orthodontic treatment not related to the management of the congenital condition of cleft lip and cleft palate shall not be covered under this policy.

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

### ***Benefits for DES Related Conditions***

Benefits will be paid the same as any other Sickness for conditions attributable to diethylstilbestrol or exposure to diethylstilbestrol.

In the absence of credible evidence of a higher morbidity rate due to exposure to diethylstilbestrol, no additional premium will be charged for such benefits.

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

### ***Benefits for Outpatient Services in Lieu of Hospitalization***

Benefits will be paid for the Covered Medical Expenses incurred for health care treatment or surgery performed on an outpatient basis at a facility equipped to perform these services in lieu of hospitalization whether or not the facility is part of a Hospital.

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

### ***Benefits for Ventilator Dependency***

If the policy provides benefits for services provided by a private duty nurse or personal care assistant to a ventilator-dependent Insured Person in the person's home, benefits will be paid the same as any other Sickness for a maximum of 120 hours of services provided by a private duty nurse or personal care assistant to the ventilator-dependent person during the time the ventilator-dependent person is in a Hospital. The personal care assistant or private duty nurse shall perform only the services of communicator or interpreter for the ventilator-dependent patient during a transition period of 120 hours maximum to assure adequate training of the Hospital staff to communicate with the patient and to understand the unique comfort, safety, and personal care needs of the patient.

### ***Benefits for Prostate Cancer Screening***

Benefits will be paid the same as any other Sickness for prostate cancer screening for men 40 years of age or over who are symptomatic or in a high-risk category and for all men 50 years of age or older.

The screening must consist at a minimum of a prostate-specific antigen blood test and a digital rectal examination.

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

### ***Benefits for Cancer Drug Coverage***

If this policy provides benefits for Prescription Drugs, benefits will be paid the same as any other Prescription Drug for drugs for the treatment of cancer if the drug is recognized for treatment of cancer in one of the Standard Reference Compendia or in one article in Medical Literature.

"Standard reference compendia" means any authoritative compendia as identified by the Medicare program for use in the determination of a medically accepted indication of drugs and biologicals used off-label.

"Off-label use of drugs" means when drugs are prescribed for treatments other than those stated in the labeling approved by the federal Food and Drug Administration.

"Medical literature" means articles from major peer reviewed medical journals that have recognized the drug or combination of drugs' safety and effectiveness for treatment of the indication for which it has been prescribed. Each article shall meet the uniform requirements for manuscripts submitted to biomedical journals established by the International Committee of Medical Journal Editors or be published in a journal specified by the United States Secretary of Health and Human Services pursuant to United States Code, title 42, section 1395x, paragraph (t), clause (2), item (B), as amended, as acceptable peer review medical literature. Each article must use generally acceptable scientific standards and must not use case reports to satisfy this criterion.

Benefits include coverage of Medically Necessary services directly related to and required for appropriate administration of the cancer drug but does not include coverage of a drug not listed on the Company's drug formulary.

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

### ***Benefits for Emotionally Handicapped Children***

Benefits will be paid the same as any other Sickness for the treatment of emotionally handicapped children in a residential treatment facility licensed by the commissioner of human services. "Emotionally handicapped child" shall have the meaning set forth by the commissioner of human services in the rules and regulations relating to residential treatment facilities. This mandatory coverage under Section 62A.151 of the Minnesota Insurance Laws shall be on the same basis as the inpatient Hospital medical coverage provided under the policy.

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

## ***Prescription Drug Coverage for Mental and Nervous Disorder***

If this policy provides benefits for Prescription Drugs, benefits will be paid the same as any other Prescription Drug for antipsychotic drugs prescribed to treat Mental and Nervous Disorders.

If the Prescription Drug benefit utilizes a formulary, the following shall apply:

1. When the Physician prescribing the drug:
  - (1) indicates to the dispensing pharmacist, orally or in writing that the Prescription Drug must be dispensed as communicated; and
  - (2) certifies in writing to the Company that the Physician has considered all equivalent drugs in the Company's drug formulary and has determined that the drug prescribed will best treat the patient's condition.
2. When the Company receives a certification from the Physician as described above, the Company may not:
  - (1) impose a special deductible, co-payment, coinsurance, or other special payment requirement that the Company does not apply to drugs that are in the Company's drug formulary; or
  - (2) require written certification from the prescribing Physician each time a prescription is refilled or renewed that the drug prescribed will best treat the patient's condition.
3. Continuing care: Insureds receiving a prescribed drug to treat a diagnosed Mental and Nervous Disorder may continue to receive the prescribed drug for up to one year without the imposition of a special deductible, copayment, coinsurance, or other special payment requirements, when the Company's drug formulary changes or an Insured changes health plans and the medication has been shown to effectively treat the Insured's condition.

In order to be eligible for this continuing care benefit.

- (1) the Insured must have been treated with the drug for 90 days prior to a change in the Company's drug formulary or a change in the Insured's health plan.
- (2) the Physician prescribing the drug indicates to the dispensing pharmacist, orally or in writing, that the prescription must be dispensed as communicated; and
- (3) the Physician prescribing the drug certifies in writing to the Company that the drug prescribed will best treat the patient's condition.

The continuing care benefit shall be extended annually when the Physician prescribing the drug:

- (1) indicates to the dispensing pharmacist, orally or in writing, that the prescription must be dispensed as communicated; and
  - (2) certifies in writing to the Company that the drug prescribed will best treat the patients condition.
4. Exception to formulary. The Company must promptly grant an exception to the health plan's drug formulary for an Insured when the Physician prescribing the drug indicates to the Company that:
    - (1) the formulary drug causes an adverse reaction in the Insured;
    - (2) the formulary drug is contraindicated for the Insured; or
    - (3) the Physician demonstrates to the Company that the Prescription Drug must be dispensed as written to provide maximum medical benefit to the Insured.

The Company is not required to provide coverage for a drug if the drug was removed from the Company's drug formulary for safety reasons.

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

## 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.

**Pre-Existing Condition** means any condition which is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Insured's Effective Date under the Policy.

**Sickness** means sickness or disease of the Insured Person which causes loss, and originates 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 the 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, attention deficit disorder, 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: 1) in the Benefits for Reconstructive Surgery and Benefits for Cleft Lip and Cleft Palate; or 2) 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 Sound, 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;
20. Hypnosis;
21. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
22. Injury caused by, contributed to, or resulting from being under the influence of any narcotic unless on the advice of the Insured Person's Physician;
23. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
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. Organ transplants, including organ donation;
28. 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;
29. Commission of or attempt to commit a felony;
30. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months;
31. Prescription Drugs, services or supplies as follows:
  - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
  - b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use;
  - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
  - d) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs, except for the treatment of cancer if the drug is recognized for the treatment of cancer in one of the standard reference compendia or in one article in a recognized major peer reviewed medical literature;
  - e) Products used for cosmetic purposes;
  - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
  - g) Anorectics - drugs used for the purpose of weight control;
  - h) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
  - i) Growth hormones; or
  - j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

32. 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;
33. 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;
34. 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;
35. 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;
36. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
37. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
38. 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;
39. Sleep disorders;
40. Speech therapy; naturopathic services;
41. Supplies, except as specifically provided in the policy;
42. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
43. Injury resulting from participating in organized racing or speed contests involving motorcycles or recreational vehicles including but not limiting to: two- or three-wheeled motor vehicles; four-wheeled all terrain vehicles (ATV); jet skis; ski cycles; or snowmobiles; downhill skiing scuba diving; surfing; riding in a rodeo;
44. Treatment in a Government hospital, unless there is an obligation for the Insured Person to pay for such treatment;
45. 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
46. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

## **Collegiate Assistance Program**

Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing the access number indicated on the permanent ID card. The 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

## **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 and minor child(ren) are eligible for Scholastic Emergency Services (SES). The requirements to receive these services are as follows:

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

Domestic Students, insured spouse 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 **Student**Resources insureds have online access to claims status, EOBs, correspondence and coverage information via My Account at [www.uhcsr.com](http://www.uhcsr.com). Insureds can also print a temporary ID card, request a replacement ID card and locate network providers 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) Report to their Physician or Hospital for treatment.
- 2) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the college under which the student is insured. A Company claim form is not required for filing a claim.
- 3) 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 **Student**Resources

P.O. Box 809025

Dallas, Texas 75380-9025

1-800-767-0700

[customerservice@uhcsr.com](mailto:customerservice@uhcsr.com)

[claims@uhcsr.com](mailto:claims@uhcsr.com)

Sales/Marketing Services:

UnitedHealthcare **Student**Resources

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 College office 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 payment of benefits.

This Brochure is based on the Policy # 2011-200886-76

