

2011-2012

STUDENT  
INJURY AND SICKNESS  
INSURANCE PLAN

Designed Especially for Students of



University of Tennessee  
Health Science Center



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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 students taking 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 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 enroll their Dependents. Eligible Dependents are the spouse and unmarried children under 24 years of age who are not self supporting.

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 10, 2011 (Option 1); and June 30, 2011 (Option 2). The Master policy terminates at 11:59 p.m., August 9, 2012 (Option 1); and June 29, 2012 (Option 2). 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.

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

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

## **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'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 \$150,000 Maximum Lifetime Benefit Paid as Specified Below  
(For Each Injury or Sickness)

\$250 Deductible (Per Insured Person)(Per Policy Year)

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. If a Preferred Provider with the necessary expertise is not available in the Network area, benefits will be paid at the level of benefits shown as Preferred Provider Benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the highest benefit level. In all other situations, reduced or lower benefits will be provided when on Out-of-Network provider is used.

**Preferred Provider:** After satisfying the Policy Deductible Per Insured Person, Per Policy Year, the Company will pay 80% of Preferred Allowance, up to \$50,000. After the Company has paid \$50,000, payment will be increased to 100% of additional Covered Medical Expenses up to the Maximum Lifetime Benefit of \$150,000 for each Injury or Sickness.

**Out-of-Network:** After satisfying the Policy Deductible Per Insured Person, Per Policy Year, the Company will pay 60% of Usual and Customary Charges, up to \$50,000. After the Company has paid \$50,000, payment will be increased to 100% of additional Covered Medical Expenses, up to the Maximum Lifetime Benefit of \$150,000 for each Injury or Sickness.

**Note:** Regarding Pre-Existing Condition – once a break of more than 63 days in continuous coverage occurs, the exclusion for Pre-Existing Condition will apply.

Covered Medical Expenses will be paid at 80% of the Negotiated Charge for all Insured's including the Post Doc Students, after a \$50 Deductible Per Policy Year in lieu of the \$250 Per Policy Year Deductible, when treatment is rendered at the University of Tennessee Medical Group (UTMG) Behavioral Center for: outpatient psychotherapy and outpatient alcoholism/drug abuse.

Services provided at University Health Services will be paid at 80% of the Negotiated Charge. The \$250 policy year Deductible will be waived. The Policy Deductible will Not be waived for the Post Doc Students. Injections for HPV will be covered at 100% at the UHS only.

Exclusion #9 for Vision benefits will be waived and benefits paid for one routine vision exam as specified in the Preventive Care Benefit.

Exclusion #12 for Hearing Benefits will be waived and benefits paid for one routine hearing screening as specified in the Preventive Care Benefit.

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:

**PA = Preferred Allowance U&C = Usual & Customary Charges**

<b>Inpatient</b>	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<p><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.</p>	80% of PA	70% of U&C
<p><b>Intensive Care</b>, Out-of-Network - <i>(Covered Medical Expenses that exceed \$50,000 at an Out-of-Network provider will be paid at 70% of U&amp;C.)</i></p>	80% of PA	70% of U&C
<p><b>Routine Newborn Care</b>, while Hospital Confined; and routine nursery care provided immediately after birth. <i>(48 hours vaginal / 96 hours cesarean Hospital Confinement expense maximum.)</i> <i>(Exception: See Definition of Newborn Infant.)</i></p>	Paid as any other Sickness	
<p><b>Physiotherapy</b></p>	80% of PA	60% of U&C
<p><b>Assistant Surgeon</b></p>	80% of PA	60% of U&C
<p><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.</p>	80% of PA	60% of U&C
<p><b>Anesthetist</b>, professional services administered in connection with inpatient surgery. <i>(Includes acupuncture in lieu of anesthesia.)</i></p>	80% of PA	60% of U&C
<p><b>Registered Nurse's Services</b>, private duty nursing care.</p>	80% of PA	60% of U&C
<p><b>Physician's Visits</b>, benefits are limited to one visit per day and do not apply when related to surgery. <i>(Benefit includes a Consulting Physician.)</i></p>	80% of PA	70% of U&C
<p><b>Pre-Admission Testing</b>, payable within 3 working days prior to admission.</p>	Paid as any other Sickness	
<p><b>Psychotherapy</b>, <i>(\$500 per day maximum / 20 days maximum for each Sickness)</i> Benefits are limited to one visit per day. Psychiatric Hospitals are not covered.</p>	80% of PA	60% of U&C

Outpatient	Preferred Providers	Out-of-Network Providers
<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	60% 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.	80% of PA	60% 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.	80% of PA	60% of U&C
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery. <i>(Includes acupuncture in lieu of anesthesia.)</i>	80% of PA	60% of U&C
<b>Physiotherapy</b> , benefits are limited to one visit per day.	80% of PA	60% of U&C
<b>Medical Emergency Expenses</b> , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. <i>(\$100 copay/Deductible waived if admitted) (This per visit Deductible does not apply towards meeting the \$250 per policy year Deductible)</i>	80% of PA / \$100 copay per visit	80% of U&C / \$100 Deductible per visit
<b>Assistant Surgeon</b>	80% of PA	60% of U&C
<b>Diagnostic X-ray &amp; Laboratory Services</b>	80% of PA	60% of U&C
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement.	80% of PA	60% of U&C
<b>Chemotherapy &amp; Radiation Therapy</b>	80% of PA	60% of U&C
<b>Prescription Drugs</b> , <i>(The combined Preferred Provider and Out-of-Network - limit \$2,000 maximum Per Policy Year)</i> <i>(Out of Network Providers: The Insured must pay out-of-pocket for prescriptions at a non-preferred pharmacy and then submit the receipt, with a prescription claim form for reimbursement)</i> <i>(Mail order at 2.5 times retail copay, up to a 90 day supply, subject to the Prescription Drug maximum Benefit.)</i>	UnitedHealthcare Network Pharmacy (UHPS)/ \$5 copay per prescription for Tier 1 / \$10 copay per prescription for Tier 2 / up to a 31-day supply per prescription	100% of U&C / \$5 Deductible per prescription for generic / \$10 Deductible per prescription for brand name / up to a 31-day supply per prescription

<b>Outpatient</b>	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<b>Psychotherapy</b> , (\$25 per visit maximum / 10 days maximum Per Policy Year. <i>The Policy Deductible does not apply.</i> ) Benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of Mental & Nervous Disorder.	100% of PA / \$50 copay (For each Sickness)	100% of U&C / \$50 Deductible (For each Sickness)
<b>Tests and Procedures</b> , Diagnostic Services and medical procedures performed by a Physician, other than a Physician's visit, Physiotherapy, X-Rays and Lab procedures.	80% of PA	60% of U&C
<b>Other</b>		
<b>Ambulance Services</b>	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.	80% of PA	80% of U&C
<b>Consultant Physician Fees</b> , when requested and approved by the attending Physician. Outpatient Consultant limited to (\$150 maximum per consultation. <i>Per consultation limit does not apply to Inpatient consultations. Benefit includes expenses for the services of a specialist.</i> )	80% of PA	60% of U&C
<b>Dental Treatment</b> , \$1,000 maximum for each Injury, made necessary by Injury to Sound, Natural Teeth. ( <i>Exception: See Benefits for Dental Expenses.</i> ) ( <i>Covered Medical Expenses: includes dental work, surgery and orthodontic treatment needed to remove, repair, replace, restore or reposition natural teeth damaged, lost or removed or other body tissues of the mouth fractured or cut due to Injury.</i> )	80% of Actual Charges	80% of Actual Charges
<b>Complications of Pregnancy</b>	Paid as any other Sickness	
<b>Alcoholism/Drug Abuse</b> , <b>Inpatient:</b> (\$500 per day maximum / 5 days maximum Per Policy Year) <b>Outpatient:</b> (\$25 per day maximum / 5 days maximum Per Policy Year) ( <i>Policy Deductible does not apply.</i> )	<b>Inpatient:</b> 80% of PA  <b>Outpatient:</b> 100% of PA / \$50 copay per visit	<b>Inpatient:</b> 60% of U&C  <b>Outpatient:</b> 100% of U&C / \$50 Deductible per visit
<b>Maternity</b>	Paid as any other Sickness	
<b>Elective Abortion</b>	No Benefits	
<b>TMJ Disorder</b>	Paid as any other Sickness	
<b>Hospital Outpatient Department Visit</b> , ( <i>Benefit includes expenses incurred at a walk-in clinics.</i> )	80% of PA	60% of U&C

Other	Preferred Providers	Out-of-Network Providers
<b>Skilled Nursing Facility</b>	Paid as any other Sickness	
<b>Hospice Care</b>	80% of PA	60% of U&C
<b>Preventive Care,</b> <i>(Includes one annual routine physical examination, vision and hearing screening, excluding refractive examinations to detect vision impairment.) (Benefit includes testing for tuberculosis.)</i>	80% of PA / \$25 copay per visit	60% of U&C / \$25 Deductible per visit
<b>Pap Smear,</b> <i>(One annual routine pap smear screening for women age 18 and older.)</i>	80% of PA	60% of U&C
<b>Prosthetic Devices,</b> <i>(Benefit includes charges for: artificial limbs, or eyes, and other non-dental prosthetic devices, as a result of an Injury or Sickness.)</i>	80% of PA	80% of U&C
<b>Non Prescription Enteral Formula Expense,</b> <i>(Covered Medical Expenses include charges incurred by a Covered Person for non-prescription enteral formulas, for which a Physician has issued a written order, and are for the treatment of malabsorption caused by: Crohn's Disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal pseudoobstruction, and inherited diseases of amino acids and organic acids. Covered Medical Expenses for inherited diseases of amino acids and organic acids, will also include food products modified to be low protein.)</i>	Paid as any other Sickness	
<b>Routine Screening for Sexually Transmitted Disease,</b> <i>(One annual routine screening.)</i>	80% of PA	60% of U&C
<b>Routine Colorectal Cancer Screening</b>	Paid as any other Sickness	
<b>Elective Second Surgical Opinion,</b> <i>(Benefit includes X-rays and diagnostic tests done in connection with that consultation.)</i>	Paid as any other Sickness	
<b>Transfusion or Dialysis of Blood</b>	Paid as any other Sickness	
<b>Rehabilitation Facility</b>	80% of PA	70% of U&C
<b>Diagnostic Testing for Attention Disorders and Learning Disabilities Expense,</b> <i>(Covered Medical Expenses include diagnostic testing for attention deficit disorder or attention deficit hyperactive disorder or dyslexia.)</i>	80% of PA	60% of U&C
<b>Immunizations</b>	80% of PA	60% of U&C
<b>Urgent Care</b>	80% of PA	60% of U&C



## **Medical Expense Benefits Maximum Lifetime Benefit**

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Amounts paid to the Insured under this policy, and under all prior years' policies for any one Injury or Sickness, will be considered payments accrued under the Maximum Lifetime Benefit. The Maximum Lifetime Benefit will not exceed an amount determined by subtracting from \$150,000 all amounts paid to the Insured under any student injury and sickness policy issued to the university for any one Injury or Sickness.

## **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 and copayments that vary depending on which tier of the PDL the outpatient drug is listed. There are certain 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.

\$5 copay per prescription order or refill for a Tier 1 Prescription Drug, up to a 31 day supply.

\$10 copay per prescription order or refill for a Tier 2 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 benefits is \$2,000 Per Policy Year.**

Please present your ID card to the network pharmacy when the prescription is filled.

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.

When prescriptions are filled at pharmacies outside the network, the Insured must pay for the prescriptions out-of-pocket and submit the receipts for reimbursement to UnitedHealthcare **Student**Resources, PO Box 809025, Dallas TX 75380-9025. See the Schedule of Benefits for the benefits payable at out-of-network pharmacies.

## **Definitions**

**Prescription Drug or Prescription Drug Product** means a medication, product or device that has been approved by the U.S. Food and Drug Administration and that can, under federal or state law, be dispensed only pursuant to a Prescription Order or Refill. A Prescription Drug Product includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. For the purpose of the benefits under the policy, this definition includes insulin.

**Prescription Drug List** means a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration. This list is subject to the Company's periodic review and modification (generally quarterly, but no more than six times per calendar year). The Insured may determine to which tier a particular Prescription Drug Product has been assigned through the Internet at [www.uhcsr.com](http://www.uhcsr.com) or call Customer Service at 1-877-417-7345.

### **Additional Exclusions**

In addition to the policy Exclusions and Limitations, the following Exclusions apply:

1. Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.
2. Experimental or Investigational Services or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by the Company to be experimental, investigational or unproven.
3. Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a Prescription Order or Refill. Compounded drugs that are available as a similar commercially available Prescription Drug Product. Compounded drugs that contain at least one ingredient that requires a Prescription Order or refill are assigned to a Tier 2.
4. Drugs available over-the-counter that do not require a Prescription Order or Refill by federal or state law before being dispensed, unless the Company has designated the over-the counter medication as eligible for coverage as if it were a Prescription Drug Product and it is obtained with a Prescription Order or Refill from a Physician. Prescription Drug Products that are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent. Certain Prescription Drug Products that the Company has determined are Therapeutically Equivalent to an over-the-counter drug. Such determinations may be made up to six times during a calendar year, and the Company may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.
5. Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, even when used for the treatment of Sickness or Injury, except as required by state mandate.

### **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. Insureds 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. Insureds may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

"**Network Area**" means the 50 mile radius around the local school campus the Named Insured is attending.

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 1-800-767-0700 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 percentages 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.

## **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:

**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 Glucole (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 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. Payment under this benefit will not exceed the policy Maximum Benefit.

#### **For Loss of:**

Life	\$10,000
Two or More Members	\$10,000
One Member	\$ 5,000
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.

### **Coordination of Benefits**

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

### **Continuation Privilege**

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All Insured Persons who have been continuously insured under the school's regular student Policy for at least 1 semester and who no longer meet the Eligibility requirements under that Policy are eligible to continue their coverage for a period of not more than 6 months under the school's policy in effect at the time of such continuation. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that policy year.

Application must be made and premium must be paid directly to Holland Insurance Inc., and be received within 14 days after the expiration date of your student coverage. For further information on the Continuation privilege, please contact UnitedHealthcare StudentResources at 1-800-767-0700.

## **Mandated Benefits**

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### ***Benefits for Mammography***

Benefits will be paid the same as any other Sickness for mammography screening performed on dedicated equipment for diagnostic purposes on referral by an Insured's Physician, according to the following guidelines:

1. A baseline mammogram for women ages thirty-five to forty.
2. A mammogram every two years, or more frequently based on the recommendation of the woman's Physician, for women ages forty to fifty.
3. A mammogram every year for women fifty years of age and over.

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

### ***Benefit For Phenylketonuria Treatment***

Benefits will be paid the same as any other Sickness for treatment of phenylketonuria. Benefits shall include licensed professional medical services under the supervision of a Physician and for Usual and Customary Charges for special dietary formulas which are medically necessary for the therapeutic treatment of phenylketonuria.

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

### ***Benefits for Prostate-Specific Antigen (PSA) Tests***

Benefits will be paid the same as any other Sickness for Prostate-Specific Antigen (PSA) Tests upon the recommendation of a Physician for the early detection of prostate cancer for an Insured Person aged fifty (50) and over and other Insured Persons if a Physician determines that early detection for prostate cancer is medically necessary.

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

### ***Benefits for Osteoporosis***

Benefits will be paid the same as any other Sickness for the diagnosis and treatment of osteoporosis, including screening by a Qualified Individual for scientifically proven Bone Mass Measurement (bone density testing).

Bone mass measurement means a radiologic or radioisotopic procedure or other scientifically proven technologies performed on an individual for the purpose of identifying bone mass or detecting bone loss.

Qualified individual means a person with a condition for which bone mass measurement is determined to be medically necessary by the person's attending Physician or primary care Physician.

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

### ***Benefits for Dental Expenses***

Benefits will be paid the same as any other Injury or Sickness for anesthesia expenses, Hospital expenses and Physician expenses associated with any inpatient or outpatient Hospital dental procedure where the procedure is performed on a minor Dependent child eight (8) years of age or younger and which cannot be safely performed in a dental office setting. This does not include expenses for the dental procedure or the dentist.

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

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

Benefits will be paid the same as any other Sickness, for all stages of reconstructive breast surgery including the cost of prostheses following a covered mastectomy (but not a lumpectomy) on one or both breasts to restore and achieve symmetry between the two breasts.

The surgical procedure performed on a nondiseased breast to establish symmetry with the diseased breast must occur within five (5) years of the date the reconstructive breast surgery was performed on a diseased breast.

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

### ***Benefits for Diabetes Treatment***

Benefits will be paid the same as any other sickness for the following medically necessary equipment, supplies, and services for the treatment of diabetes, when prescribed by a Physician:

- Blood glucose monitors and blood glucose monitors for the legally blind;
- Test strips for the glucose monitors (limited to twelve (12) bottles of fifty (50) test strips per bottle per policy year for non-insulin dependent Insureds);
- Visual readings and urine test strips;
- Insulin; injection aids; syringes; lancets; insulin pumps; insulin infusion devices; and appurtenances thereto;
- Oral hypoglycemic agents;
- Podiatry appliances for prevention of complications associated with diabetes;
- Glucagon emergency kits;
- Education of Insured Persons with diabetes as to the proper self-management and treatment of their diabetes, including: Diabetes outpatient self-management training and educational services, including medical nutrition counseling. Diabetes outpatient self-management training and education shall be limited to the following: (1) Visits which are certified by a Physician to be medically necessary upon the diagnosis of diabetes in an Insured; (2) Visits which are certified by a Physician to be medically necessary because of a significant change in an Insured's symptoms or condition which necessitates changes in the Insured's self-management; and (3) Visits which are certified by a Physician to be medically necessary for re-education or refresher training.

Diabetes outpatient self-management training and educational services may be provided in group settings where practicable, and shall include home visits where medically necessary.

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

### ***Benefits for Hearing Screening Tests for Newborn Infants***

Benefits will be paid the same as any other Sickness for Newborn Infants for Hearing Screening Tests. "Hearing Screening Test" means a screening or test provided in accordance with the current hearing screening standards established by a nationally recognized organization such as the Joint Committee on Infant Hearing Screening of the American Academy of Pediatrics.

A child born in a Hospital or other birthing facility shall be screened for hearing loss prior to discharge from that facility. The Physician shall refer a child born in a setting other than a Hospital or other birthing facility to the Department of Health or an appropriate hearing screening provider as listed in the latest edition of the Directory of Hearing Screening Providers in Tennessee for hearing screening. A child born on an emergency basis in a Hospital that does not otherwise provide obstetrical or maternity services and which does not provide infant Hearing Screening Tests prior to discharge shall refer a child born in that facility to the Department of Health or an appropriate hearing screening provider as listed in the latest edition of the Directory of Hearing Screening Providers in Tennessee for hearing screening. All screening providers or entities shall report their screening results to the department of health.

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

### ***Benefits for Autism Spectrum Disorder***

Benefits will be paid the same as any other Sickness for Autism Spectrum Disorders for Insured Persons up to (12) twelve years of age.

"Autism Spectrum Disorder" means neurological disorders, usually appearing in the first three years of the child's life, that affect normal brain functions and are typically manifested by impairments in communication and social interaction, as well as restrictive, repetitive, and stereotyped behaviors.

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) unrelated to any pathological, functional, or structural disorder; 2) a source of loss; 3) treated by a Physician within 30 days after the date of accident; and 4) 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.

**NEWBORN INFANT** means any child born of an Insured while that person is insured under this policy. Newborn Infants will be covered under the policy for the first 31 days after birth. Coverage for such a child will be for: 1) Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity; and nursery care; 2) routine nursery care provided in the well-child care unit; and 3) perinatal group B streptococcal disease testing. Benefits will be the same as for the Insured Person who is the child's parent.

The Insured will have the right to continue such coverage for the child beyond the first 31 days. To continue the coverage the Insured must, within the 31 days after the child's birth: 1) apply to us; and 2) pay the required additional premium, if any, for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's birth.

**PRE-EXISTING CONDITION** means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 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**

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; except as specifically provided in the policy;
2. Addiction, such as: nicotine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Autistic disease of childhood, except as specifically provided in the Benefits for Autism Spectrum Disorders, milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy;
4. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
5. 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;
6. Dental treatment, except as specifically provided in the Schedule of Benefits or as specifically provided in the Benefits For Dental Expenses;
7. Elective Surgery or Elective Treatment;
8. Elective abortion;
9. 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;
10. 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;
11. Health spa or similar facilities; strengthening programs;
12. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as specifically provided in the Benefits for Hearing and Speech Disorders. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
13. Hypnosis;



14. Immunizations; except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
15. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
16. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
17. Injury sustained while (a) participating in any 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;
18. Investigational services;
19. Lipectomy;
20. Organ transplants, including organ donation;
21. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting except when unprovoked and in self-defense;
22. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months; The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy;
23. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
  - a. Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
  - 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 cosmetic purposes;
  - e. Drugs used to treat or cure baldness; anabolic steroids used for body building;
  - f. Anorectics - drugs used for the purpose of weight control;
  - g. Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
  - h. Growth hormones; or
  - i. 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: 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;
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;

26. 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;
27. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
28. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery; except for treatment of chronic purulent sinusitis;
29. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
30. Naturopathic services;
31. Supplies, except as specifically provided in the policy;
32. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
33. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
34. 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
35. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

## **Collegiate Assistance Program**

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Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing the number listed 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 **StudentResources** insured have online access to claims status, EOBs, 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) Report to the Student Health Service for treatment or referral, or when not in school, to their Physician or Hospital.
- 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 university 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 **StudentResources**

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)

Served Locally by:

### **Holland Insurance Inc**

P.O. Box 328

Southaven MS 36871-0328

1-662-895-5528

1-888-393-9500

[gholland@geraldhollandinsurance.com](mailto:gholland@geraldhollandinsurance.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 # 2011-93-1 & 2**

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