



# 2009-2010

## STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for the Students of the

**Lincoln Memorial University-  
DeBusk College of  
Osteopathic Medicine**



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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 detailed copy of our privacy policy by calling us toll-free at 1-800-767-0700 or by visiting us at [www.uhcsr.com](http://www.uhcsr.com).

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## Eligibility

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All registered Lincoln Memorial University-DeBusk College of Osteopathic Medicine students taking a minimum of 12 credit hours are automatically enrolled in this insurance plan at registration and the premium for coverage is added to their tuition billing, unless proof of comparable coverage is furnished.

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

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 24 years of age who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student.

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## Effective and Termination Dates

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The Master Policy becomes effective August 1, 2009. 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 July 31, 2010. 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.

**Alternative Coverage** - If you do not meet the eligibility requirements of this student policy, please call 1-800-406-2338 for information on alternative coverage. You may also access information on this plan, get premium quotes and apply online at our website: <http://www.goldenrulehealth.com/studentresources>.

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### **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.

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### **Pre-Admission Notification**

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Avidyn should be notified of all Hospital Confinements prior to admission.

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

Avidyn 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 \$1,000,000 MAXIMUM LIFETIME BENEFIT PAID AS SPECIFIED BELOW**  
**PREFERRED PROVIDER DEDUCTIBLE \$500 (PER INSURED PERSON) (PER POLICY YEAR)**  
**\$1,000 (PER FAMILY) (PER POLICY YEAR)**  
**OUT OF NETWORK DEDUCTIBLE \$1,000 (PER INSURED PERSON) (PER POLICY YEAR)**  
**\$2,000 (PER FAMILY) (PER POLICY YEAR)**

The Preferred Provider for this plan is UnitedHealthcare Choice Plus.

The Policy provides benefits for the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Lifetime Benefit of \$1,000,000.

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 an Out-of-Network provider is used.

**Out-of-Pocket Maximums:** Preferred Provider \$2,000 Per Insured Person, Per Policy Year, not to exceed \$4,000 for all Insured Persons in a family / Out-of-Network -\$4,000 Per Insured Person, Per Policy Year, not to exceed \$8,000 for all Insured Persons in a family.

**Note:** Regarding exclusion #19 for Pre-existing Conditions, credit will be given for the time the Insured Person was covered under a prior health insurance policy, if the plan was continuous to a date not more than 63 days prior to the Insured's Effective Date under this policy.

Allergy testing is payable as any other sickness.

All services provided by the Lincoln Memorial University - DeBusk College of Osteopathic Medicine will be paid at 100%.

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>
<b>Hospital Expense</b> , daily semi-private room rate; and general nursing care provided by the 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
<b>Intensive Care</b>	Paid under Hospital Expense	Paid under Hospital Expense
<b>Routine Newborn Care</b> , while Hospital Confined; and routine nursery care provided immediately after birth. Exception: See Definition of Newborn Infant. 48 hours vaginal delivery / 96 hours cesarean delivery maximum.	Paid as any other Sickness	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 Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	80% of PA	60% of U&C

<b>INPATIENT</b>	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<b>Assistant Surgeon</b>	80% of PA	60% of U&C
<b>Anesthetist</b> , professional services in connection with inpatient surgery.	80% of PA	60% of U&C
<b>Registered Nurse's Services</b> , private duty nursing care.	80% of PA	60% of U&C
<b>Physician's Visits</b> , benefits 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> , (20 days maximum Per Policy Year.) Benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	Paid as any other Sickness	Paid as any other Sickness
<b>OUTPATIENT</b>		
<b>Surgeon's Fees</b> , (Surgery performed in a Physician's office will be paid under the Physician's Visit's benefit.) In accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	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>Assistant Surgeon</b>	80% of PA	60% of U&C
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	80% of PA	60% of U&C
<b>Physician's Visits</b> , (Includes preventive care under age 6, well women, sigmoidoscopy and colonoscopy.) (Includes Physician Office visit charge and all in-office ancillary services. The limitation that benefits do not apply when related to surgery will be waived for in office surgical procedures.) Benefits are limited to one visit per day.	100% of PA / \$25 copay per visit	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.	80% of PA / \$120 copay per visit	80% of U&C / \$120 Deductible per visit
<b>Physiotherapy</b> , (Benefits include Cardiac Rehabilitation.) Benefits are limited to one visit per day.	Paid under Physician's Visits	Paid under Physician's Visits
<b>Diagnostic X-ray Services &amp; Laboratory</b>	100% of PA	60% of U&C

<b>OUTPATIENT</b>	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<b>Injections</b> , (Includes Allergy, injections and immunizations subject to Well care maximum if over age 6) (Copay is not applicable if injection is in conjunction with a Physician Visit.) When administered in the Physician's office and charged on the Physician's statement.	100% of PA / \$25 copay per visit	60% of U&C
<b>Tests &amp; Procedures</b> , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-Rays and Lab Procedures.	100% of PA	60% of U&C
<b>Chemotherapy &amp; Radiation Therapy</b>	80% of PA	60% of U&C
<b>Prescription Drugs</b> , Birth control is covered including all contraceptive devices and contraceptive injectibles. Prescription pre-natal vitamins are covered. Mail order prescriptions through UHPS are limited to a 90 day supply at 2.5 times the retail copay.	UnitedHealthcare Network Pharmacy (UHPS) / \$10 copay for Tier 1 / \$35 copay for Tier 2 / \$50 copay for Tier 3 / up to a 31-day supply per prescription / \$1,500 maximum Per Policy Year	No Benefits (Prescriptions are only covered if filled at a UHPS Pharmacy.)
<b>Psychotherapy</b> , (25 visits maximum Per Policy Year.) Benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of Mental & Nervous Disorder.	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	60% of U&C
<b>Consultant Physician Fees</b> , when requested and approved by the attending Physician.	80% of PA	60% of U&C
<b>Dental Treatment</b> , (Exception: See Benefits For Dental Expenses.) (Benefits for Dental Expenses/Anesthesia as outlined State Mandate will be provided for all insureds and not limited to children 8 and under.) Made necessary by Injury to Sound, Natural Teeth.	80% of U&C	80% of U&C
<b>Maternity and Complications of Pregnancy</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Elective Abortion</b>	No Benefits	No Benefits
<b>Alcoholism/Drug Abuse</b>	Paid under Psychotherapy Benefit	Paid under Psychotherapy Benefit

<b>OTHER</b>	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<b>Repatriation/Medical Evacuation</b>	Benefits provided by Scholastic Emergency Services, Inc.	
<b>Intercollegiate Sports</b> , \$90,000 maximum for each Injury. See page 9.	Paid as any other Injury	Paid as any other Injury
<b>Home Health Care</b> , (60 days maximum Per Policy Year)	80% of PA	60% of U&C
<b>Hospice Care</b>	100% of PA	60% of U&C
<b>Skilled Nursing Facility</b> , (60 days maximum Per Policy Year)	80% of PA	60% of U&C
<b>CAT Scan/MRI</b> , (Includes high cost procedure.)	80% of PA	60% of U&C
<b>TMJ (Non-surgical Treatment)</b> , (\$1,500 maximum Per Policy Year)	80% of PA	60% of U&C
<b>Wellness Benefit</b> , (Over age 6 ) (\$300 maximum Per Policy Year / Includes immunizations)	100% of PA / \$25 copay per visit	60% of U&C
<b>Occupational Therapy / Speech Therapy / Manipulative Therapy</b> , (30 visits maximum per therapy type Per Policy Year)	80% of PA	60% of U&C

### **Maximum Lifetime Benefit**

Amounts paid to the Insured under this policy, and under all prior years' policies, will be considered payments accrued under the Maximum Lifetime Benefit. The Maximum Lifetime Benefit will not exceed an amount determined by subtracting from \$1,000,000 all amounts paid to the Insured under any student injury and sickness policy issued to the university.

### **UnitedHealthcare Network Pharmacy Benefits**

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.

\$10 copay per prescription order or refill for a Tier 1 Prescription Drug up to 31 day supply  
 \$35 copay per prescription order or refill for a Tier 2 Prescription Drug up to 31 day supply  
 \$50 copay per prescription order or refill for a Tier 3 Prescription Drug up to 31 day supply  
 Mail order Prescription Drugs are available at 2.5 times the retail copay up to a 90 day supply.  
 Your maximum allowed benefit is \$1,500 Per Policy Year

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

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

### **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 to Network Pharmacy Benefits:

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 Tier-3.
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.

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## **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 members of UnitedHealthcare Choice Plus.

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 80%, 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 Choice Plus will be paid at the coinsurance percentages specified on 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.

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## **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. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Over-the-counter pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-767-0700.

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### **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.

**Intercollegiate Sports**  
**\$90,000 Maximum Benefit (For Each Injury)**  
**Deductible (Preferred Provider) \$500 (Per Insured Person) (Per Policy Year)**  
**Deductible (Out-of-Network) \$1,000 (Per Insured Person) (Per Policy Year)**

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Insured student athletes who are members of and are participating in intercollegiate cheerleading sponsored by the Policyholder are covered for sports Injury as for any other Injury.

Subject to a Deductible of \$500 for Preferred Providers and \$1,000 for Out of Network Providers, benefits will be paid under the Schedule of Benefits for intercollegiate sports Injury up to \$90,000 Maximum Benefit for each Injury.

No benefits will be paid for:

1. Infections, except pyogenic infections caused wholly by a covered Injury;
2. Cysts, blisters, or boils;
3. Overexertion; heat exhaustion; fainting;
4. Hernia, regardless of how caused; or
5. Artificial aids such as crutches, braces, appliances, and artificial limbs.

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### **Continuation Privilege**

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All Insured Persons who have been continuously insured under the school's regular student Policy for at least 3 consecutive months and who no longer meet the Eligibility requirements under that Policy are eligible to continue their coverage for a period of not more than 3 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 UnitedHealthcare **StudentResources** and be received within 31 days after the expiration date of your student coverage. For further information on the Continuation privilege, please contact UnitedHealthcare **StudentResources**.

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## **Mandated Benefits**

### ***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.

### ***Benefits 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 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 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 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 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 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 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 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 Disorders***

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 Disorders” means neurological disorders, usually appearing in the first three years of a 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.

**MEDICAL EMERGENCY** means a Sickness or Injury that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to potentially result in

- 1) Placing the Insured’s health in serious jeopardy;
- 2) Serious impairment to bodily functions; or
- 3) Serious dysfunction of any bodily organ or part.

Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

**PRE-EXISTING CONDITION** means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 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 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 while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.

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

### **Exclusions and Limitations**

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No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Acupuncture;
2. Addiction, such as: nicotine addiction and caffeine addiction;
3. Autistic disease of childhood, except as specifically provided in the Benefits for Autism Spectrum Disorders, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation;
4. 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;
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 for accidental Injury to Sound, Natural Teeth 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; except when due to a disease process;
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. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
15. 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;
16. Investigational services;
17. Lipectomy;
18. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting except when unprovoked and in self-defense;

19. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 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;
20. 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. 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; or
  - h. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
21. Reproductive/Infertility services including but not limited to: 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; sexual reassignment surgery; reversal of sterilization procedures;
22. 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;
23. 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; except as specifically provided in the policy;
24. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
25. Supplies, except as specifically provided in the policy;
26. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
27. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
28. 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
29. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

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### **Collegiate Assistance Program**

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

## **Scholastic Emergency Services, Inc. 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 SES services. The requirements to receive these services are as follows:

International Students, insured spouse and insured minor child(ren): You are eligible to receive SES services 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 services include Emergency Medical Evacuation and Return of Mortal Remains that meet the U.S. visa 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, any services not arranged by SES will not be considered for payment.

### **Key Services include:**

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

Please log into your online account [www.uhcsr.com](http://www.uhcsr.com) for additional information on SES Global Emergency Assistance Services, including 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 SES's 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;
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. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES Program Guide at [www.uhcsr.com](http://www.uhcsr.com) for additional information, including limitations and exclusions pertaining to the SES program.

## **Online Access to Account Information**

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UnitedHealthcare **StudentResources** Insureds have online access to claims status, Explanation of Benefits, correspondence and coverage information via My Account at [www.uhcsr.com](http://www.uhcsr.com). 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.

## **Claims Appeals Process**

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If you believe that your claim was denied in error, or wish to request that additional consideration be given to the circumstances surrounding your claim, you may send UnitedHealthcare StudentResources a letter of appeal.

Send the appeal for reconsideration, with any additional pertinent information to:

UnitedHealthcare StudentResources  
Claims Appeals  
P. O. Box 809025  
Dallas, TX 75380-9025

Your response will be addressed and a determination will be mailed to you. If your appeal is denied and you still believe that additional review is needed, forward your appeal letter to the attention of Regulatory and Consumer Affairs at the above address.

## **Claim Procedure**

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In the event of Injury or Sickness, students should:

1. Report to the Student Health Center or Infirmary 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  
claims@uhcsr.com  
***Email Inquiries Only:*** [info@uhcsr.com](mailto:info@uhcsr.com)

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

***This Brochure is based on Policy # 2009-611-1***

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