

# Student Injury and Sickness Insurance Plan for Colorado State University - Pueblo

2012-2013

Colorado State University - Pueblo is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. **Eligibility Statement:** All Students enrolled in five or more credit hours are eligible to enroll in the plan on a voluntary basis. Eligible Dependents of enrolled students may participate in this plan on a voluntary basis.

## Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources are:

- Up to \$100,000 Per Insured Person, Per Policy Year Maximum Benefit for Covered Medical Expenses.
- \$300 Deductible Per Insured Person, Per Policy Year for Preferred Providers, \$600 Deductible Per Insured Person, Per Policy Year for Out of Network Providers.
- Covered Medical Expenses for Preferred Providers are payable at 80% of Preferred Allowance and Out of Network benefits are payable at 60% of Usual and Customary charges (all benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the policy).
- Preferred Provider Out-of-Pocket Maximum of \$5,000 Per Insured Person, Per Policy Year. Out-of-Network Out-of-Pocket maximum of \$10,000 Per Insured Person, Per Policy Year. After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the policy Maximum Benefit subject to any applicable benefit maximums. Refer to the plan brochure for details about how the Out-of-Pocket Maximum applies.
- Prescription Drug Benefits: \$15 Copay for generic / \$30 Copay for brand name / \$50 Copay for for non-formulary up to a 31-day supply per prescription. Prescriptions must be filled at an Express Scripts pharmacy.
- Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations are covered at 100% with no Copay or deductible only when the services are received from a Preferred Provider. Please see [www.healthcare.gov](http://www.healthcare.gov) for complete details of the services provided for specific age and risk groups.
- The Preferred Provider Network for this plan is Cofinity inside the state of Colorado and First Health outside of Colorado.
- Scholastic Emergency Services – Domestic Students are covered when 100 miles or more away from their campus or home address. International Students are covered worldwide except in their home country.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2012-200837-1. \*Policy terms and conditions subject to regulatory approval.

Please read the plan brochure to determine whether this plan is right for you before you enroll. The plan brochure provides details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Copies of the brochure are available from the University, or may be viewed and downloaded at [www.eciservices.com](http://www.eciservices.com).

If you have any questions, please contact Ameriben Customer Service at 877-955-1577 or [webinquiries@ameriben.com](mailto:webinquiries@ameriben.com).

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

**Your student health insurance coverage, offered by UnitedHealthcare Insurance Company may not meet the minimum standards required by the healthcare reform law for restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions on annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012 and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage puts a policy year limit of \$100,000 that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified. If you have any questions or concerns about this notice, contact Customer Service at 1-800-767-0700. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.**

Rates	Annual	Fall	Spring	Spring / Summer	Summer
	8/17/12 - 8/16/13	8/17/12 - 1/13/13	1/14/13 - 5/12/13	1/14/13 - 8/16/13	5/13/13 - 8/16/13
<b>Student</b>	\$ 2,127	\$ 892	\$ 707	\$ 1,278	\$ 571
<b>Spouse</b>	\$ 5,117	\$ 2,145	\$ 1,702	\$ 3,074	\$ 1,373
<b>Each Child</b>	\$ 3,589	\$ 1,504	\$ 1,194	\$ 2,156	\$ 963

**PRE-EXISTING CONDITION** means any condition for which an Insured Person: 1) incurred charges; 2) received medical treatment; 3) consulted a health care professional; or 4) took Prescription Drugs within the 6 months immediately prior to the Insured's Effective Date under this policy. "Pre-existing Condition" does not include pregnancy.

**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. Acupuncture;
2. Addiction, such as nicotine addiction;
3. Assistant Surgeon Fees;
4. Autistic disease of childhood, except as specifically provided in the Benefits for the Treatment of 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;
5. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
6. 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;
7. Dental treatment, except for accidental Injury to Sound, Natural Teeth; Injury as a result of chewing or biting will not be considered an accident or Injury;
8. Elective Surgery or Elective Treatment;
9. Elective abortion;
10. 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;
11. Health spa or similar facilities; strengthening programs;
12. Hearing examinations or hearing aids, except as specifically provided in the policy; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
13. Hirsutism; alopecia;
14. Hypnosis;
15. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury; or as specifically provided in the policy;
16. Injury for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
17. 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;
18. 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;
19. Inpatient convenience items such as guest meals, telephone, televisions;
20. Investigational services;
21. Lipectomy;
22. Medical and non-medical self-care or self-help training and occupational therapy, recreation therapy, educational therapy, dance therapy, art therapy;
23. Non-Medically Necessary Maintenance Care expenses. Example: physical therapy or chiropractic maintenance care as opposed to treatment of a condition. Maintenance care means treatment which is administered after the patient's status remains the same and no further improvement is expected; remaining symptoms are considered residual; it is indicated by infrequent, sporadic treatment (i.e. once a month or every other week);
24. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
25. Pre-existing Conditions in excess of \$1,000 for a period of 6 months, except for individuals who have been continuously insured for at least 6 consecutive months under the school's student insurance policy. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under prior Creditable Coverage if such Creditable Coverage was continuous to a date not more than 90 days prior to the Insured's Effective Date under this policy. This exclusion will not be applied to an Insured Person who is under age 19;
26. 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; except as provided under Benefits for Diabetes;
  - b. Immunization agents, except as specifically provided in the policy; 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; attention deficit disorder;
  - f. Anabolic - 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.
27. 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;
  28. 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;
  29. Residential treatment of eating disorders, such as anorexia or bulimia;
  30. Routine Newborn Infant Care, well-baby nursery and related Physician charges; except as specifically provided in the policy;
  31. 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;
  32. Services mainly rendered for custodial, occupational therapy or in-vivo therapy; (except for rehabilitation facility treatment charges incurred for the treatment of mental or nervous conditions);
  33. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
  34. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery; except for treatment of chronic purulent sinusitis;
  35. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
  36. Speech therapy, except as specifically provided in the policy; naturopathic services;
  37. Supplies, except as specifically provided in the policy;
  38. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
  39. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
  40. War or any act of war, declared or undeclared; or while in the armed forces of any country other than the United States (a pro-rata premium will be refunded upon request for such period not covered);
  41. Weight management, service and supplies related to weight reduction programs, weight management programs, related nutritional supplies and treatment of obesity; and treatment for obesity, (except surgery for morbid obesity), (treatment for Morbid Obesity is covered. Morbid Obesity is defined as follows: Morbid Obesity associated with serious and life threatening disorders such as diabetes mellitus and hypertension. Morbid Obesity means a body weight of two times the normal weight or greater, or 100 pounds in excess of normal body weight based on normal body weight using generally accepted height and weight tables for a person of the same age, sex, height and frame. Benefits will be provided only upon written request for treatment with a treatment plan written by a Physician, and services or treatment must meet the Company's medical criteria.) and surgery for removal of excess skin or fat, except as specifically provided in the policy; and
  42. The following items are not covered under this Policy, as they are deemed to be elective surgery, elective treatment, not a covered medical expense, or not a medical necessity: adoption and surrogate expenses; charges made by a relative (related by blood, marriage, or Domestic Partner); non-medical expenses; medical expenses for which the insured is not obligated to pay; non-covered prescription drugs; experimental treatment; complications from a non-covered benefit; educational, vocational or training services and supply expenses; travel expenses for a physician or other medical provided expenses related to personal comfort; removal of breast or other implants (covered only if initial implant was not for cosmetic purposes and removal is medically necessary); penile prosthetic implants; massage therapy and rolling; occupational therapy supplies; wigs or artificial hairpiece; morbid obesity; tiredness; vision therapy; genetic testing (unless covered under covered Maternity Testing expenses as stated in Covered Expenses item number 27 and counseling and coverage for dandruff;