



**2014–2015**

# Student Injury and Sickness Insurance Plan for University of Colorado Denver International Students

## Who is eligible to enroll?

Regular full-time international students with a visa status of F1 and J1 are automatically enrolled in this plan on a hard waiver basis. International OPT students may enroll in this plan on a voluntary basis provided that the student was enrolled in the plan for the semester prior to their OPT status. Eligible students may also insure their Dependents. Eligible Dependents are the student's spouse or Civil Union partner and dependent children under 26 years of age.

## Where can I get more information about the benefits available?

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

## Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-800-767-0700 or [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com).

## What important dates or deadlines should I be aware of?

Waiver Deadlines are as follows: Fall: September 4, 2014; Spring/Summer: February 5, 2015; Summer: June 25, 2015.

## How much does the plan cost?

Rates	Fall 8/1/14 – 12/31/14	Spring/Summer 1/1/15 – 7/31/15	Summer 6/1/15 – 7/31/15
Student	\$966.00	\$1,337.00	\$382.00
Spouse	\$3,495.00	\$4,839.00	\$1,389.00
Each Child	\$1,413.00	\$1,956.00	\$560.00
All Children	\$2,850.00	\$3,946.00	\$1,133.00
All Dependents	\$6,226.00	\$8,624.00	\$2,479.00

**NOTE:** The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may include amounts which are retained by your school (to, for example, cover your school's administrative costs associated with offering this health plan) as well as amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school. The dependent rates do NOT include the cost of student premium.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2014-202710-4.

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

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

	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	There is no overall maximum dollar limit on the policy	
<b>Plan Deductible</b>	\$250 per Insured Person, per Policy Year	\$500 per Insured Person, per Policy Year
<b>Out-of-Pocket Maximum</b> <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan brochure for details about how the Out-of-Pocket Maximum applies.</i>	\$2,500 Per Insured Person, Per Policy Year and \$5,000 For all Insureds in a Family, Per Policy Year	
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan brochure.</i>	100% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Customary Charges for Covered Medical Expenses
<b>Prescription Drugs</b> <i>(Prescriptions filled at Auraria Health Center are subject to a \$20 Copay per prescription up to a 30-day supply. For maintenance medications, there is a \$40 Copay for a 31-60 day supply, and a \$60 Copay for a 61-90 day supply. For maintenance medications filled near the end of the semester, only a 30-day supply will be filled 30 days or less to the end of the semester; only a 60 day supply will be filled 60 to 30 days to the end of the semester. If it is over 60 days to the end of the semester, a 90 day prescription can be filled. Copay waived for generic oral contraceptives.)</i>	\$50 Deductible (Per Policy Year) \$15 Copay for Tier 1 \$30 Copay for Tier 2 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	\$50 Deductible (Per Policy Year) \$15 Deductible for generic drugs \$30 Deductible for brand name drugs Up to a 31-day supply per prescription
<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No copay or Deductible when the services are received from a Preferred Provider. Please see <a href="http://www.healthcare.gov">www.healthcare.gov</a> for complete details of the services provided for specific age and risk groups.</i>	100% of Preferred Allowance	No Benefits
<b>The following services have per Service Copays/Deductibles</b> <i>This list is not all inclusive. Please read the plan brochure for complete listing of Copays/Deductibles.</i>	Physician's Visits: \$25 (Copay is waived when treatment is rendered at Auraria Health Center) Medical Emergency: \$200 (Waived if admitted)	Medical Emergency: \$200 (Waived if admitted)
<b>Pediatric Dental and Vision Benefits</b>	Refer to the plan brochure for details (age limits apply).	
<b>FrontierMEDEX</b>	International Students are covered worldwide except in their home country.	

### Preferred Providers

The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: <http://www.uhcsr.com/lookupredirect.aspx?delsys=01>

## Online Services

UnitedHealthcare **StudentResources** Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to *My Account* at [www.uhcsr.com/myaccount](http://www.uhcsr.com/myaccount). To create an online account, select the "create My Account Now" link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and Apple's App Store.

## 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 any of the following:

1. Acupuncture, except as specifically provided in the policy.
2. Cosmetic procedures, except reconstructive procedures to:
  - Correct an Injury or treat a Sickness for which benefits are otherwise payable under this policy. The primary result of the procedure is not a changed or improved physical appearance.
  - Treat or correct Congenital Conditions of a Newborn or adopted Infant.
3. Dental treatment, except:
  - For accidental Injury to Sound, Natural Teeth.
  - As specifically provided in the Schedule of Benefits.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
4. Elective Surgery or Elective Treatment.
5. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
6. Foot care for the following:
  - Flat foot conditions.
  - Supportive devices for the foot.
  - Subluxations of the foot.
  - Fallen arches.
  - Weak feet.
  - Chronic foot strain.
  - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).

This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
7. 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.
8. Injury sustained while:
  - Participating in any intramural, intercollegiate or professional sport, contest or competition.
  - Traveling to or from such sport, contest or competition as a participant.
  - Participating in any practice or conditioning program for such sport, contest or competition.
9. Investigational services.
10. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
11. Prescription Drugs, services or supplies as follows:
  - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy.
  - Immunization agents, except as specifically provided in the policy. Biological sera.
  - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
  - Products used for cosmetic purposes.
  - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
  - Anorectics - drugs used for the purpose of weight control.
  - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
  - Growth hormones.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

12. Reproductive/Infertility services including but not limited to the following:
  - Genetic counseling and genetic testing.
  - Cryopreservation of reproductive materials. Storage of reproductive materials.
  - Fertility tests.
  - Infertility treatment (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.
  - Reversal of sterilization procedures.
  - Sexual reassignment surgery.
13. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems.  
This exclusion does not apply as follows:
  - When due to a covered Injury or disease process.
  - To benefits specifically provided in Pediatric Vision Services.
  - To benefits specifically provided in the policy.
14. Preventive care services, except as specifically provided in the policy, including:
  - Routine physical examinations and routine testing.
  - Preventive testing or treatment.
  - Screening exams or testing in the absence of Injury or Sickness.
15. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
16. Supplies, except as specifically provided in the policy.
17. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
18. 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).

