

# Student Injury and Sickness Insurance Plan for Johnson & Wales University

Providence, North Miami, Denver

2012-2013



JOHNSON & WALES  
UNIVERSITY

Johnson & Wales University is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All registered undergraduate day students (both Domestic and International) and all international graduate/doctoral students attending Johnson & Wales University and taking credit hours are automatically enrolled in this Insurance Plan at registration, unless proof of comparable coverage is provided.

Full-time Johnson & Wales employees are not eligible for the student Injury and Sickness plan.

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

- Up to \$1,000,000 Maximum Benefit for each Injury or Sickness for Covered Medical Expenses.
- \$250 deductible Per Insured Person, Per Policy Year for Out-of-Network Providers.
- Covered Medical Expenses for Preferred Providers are payable at 100% of Preferred Allowance and Out of Network benefits are payable at 80% 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).
- Prescription Drug Benefits: \$10 copay per prescription for tier 1 / \$25 copay per prescription for tier 2 / \$45 copay per prescription for tier 3 / up to a 31-day supply per prescription. Prescriptions must be filled at a UnitedHealthcare Network Pharmacy.
- 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.
- MyAccount, available through [www.UHCSR.com/JWU](http://www.UHCSR.com/JWU), allows insured students access 24/7 to check their claim status, search for network providers, print ID cards, enter accident details, view EOBs and enter additional insurance information online.
- Included with every policy, the UnitedHealth Allies® discount program provides 5% to 50% savings on dental and vision services, fitness clothing and equipment, and textbooks from McGraw-Hill Professional. The UnitedHealth Allies program is not insurance and is offered by UnitedHealth Allies, a UnitedHealth Group company.
- Also available for Johnson & Wales University students is a UnitedHealthcare Insurance Company fully insured Dental plan, to enroll go to [www.UHCSR.com/JWU](http://www.UHCSR.com/JWU).

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2012-608-1.

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 policy may be continued in force. Copies of the brochure are available from the University, or may be viewed and downloaded at [www.UHCSR.com/JWU](http://www.UHCSR.com/JWU).

If you have any questions, please contact Customer Service at 800-767-0700 or [customerservice@uhcsr.com](mailto:customerservice@uhcsr.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 \$1,000,000 for each Injury or Sickness 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	Winter	Spring	Summer	Summer 1	Summer 2
	8/1/12 - 7/31/13	8/1/12 - 11/25/12	11/26/12 - 3/4/13	3/5/13 - 7/31/13	6/1/13 - 7/31/13	6/1/13 - 6/30/13	7/1/13 - 7/31/13
<b>Student</b>	<b>\$1,089</b>	<b>\$363</b>	<b>\$363</b>	<b>\$363</b>	<b>\$182</b>	<b>\$90</b>	<b>\$92</b>

### 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. Learning disabilities;
2. Circumcision;
3. Congenital conditions, except as specifically provided for Newborn Infants;
4. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn 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;
7. Elective Surgery or Elective Treatment;
8. 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;
9. Health spa or similar facilities; strengthening programs;
10. Hearing examinations or hearing aids except as specifically provided in the Benefits for Hearing Aids;
11. Hirsutism; alopecia;
12. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;
13. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
14. 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;
15. Injury sustained while (a) participating in any intercollegiate or professional sport, contest or competition; (b) travel 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;
16. Investigational services;
17. Lipectomy;
18. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
19. 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, except as specifically provided in Benefits for Off-Label Drug Use for Cancer Treatment;
  - 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.
20. 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; except as specifically provided in the Benefits for Treatment of Infertility; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
21. Routine Newborn Infant Care, well-baby nursery and related Physician charges except as specifically provided in the policy;
22. 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;
23. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
24. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
25. 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;
26. Supplies, except as specifically provided in the policy;
27. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
28. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
29. 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
30. Weight management, weight reduction, nutrition programs, treatment for obesity, except surgery for morbid obesity, surgery for removal of excess skin or fat.