

University of Delaware
2005 – 2006 Student Health Insurance Plan Overview

Enrollment – All matriculated, full-time and part-time undergraduate and graduate students, while enrolled at the University of Delaware, are eligible to enroll in the Plan. Insured students may also enroll their eligible dependents (spouse residing with the student and unmarried children under age 19 who reside with the student and are not self-supporting).

Students can enroll in this Plan by either:

- Sending the Enrollment Form with their payment to the Plan Coordinator: University Health Plans, One Batterymarch Park, Quincy, MA 02169.
- Going Online at www.universityhealthplans.com: Students can enroll online with a credit card

The deadline for annual enrollment is **September 30, 2005**.

Annual Insurance Cost for Blue Plan:

	Undergraduate and Unfunded Graduate Domestic Students	Graduate Students	Post Doctorates
Student:	\$1,136	\$200	\$400
Student & 1 Dependent:	\$2,913	\$1,977	\$2,177
Student & 2 or more Dependents:	\$4,256	\$3,320	\$3,520

International Students
 All matriculated, UDEL international students on F1 and J1 visas will be automatically enrolled in UDEL Basic Accident and Sickness policy Blue Plan.
 International students (F-1 and J-1) have been charged for **mandatory medical insurance for Fall 2005** on the student bill for Fall 2005. The charge is for Blue Plan. International students **do not** need to complete an application for the Blue Plan since it has been directly charged to your student account and this action enrolled the student in the Blue Plan for the Fall 2005 (September 1, 2005 through January 31, 2006) semester. If the student wants to upgrade to the Blue/Gold plan and/or wants to add dependents, the student must do so on-line at <http://www.udel.edu/shs/insurance/>

Plan Benefit Overview

Term of Coverage	September 1, 2005 – August 31, 2006
Policy Year Aggregate Maximum The Blue Plan Comprehensive Major Medical Benefits	\$50,000 per Injury or Sickness Covered Medical Expenses are payable as follows: \$50 deductible per Injury or Sickness 80% until \$2,000 has been paid, then 100% until the Maximum Benefit is paid.
Policy Year Aggregate Maximum The Blue & Gold Plan Enhanced Medical Benefits	\$1,000,000 per Injury or Sickness Blue plan benefits as described above. Once the maximum benefit has been paid under the Blue Plan, 100% until the maximum benefit is paid. The Maximum Benefit payable shall be \$1,000,000, inclusive of the Blue Plan benefits, for any one injury or Sickness. *The Blue & Gold Plan does not cover mental or nervous disorders, outpatient prescription drugs prescribed for sickness or outpatient physical therapy for a Sickness in excess of the Blue Plan Maximum.
Covered Medical Expenses	Covered Medical Expenses are those expenses for inpatient and outpatient hospital services, including birthing centers, surgeons, anesthesia, inpatient and outpatient physician visits and consultations, including services of an advanced registered nurse and midwife, emergency services, x-ray and laboratory services, and emergency ambulance services, subject to limits and other conditions.
Prescription Drug Benefit	\$50 deductible+ 80% up to a maximum of \$500 for all conditions per policy year When prescribed for treatment of an Injury or Sickness
Waiver of Deductible	The \$50 deductible shall not apply (a) to covered x-ray services performed at the Student Health Service or (b) to care rendered to students at the Newark Emergency Center, Christiana Hospital, or Beebe Medical Center for bonafide emergencies, (c) to covered outpatient physical therapy rendered for treatment of Sickness at the University of Delaware Physical Therapy Health Clinic or (d) outpatient prescription drugs when prescribed and filled at the University of Delaware Student Health Service
State Mandated Benefits	This Policy covers, according to the benefit outline, the Reasonable and Customary Charges incurred for the following services, as mandated by the State of Delaware: 1) Ovarian Cancer Monitoring; 2) Prostate Specific Antigen Test; 3) Mammograms; 4) Pap Smear Test; 5) Lead Poisoning Screening; 6) Colorectal Cancer Screening; 7) Immunizations for dependent children from birth through age 18; 8) Outpatient Contraceptive Services, including contraceptive drugs and devices; 9) Diabetes equipment and supplies; 10) Reconstructive breast surgery; 11) Routine patient care costs while engaging in clinical trials for treatment of a life-threatening disease; and 12) Treatment of severe mental illness and drug and alcohol dependency the same as any other Sickness. See the Policy for details.

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Exclusions and Limitations

The plan does not cover nor provide benefits for:

1. Expense incurred as a result of dental treatment, except that this exclusion shall not apply for treatment resulting from Injury to sound, natural teeth.
2. Services normally provided without charge to students who pay the Student Health Fee by the University's Health Service, Infirmary or Hospital, or by health care providers employed by the University.
3. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations or treatment to correct physical defect of the eye, which can or does impair normal vision.
4. Injury due to participation in a riot, or commission of a felony.
5. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. Injury or Sickness resulting from declared or undeclared war or any act thereof.
7. Injury or Sickness for which benefits are payable under Workers' Compensation or Occupational Disease Law.
8. Injury sustained or Sickness contracted while in the service of the armed forces of any country. Upon the Insured entering the armed forces of any country, we will refund the unearned pro-rata premium to such Insured.
9. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. Elective treatment or elective surgery.
11. Cosmetic surgery except as the result of covered Injury occurring while the Policy is in force as to the Insured.
12. Injury sustained while participating in the play or practice of intercollegiate sports.
13. Injuries sustained as the result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance.
14. Any expense incurred for the treatment of Temporomandibular Joint (TMJ) Dysfunction Syndrome, including examination and fitting for the TMJ device, nutritional counseling and occlusal adjustment. But, benefits will be provided for the treatment of TMJ Dysfunction caused by documented organic joint disease or joint damage resulting from physical trauma. Benefits for a TMJ appliance are excluded.
15. Expense incurred for: tubal ligation; vasectomy; breast reduction; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; and learning disabilities or disorders, or Attention Deficit Disorder.
16. Expense incurred for infertility procedures and fertility tests.
17. Expense incurred for immunizations, allergy tests, vitamins, anti-toxins, except as specially stated.
18. Expense incurred for routine exams or check-ups and other preventive care, except as specifically stated.
19. Services and/or supplies, which are not Medically Necessary for the care and treatment of the Injury or Sickness.
20. Expense in excess of the Reasonable and Customary charge.
21. Outpatient prescription drugs or medicines except as may be specifically provided.
22. Expense for heart, heart-lung, liver or pancreas transplants.
23. Pre-Existing Conditions. This exclusion will not apply if, during the period immediately preceding the Insured's Effective Date of coverage under the Policy, the Insured was covered under prior Creditable Coverage for 12 consecutive months. This waiver of Pre-existing Conditions will apply only in the Insured becomes eligible and applies for coverage within 63 days of termination of his or her prior coverage.
24. Chiropractic services except for the following services rendered by a licensed chiropractor for subluxation diagnosed and verified through x-ray; manual manipulation of the spine, hot/cold pack applications, and x-rays, provided (a) an x-ray showing subluxation was taken within 3 years prior to date services are rendered, and (b) benefits shall be payable only for one treatment (either manual manipulation or hot/cold pack applications) per day.
25. With respect to the Blue & Gold Plan, outpatient physical therapy for a Sickness.
26. Expense for Mental or Nervous Disorders under the Blue & Gold Plan that exceed the Blue Plan maximum.

The complete Plan brochure is available at www.universityhealthplans.com.

Where to Find Help

For questions about:

- Enrollment

Please contact University Health Plans, Inc.
(800) 437-6448
www.universityhealthplans.com

For questions about:

- Insurance Benefits
- Claims Processing
- ID Cards

Please contact Consolidated Health Plans
195 Stafford St, Springfield, MA 01104
(800) 633-7867
www.consolidatedhealthplan.com

For questions about:

-Waiver of mandatory insurance charge
for matriculated international students

Please contact Foreign Student and
Scholar Services Office
(302) 831-2115