



Rhode Island College requires that all undergraduate students taking nine (9) or more credits participate in the school-sponsored Student Accident and Sickness Insurance Plan unless they provide proof that they participate in a health insurance program that provides comparable coverage. Please refer to the accompanying letter for details on how to enroll or waive the Student Insurance Plan. Coverage is mandatory for international students. Please note that part-time, non-degree and graduate students carrying a minimum of six (6) credits may enroll in the Plan on a voluntary basis. Rhode Island College's Student Accident and Sickness Insurance Plan is designed to meet student needs by providing coverage twenty-four (24) hours a day throughout the policy period, from August 15, 2015 to August 14, 2016. The plan is underwritten by Nationwide Life Insurance Company, and is serviced by University Health Plans, Inc. Below is a brief summary of the benefits provided by the Plan. To view the full plan brochure on-line, please visit www.universityhealthplans.com, and select "Rhode Island College."

RHODE ISLAND COLLEGE 2015/2016 SUMMARY OF BASIC INSURANCE BENEFITS

The chart below shows how the plan pays benefits for the major types of health plan expenses. By using a Preferred Provider, you will lower your out-of-pocket expenses, and extend the overall benefits available to you under the Plan.

PLEASE NOTE THE FOLLOWING:

In-Network Charges are covered at the PPO Allowance. Out-of-Network Charges are covered at the Reasonable and Customary (R&C) Rate.

PHCS Preferred Providers can be found at www.phcs.com.

The following summary is intended as an overview of the benefits provided under the 2015/2016 Rhode Island College Student Insurance Plan. To view the full Plan brochure, please visit www.universityhealthplans.com , and click on "Rhode Island College".	Per Semester Rates*		Fall Semester	Spring Semester
	Student	\$838.00	\$838.00	\$838.00
Coverage is provided for benefits as mandated by the State of Rhode Island; please refer to the Master Policy on file at the College for full details.	*A \$10.00 per semester administrative fee is included in the premium and is retained by the school.			
Aggregate Maximum:	Unlimited			
Essential Health Benefits	IN-NETWORK		OUT-OF NETWORK	
Insured percent – benefits will increase to 80% with a referral from the Student Health Center.	70% of Preferred Allowance (PA)		70% of Reasonable & Customary (R&C)	
Out of Pocket Maximum: (Includes Coinsurance and Copayments, does not include non-covered medical expenses or elective treatment)	In Network \$6,350 per Individual		OON – N/A	
Deductible (waived at SHC):	\$100 for each Injury or Sickness (office visit co-payments may be used to meet the deductible)			
INPATIENT CARE EXPENSE				
Hospital Inpatient Expense: including Room & Board, Intensive Care Unit, Miscellaneous Charges and Physician Charges.	70% of PA		70% of R&C	
Surgeon Expense: When multiple surgeries are performed through the same incision at the same operative session, We will pay an amount not to exceed the Benefit for the most expensive procedure being performed.	70% of PA		70% of R&C	
Anesthetist Expense:	70% of PA		70% of R&C	
Mental Health and Substance Abuse Expense:	Paid the same as any other Condition		Paid the same as any other Condition	
OUTPATIENT CARE EXPENSE				
Surgeon Expense:	70% of PA		70% of R&C	
Physician Office Visit:	70% of PA after a \$15 co-pay per visit		70% of R&C after a \$15 co-pay per visit	
X-Ray & Lab Services (lab co-pay waived for lab services provided through Roger Williams Hospital when referred by the Health Services).	70% of PA after a \$15 co-pay per visit		70% of R&C after a \$15 co-pay per visit	
Chiropractic or Physiotherapy	Paid as any other Condition		Paid as any other Condition	
Emergency Room: co-pay waived if admitted	80% of PA after a \$50 co-pay per visit		80% of R&C after a \$50 co-pay per visit	
Mental Health & Substance Abuse Expense:	Payable on the same basis as any other covered condition.			
OTHER EXPENSES				
Wellness/Preventive and Immunization Services	100% of PPO Allowance (deductible does not apply)		70% of R&C	
Ambulance Expense:	Payable on the same basis as any other covered condition			
Prescription Drug Expense Prescriptions must be filled at a Catamaran Pharmacy, which includes most national chain pharmacies. Mail Order Drug Benefit Option is available for maintenance medications (those that are taken for long periods of time, such as drugs sometimes prescribed for heart disease, high blood pressure, asthma, etc.). Because of volume buying, Catamaran, the mail order pharmacy, is able to offer Covered Persons significant savings on their prescriptions.			Pharmacy Option (30 Day Supply)	Mail Order Option (90 Day Supply)
	Generic Contraceptives		\$0 co-pay	\$0 co-pay
	Generic Drugs		\$15 co-pay	\$30 co-pay
	Brand Name Drugs		\$35 co-pay	\$70 co-pay

Elective Expenses (non-Essential Health Benefits that do not apply to the Out-of-Pocket maximums)	
Elective Abortions	100%% of PPO Allowance up to \$150, 60% thereafter
Medical Evacuation/Repatriation	100% of charges/unlimited
Accidental Death and Dismemberment:	Payable while insured under the Plan, when the student incurs a covered Injury that results in a loss within 90 days of such Injury: Principal Sum for Life: \$5,000; Sum for Dismemberment: \$1,000

EXCLUSIONS AND LIMITATIONS

Unless specifically included, no Benefits will be paid for: a) Loss or expense caused by, contributed to, or resulting from; b) treatment, services, or supplies for, at, or related to:

1. Eyeglasses, contact lenses, routine eye refractions, eye examinations except as in the case of Injury or as specifically provided; prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery or radial keratotomy or similar surgical procedures to correct vision, except when due to a disease process; Repair or replacement of eye glasses or contact lens except when required as a direct result of an Injury.
2. Treatment (other than surgery) of chronic Conditions of the foot including weak feet, flat foot, foot strain, calluses, toenails or bunions.
3. Cosmetic treatment, cosmetic surgery, plastic surgery, resulting complications, consequences and after effects or other services and supplies that We determine to be furnished primarily to improve appearance rather than a physical function or control of organic disease except as provided herein or for treatment of an Injury that is covered under the Policy. Improvements of physical function does not include improvement of self-esteem, personal concept of body image, or relief of social, emotional, or psychological distress. Procedures not covered include, but are not limited to: face lifts; sagging eyelids; prominent ears; skin scars; hair growth or hair removal; correction of breast size, asymmetry or shape by means of reduction, augmentation, or breast implants (except for correction or deformity resulting from mastectomies or lymph node dissections); This exclusion does not include Reconstructive Surgery when the service is incidental to or follows surgery resulting from trauma, Injury, infection or other diseases of the involved part.
4. Sexual reassignment surgery; or any treatment of gender identity disorders, including hormone replacement therapy except as provided herein. This exclusion does not include related mental health counseling.
5. Treatment, service, or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved.
6. Treatments which are considered to be unsafe, Experimental, or Investigational by the American Medical Association (AMA), and resulting complications. Upon written request, claims denied under this provision may be reviewed by an independent medical review entity if You or Your Dependent has a terminal Condition that, according to the Physician's current diagnosis, has a high probability of causing death within 1 year from the date of the request for medical review.
7. Custodial Care; Care provided in a: rest home, home for the aged, halfway house, health resort or any similar facility for domiciliary or Custodial Care, or that provides twenty-four (24) hour non- medical residential care or day care (except as provided for Hospice care).
8. Dental care or treatment of the teeth, gums or structures directly supporting the teeth, (except as specified herein).
9. Treatment/Surgery for Temporomandibular Joint Dysfunction (TMJ).
10. Injury sustained while (a) participating in any intercollegiate, professional, or semi-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.
11. 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.
12. Injury resulting from participation in any hazardous activity, including: skydiving, scuba diving, racing or speed contests, mountaineering (where ropes or guides are customarily used), (except as specifically provided in this Policy).
13. Injury occurring in consequence of riding as a passenger or otherwise being in any vehicle or device of aerial navigation, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline.
14. Pregnancy that results under a Surrogate Parenting Agreement.
15. Services provided normally without charge by the health service of the Policyholder or services covered or provided by a student health fee. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
16. Any services of a Physician or Nurse who lives with You or Your Dependent(s) or who is related to You or Your Dependent(s) by blood or marriage.
17. Under the Prescription Drug Benefit, any drug or medicine:
 - obtainable Over the Counter (OTC), except as provided under Preventive services;
 - for the treatment of alopecia (hair loss) or hirsutism (hair removal);
 - for the purpose of weight control;
 - anabolic steroids used for body building;
 - sexual enhancement drugs;
 - cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or treatment of acne, except as specifically provided in this Policy;
 - treatment of nail (toe or finger) fungus;
 - refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
 - for an amount that exceeds a 30 day supply;
 - drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
 - purchased after Coverage under the Policy terminates;
 - consumed or administered at the place where it is dispensed;
 - if the FDA determines that the drug is:
 - contraindicated for the treatment of the Condition for which the drug was prescribed;
 - or Experimental for any reason.
18. Vitamins, except as prescribed.
19. Services for the treatment of any Injury or Sickness incurred while committing or attempting to commit a felony; or while taking part in an insurrection or riot or fighting, except in self-defense.
20. Injury or Sickness for which Benefits are paid or payable under any workers' compensation or occupation disease law or act, or similar legislation.
21. War or any act of war, declared or undeclared; or while in the armed forces of any country.
22. Acupuncture and acupressure; aroma therapy; hypnosis; rolfing; Hyperhidrosis; Psychosurgery & biofeedback.
23. Diagnosis and treatment of sleep disorders including but not limited to apnea monitoring, sleep studies, and oral appliances used for snoring, except treatment and appliances for documented obstructive sleep apnea.
24. Elective surgery or treatment.
25. Long term care.