

IMPORTANT: Deadlines Apply!

Lafayette College

Student Injury and Sickness Insurance for the 2013-2014 Academic School Year

Important Student Health Insurance Information. Deadline Sensitive!

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 \$500,000 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 1-800-505-4160. 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.



Welcome to UnitedHealthcare StudentResources

Good Health is vital to keeping your academic career on track, and health insurance plays a key role against unexpected illness or injury. But you may think that health insurance is too expensive for your financial situation or too complicated to make it worthwhile. Think again. Your institution is working with UnitedHealthcare **StudentResources** to provide you with straightforward, essential health care benefit coverage.

- Receive Basic Coverage for most major services, including pharmacy, hospitalization and Mental Illness services.
- Obtain online health information and benefit plan management tools anytime and anywhere on www.firststudent.com.

Who is eligible?

All Full-time undergraduate students are required to purchase this insurance Plan unless proof of comparable coverage is furnished.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the Eligibility requirements that the student actively attend classes.

When Do I Enroll/ Waive?

Fall Waiver Deadline Date – 8/1/13

Spring/Summer Waiver Deadline Date - 1/6/14

To complete the waiver process, please visit www.universityhealthplans.com.

*Please Note: Students must either waive coverage online at www.universityhealthplans.com. If you fail to complete an online waiver by the published deadline your student account will be charged. Once you are enrolled in the plan, there are no refunds.

Pharmacy Benefits

At UnitedHealthcare **StudentResources** our goal is to provide you with access to the medications you need and to provide you with the tools that will help you make informed decisions regarding medications. Our national retail network includes more than 60,000 pharmacies, with national and regional chains and many local independent pharmacies. You may receive your prescription drugs for a copayment when using a participating pharmacy.

To get prescription drug information go to www.firststudent.com, or call 1-855-828-7716.

Collegiate Assistance Program

Insured Students have access to nurse advice, health information, and counseling support 24 hours a day by dialing the number listed on the permanent ID card. Collegiate Assistance Program is staffed by Registered Nurses and Licensed Clinicians who can help students determine if they need to seek medical care, need legal/financial advice or may need to talk to someone about everyday issues that can be overwhelming.

Find a Doctor, Hospital, or Lab

The Preferred Provider network for this plan is the United Healthcare Choice Plus. Preferred Provider can be found using the following link, www.firststudent.com.

FrontierMEDEX: Global Emergency Medical Assistance

Through participation in the insurance plan each Insured Person has access to emergency medical assistance services when traveling 100 miles or more from campus, permanent home or around the world. Services are available 24 hours a day, 365 days a year, and meet or exceed the United States J-1 visa requirements for international students.

International Students, insured spouse and insured minor child(ren): You are eligible to receive SES worldwide, except in your home country.

Key features of the program:

- No pre-existing conditions or territorial exclusions
- Worldwide network of pre-qualified medical providers
- Operations Centers with immediate world-wide response capabilities
- "Out-of-Area" medical problems alleviated

Key services include:

- Evacuation
- Repatriation
- Return of Mortal Remains
- Medical Consultation, Evaluation and Medical Referrals
- Foreign Hospital Admission Guarantee
- Critical Care Monitoring
- Prescription Assistance
- Emergency Message Transmission
- Care of Minor Children, left unattended due to medical incident
- Emergency Trauma Counseling
- Legal and Interpreter Referrals
- Lost Luggage or Document Assistance

For more information go to www.firststudent.com.

Online Access to Account Information

UnitedHealthcare **StudentResources** Insureds have online access to claims status, EOBs, ID Cards, network providers, correspondence and coverage information by logging in to **My Account** at www.firststudent.com. Insured students who don't already have an online account may simply select the "create My Account Now" link. Follow the simple, onscreen directions to establish an online account in minutes using your 7-digit Insurance ID number or the email address on file.

As part of UnitedHealthcare **StudentResources'** environmental commitment to reducing waste, we've introduced a number of initiatives designed to preserve our precious resources while also protecting the security of a student's personal health information.

My Account has been enhanced to include Message Center - a self-service tool that provides a quick and easy way to view any email notifications we may have sent. In Message Center, notifications are securely sent directly to the Insured student's email address. If the Insured student prefers to receive paper copies, he or she may opt-out of electronic delivery by going into My Email Preferences and making the change there.

ID Cards

One way we are becoming greener is to no longer automatically mail out ID Cards. Instead, we will send an email notification when the digital ID card is available to be downloaded from My Account. An Insured student may also use My Account to request delivery of a Permanent ID card through the mail. ID Cards may also be accessed via our mobile site at my.uhcsr.com.

Rates	Annual	Fall	Spring/Summer
	8/1/13 - 7/31/14	8/1/13 - 12/31/13	1/1/14 - 7/31/14
Undergraduate Student	\$1,522.00	\$ 681.00	\$ 914.00

To Learn More:
Go to www.universityhealthplans.com or Call 1-800-437-6448

SCHEDULE OF BASIC MEDICAL EXPENSE BENEFITS Injury and Sickness Up to \$500,000 Maximum Benefit Paid As Specified Below Per Insured Person, Per Policy Year Deductible Preferred Provider: \$100 Per Insured Person, Per Policy Year / Deductible Out-of-Network: \$350 Per Insured Person, Per Policy Year Coinsurance Preferred Provider: 90% except as noted below / Coinsurance Out-of-Network: 70% except as noted below Out-of-Pocket Maximum Preferred Providers \$2,000 Per Insured Person, Per Policy Year / Out-of-Pocket Maximum Out-of-Network \$4,000 Per Insured Person, Per Policy Year		
The Preferred Provider for this plan is UnitedHealthcare Choice Plus.		
If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.		
Out-of-Pocket Maximum: 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 benefit maximums that may apply. Separate Out-of-Pocket Maximums apply to Preferred Provider and Out-of-Network benefits. The policy Deductible, Copays and per service Deductibles and services that are not Covered Medical Expenses do not count toward meeting the Out-of-Pocket Maximum. Even when the Out-of-Pocket Maximum has been satisfied, the Insured Person will still be responsible for Copays and per service Deductibles.		
The benefits payable are as defined in and subject to all provisions of this policy and any endorsements thereto. Benefits are subject to the policy Maximum Benefit unless otherwise specifically stated. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. All benefit maximums are combined Preferred Provider and Out-of-Network unless otherwise specifically stated.		
PA = Preferred Allowance	U&C = Usual & Customary Charges	
INPATIENT	Preferred Providers	Out-of-Network Providers
Room and Board Expense , daily semi-private room rate when confined as an inpatient; and general nursing care provided by the Hospital.	90% of PA	70 % of U&C
Intensive Care	90% of PA	70 % of U&C
Hospital Miscellaneous Expense , such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	90% of PA	70 % of U&C
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth for an Inpatient stay of at least 48 hours following a vaginal delivery or 96 hours following a cesarean delivery. If the mother agrees, the attending Physician may discharge the newborn earlier.	Paid as any other Sickness	
Physiotherapy	90% of PA	70 % of U&C
Surgeon's Fees , if two or more procedures are performed through the same incision the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	90% of PA	70 % of U&C
Assistant Surgeon	90% of PA	70 % of U&C
Anesthetist , professional services administered in connection with inpatient surgery.	90% of PA	70 % of U&C
Registered Nurse's Services , private duty nursing care.	90% of PA	70 % of U&C
Physician's Visits , non-surgical services when confined as an inpatient. Benefits do not apply when related to surgery.	90% of PA	70 % of U&C
Pre-Admission Testing , payable within 3 working days prior to admission.	90% of PA	70 % of U&C
OUTPATIENT	Preferred Providers	Out-of-Network Providers
Surgeon's Fees , if two or more procedures are performed through the same incision the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	90% of PA	70 % of U&C
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	90% of PA	70 % of U&C
Assistant Surgeon	90% of PA	70 % of U&C
Anesthetist , professional services administered in connection with outpatient surgery.	90% of PA	70 % of U&C
Physician's Visits , Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	100% of PA / \$25 Copay per Visit	80 % of U&C
Physiotherapy , Physiotherapy includes but is not limited to the following: 1) physical therapy; 2) occupational therapy; 3) cardiac rehabilitation therapy; 4) manipulative treatment; and 5) speech therapy, unless excluded in the policy. Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.	90% of PA	70 % of U&C
Medical Emergency Expenses , facility charge for use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	100% of PA / \$100 Copay per visit	100% of U&C / \$100 Deductible per visit
Diagnostic X-Ray Services	90% of PA	70 % of U&C
Radiation Therapy	90% of PA	70 % of U&C
Laboratory Services	90% of PA	70 % of U&C
Tests and Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures. The following therapies will be paid under this benefit: inhalation therapy, infusion therapy, pulmonary therapy and respiratory therapy.	90% of PA	70 % of U&C
Injections , when administered in the Physician's office and charged on the Physician's statement.	90% of PA	70 % of U&C
Chemotherapy	90% of PA	70 % of U&C
Prescription Drugs , up to a 31-day supply per prescription. Mail order Prescription Drugs through UHCP at 2.5 times the retail copay.	UnitedHealthcare Network Pharmacy (UHCP) \$15 Copay per prescription for Tier 1 / \$30 Copay per prescription for Tier 2 / \$45 Copay per prescription for Tier 3	No Benefits
OTHER	Preferred Providers	Out-of-Network Providers
Ambulance Services	100% of PA	100 % of U&C
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Benefits are limited to the initial purchase or one replacement purchase per Policy Year. Durable Medical Equipment includes external prosthetic devices that replace a limb or body part but does not include any device that is fully implanted into the body. (\$1,000 maximum Per Policy Year) (Durable Medical Equipment benefits payable under the \$1,000 maximum are not included in the \$500,000 Maximum Benefit)	90% of PA	90% of U&C
Consultant Physician Fees , when requested and approved by the attending Physician.	100% of PA / \$25 Copay per Visit	70% of U&C
Dental Treatment , made necessary by Injury to Sound, Natural Teeth only. (\$1,000 maximum per policy year) (Dental benefits are not subject to the \$500,000 Maximum Benefit.)	90% of U&C	90% of U&C
Maternity , benefits will be paid for an inpatient stay of at least 48 hours following a vaginal delivery or 96 hours following a cesarean delivery. If the mother agrees, the attending physician may discharge mother earlier.	Paid as any other Sickness	
Complications of Pregnancy	Paid as any other Sickness	
Elective Abortion ; (\$1,000 maximum Per Policy Year) (Elective Abortion benefits are not subject to the \$500,000 Maximum Benefit.)	90% of PA	70% of U&C
Preventive Care Services , medical services that have been demonstrated by clinical evidence to be safe and effective in either the early detection of disease or in the prevention of disease, have been proven to have a beneficial effect on health outcomes and are limited to the following as required under applicable law: 1) Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force; 2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; 3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and 4) with respect to women, such additional preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration. No Deductible, Copays or Coinsurance will be applied when the services are received from a Preferred Provider.	100% of PA	No Benefits
Urgent Care , facility or clinic fee billed by the Urgent Care Center. All other services rendered during the visit will be paid as specified in the Schedule of Benefits.	100% of PA / \$50 Copay per visit	100 % of U&C / \$50 Deductible per visit
Mental Illness Treatment , services received on an inpatient and outpatient basis.	Paid as any other Sickness / See Benefits for Serious Mental Illness.	
Substance Use Disorder Treatment	Paid as any other Sickness / See Benefits for Alcohol/Drug Abuse and Dependency Treatment.	
Reconstruction Breast Surgery , following mastectomy. In connection with covered mastectomy. See Benefits for Mastectomy.	Paid as any other Sickness	
Diabetes Services , in connection with the treatment of diabetes. See Benefits for Management and Treatment of Diabetes.	Paid as any other Sickness / See Benefits for Management and Treatment of Diabetes.	

Schedule of Benefits (continued)

The plan includes the following mandates: Benefits for Serious Mental Illness; Benefits for Alcohol/Drug Abuse and Dependency Treatment; Benefits for Management and Treatment of Diabetes; Benefits for Post-Partum Home Health Care; Benefits for Women's Preventive Health Services; Benefits for Mammographic Examination; Benefits for Mastectomy; Benefits for Colorectal Cancer Screening; Benefits for Autism Spectrum Disorder; Benefits for Childhood Immunizations; Benefits for Medical Foods; Benefits for Newborn Infants.

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;
2. Addiction, such as: nicotine addiction, except as specifically provided in the policy; and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Milieu therapy, learning disabilities, behavioral problems, intensive behavioral therapies, such as applied behavioral analysis; parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation;
4. Biofeedback;
5. Circumcision;
6. Congenital conditions for cosmetic purposes only, except as specifically provided for Newborn or adopted Infants;
7. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn children;
8. 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;
9. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
10. Elective Surgery or Elective Treatment as defined in the policy; except cosmetic surgery necessitated by a covered Injury;
11. 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 covered Injury or disease process;
12. Flat foot conditions; supportive devices for the foot; fallen arches; weak feet; chronic foot strain; symptomatic complaints of the feet; and routine foot care including the care, cutting, and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery);
13. Health spa or similar facilities; strengthening programs;
14. Hearing examinations; hearing aids; or cochlear implants; or other treatment for hearing defects and problems, except as a result of an infection or trauma. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
15. Hirsutism; alopecia;
16. Hypnosis;
17. 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;
18. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
19. 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;
20. Investigational services;
21. Lipectomy;
22. Experimental organ transplants, including organ donation;
23. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
24. 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 specifically provided in the policy;
 - 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;
 - 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.
25. 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; female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
26. 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;
27. Routine Newborn Infant Care, well-baby nursery and related Physician charges except as specifically provided in the policy.
28. Preventive care services; 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;
29. Services provided normally without charge by the Health Service of the Policyholder;
30. 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, except for treatment of a covered Injury or treatment of chronic purulent sinusitis;
31. Skydiving, recreational 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;
32. Sleep disorders;
33. Speech therapy; naturopathic services;
34. Supplies, except as specifically provided in the policy;
35. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
36. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
37. 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
38. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy # 2013-981-83. For a full description of coverage including cost, benefits, exclusions, any reductions and limitations and the terms under which coverage may remain in force, please refer to the plan brochure at www.firststudent.com.

Non-Renewable One Year Term Insurance.

If you have any questions, please contact Customer Service at
1-800-437-6448 or www.universityhealthplans.com