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 all of the following:

1. Acupuncture,
2. Learning disabilities, behavioral problems, developmental delay or disorder or intellectual disability, except as specifically provided in the Benefits for the Treatment of Autism or Other Developmental Disabilities or as otherwise provided in the policy;

3. Cosmetics procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children including children continuously insured under the preceding student policy issued by the company;

4. Custodial care; care provided in: red homes, health resorts, homes for the aged, halfway houses, or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;

5. Dental treatment, except for accidental Injury to Sound, Natural Teeth;

6. Elective Surgery or Elective Treatment

7. 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 or except as specifically provided in the policy;

8. Fixed foot conditions; supportive devices for the foot; subluxations of the foot; fallen arches; weak feet; chronic foot skin; 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);

9. Hearing examinations, except as specifically provided in the policy; hearing aids; or other treatment for hearing defects and problems; except as a result of an infarction or trauma, except as specifically provided in Benefits for Hearing Aids. “Hearing defects” means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;

10. Herism; alopecia;

11. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury or as otherwise provided in the policy;

12. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation;

13. Injuries sustained while (a) participating in any intercollegiate or professional sport, contest or competition; or (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;

14. Lipomas;

15. Participation in a riot or civil disturbance; Loss to which a contributing cause was the Insured Person's commission or attempt to commit a felony or to which a contributing cause was the Insured Person's engagement in an illegal occupation;

16. Prescription Drugs, services or supplies as follow:

a. Therapeutic devices or appliances, including: hypoglycemic 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” in experimental drugs, except for expenses incurred in prescribing a drug for a specific treatment for which it has been prescribed in one of the following established reference compendia: (1) the American Medical Association Drug Evaluations; (2) the American Hospital Formulary Service Drug Information; or (3) the United States Pharmacopeia Drug Information; or it is recommended by a clinical study or review article in a major peer-reviewed professional journal. Any coverage of a drug shall also include Medically Necessary services associated with the administration of the drug;

d. Products used for cosmetic purposes, except as specifically provided in the Policy;

e. Drugs used to treat or cure baldness; aldosteronism caused by body building;

f. Anorectics - drugs used for the purpose of weight control;

g. Sexual enhancement drugs, such as Viagra;

h. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

17. Reproductive services including but not limited to: family planning, fertility testing, including any services or supplies rendered for the purpose or with the intent of pregnancy control or female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment surgery; reversal of sterilization procedures; except as specifically provided in the Benefits for Infertility Treatment;

18. Research or examinations relating to research studies, or any treatment for which the patient was entered into a clinical study or review article in a major peer-reviewed professional journal. Any coverage of a drug shall also include Medically Necessary services associated with the administration of the drug;

19. Mental Health Services, as defined under the policy, except as specifically provided in the policy;

20. Alcoholism; Benefits for Biologically Based Mental Illness; Benefits for Diabetes;

21. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum;

22. Flight in any kind of aircraft, except while riding as a passenger on regularly scheduled flight of a commercial airline;

23. Weight management, weight reduction, nutrition planning, treatments for obesity, surgery for removal of excess skin or fat, except as specifically provided in the policy;

24. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;

25. Mental Health Services, as defined under the policy, except as specifically provided in the policy;

26. War or any act of war declared or undeclared: 1) while the Insured Person is serving in the armed forces of any country; 2) while the Insured Person is not serving in any armed forces of any country or serving in a foreign country or international organization; or 3) while the Insured Person is not serving in any armed forces if the Injury or Sickness occurs outside the 50 states of the United States America, the District of Columbia or the Virgin Islands of the United States, Alaska or Hawaii, except as specifically provided in the policy;

27. Life in any kind of aircraft; except while riding as a passenger on regularly scheduled flight of a commercial airline;

28. Services, except as specifically provided in the policy;

29. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecological surgery; except as specifically provided in the policy;

30. Services provided normally without charge;

31. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy #’s: 2013-519-2. 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 catalog. Non-Renewable One Year Term Insurance

Submit all Enrollment Inquiries to: University Health Plans, Inc. One Batterymarch Park, Quincy, MA 02199-7454, 1-800-437-6448, info@univhealthplans.com.

Submit all Claims or Benefits Inquiries to: First Student UnitedHealthcare Student Resources P.O. Box 809025 Dallas, Texas 75380-9025, 1-800-505-4160, customerservice@uhcstudent.com or claims@uhcstudent.com.
Welcome to UnitedHealthcare StudentResources

Good Health is vital to keeping your academic career on track, and health insurance plays a key role against unexpected situations or too complicated to make it worthwhile. Think again. Your institution is working with UnitedHealthcare StudentResources to provide you with straightforward, essential health care benefits coverage.

Pharmaceuticals

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 decisions regarding your health. Our network includes more than 60,000 pharmacies, with national and regional chains, and many independent pharmacies. You can fill your prescriptions through UnitedHealthcare’s existing pharmacy, including the pharmacy located at the University Health Center.

On-Line Services

UnitedHealthcareStudentResources insures have online access to claims status, drug information, pharmacy network and formulary compliance checking, no login to My Account at www.firststudent.com/studentinfo. Insured students who don't already have an online health student to determine "My Account" button, then click on it. You can download, print or view by entering your "My Account" details. As part of UnitedHealthcare StudentResources' environmental commitment to reducing waste, they've introduced a number of tools designed to preserve our precious resources while also protecting the security of a student's personal health information.

Who is Eligible?

International Students 2013-519-2: All International students on a Rutgers University F-1, J-1, or J-2 sponsorship, regardless of the number of credits, hours and percentage of time you spend on campus and will be enrolled.

Part-time Students 2013-519-3: All part-time undergraduate students taking 12 or more credits, all part-time graduate students taking 9 credits or more, all part-time medical students, and all part-time dental students.

Domestic Students 2013-519-4: All full-time undergraduate students taking 12 or more credits, all full-time graduate students taking 9 credits or more, all part-time medical students, and all part-time dental students.

What are the Benefits?

How and When do I Enroll or Waive this Plan?

International Students on a Rutgers Sponsored Visa: All International students who have a full-time undergraduate or graduate degree. They may automatically be enrolled in this insurance plan at registration unless proof of coverage is furnished. All full-time undergraduate students are automatically enrolled in this plan at registration, unless proof of comparable coverage is furnished.

Part-time Students 2013-519-3: All part-time undergraduate students taking 12 or more credits are enrolled to enroll on a voluntary basis.

Domestic Students 2013-519-4: All full-time undergraduate students taking 12 or more credits, all full-time graduate students taking 9 credits or more, all part-time medical students, and all part-time dental students.

Enrolled Partners, of enrolled students may participate in this plan on a voluntary basis.

NOTICE: Students taking only classes are not eligible to enroll.

Students who plan to attend Rutgers full-time, at least the first year for which coverage is furnished. Home study, correspondence and online courses do not qualify for this plan. Eligibility is available for full-time, part-time medical students, and part-time dental students.

DEPENDENT is the spouse, (wife, or, if Single) Union partner and dependent children (under age 26) of the student who is attending school to provide coverage. Children must be dependent at the end of the month in which they attain the age of 26.

A dependent will be eligible to continue coverage after age 26, up to the dependent's 31st birthday, under certain circumstances. See the Definitions section of the Certificate.

How much does it cost?

Coverage Periods

Full Time Domestic Students

International Students

Part-Time Domestic Students

Each Child

Fall 2013

$620.00

$1,242.00

$2,572.00

$3,541.00

$9,820.00

Summer 2013

$738.50

$2,572.00

$3,541.00

$5,960.00

$12,000.00

Submit all Enrollments Requests to: University Health Plans, Inc, One Batterymarch Park Quincy, MA 02169-7454, 1-800-437-6448, info@univhealthplans.com

SCHEDULE OF MEDICAL EXPENSE BENEFITS

Out of Pocket Expenses

Full-Time Domestic and All Full-Time International (Per Insured Person, Per Policy Year)

Out of Pocket Deductible: $500

$3,000 (For all Insureds in a Family, Per Policy Year)

Part-Time Student Plan Deductible: Preferred Provider Deductible: $300

Out of Pocket Deductible: $1,500

$3,000 (For all Insureds in a Family, Per Policy Year)
Welcome to UnitedHealthcare StudentResources

Good Health is vital to keeping your academic career on track, and health insurance gives you a key advantage when you need it most. At UnitedHealthcare StudentResources, we understand that your education is your career and you think twice before taking any risk that could complicate your studies. That's why we're here to provide you with straightforward, essential health care benefits coverage.

The preferred provider network includes local and national health services, including pharmacy, hospitalization and mental health services.

* Obtain online health information and benefit management tools anytime, anywhere at www.competeonline.com

* Access specialists easily and directly, without a referral.

* Access a national network of physicians without referrals.

On-Line Services

UnitedHealthcareStudentResources.com insures all online access to claims status, DDA, CPT, Claim, new beneficiary and account information, as well as your privacy settings. You can login to my Account at www.firststudent.com/myaccount. Insured students will have an assigned email contact for any questions and concerns.

Victim of students email address. If the insured student prefers to receive paper copies, help is available. 1-800-437-6448, info@univhealthplans.com.

Full Time Domestic Students: All full-time undergraduate students taking 12 hours or more per semester are eligible to enroll on a voluntary basis. Domestic Students enrolled must complete an online enrollment form. The waiver/enrollment deadlines are as follows:

Fall Deadline: September 16, 2014
Spring/Summer Deadline: June 30, 2014

To submit the Online Waiver or Enrollment Form:

1. Visit www.universityhealthplans.com
2. Select “Rutgers, The State University of New Jersey” and follow the prompts until you arrive at the login page.
3. Enter the “Enrollment Form” or “Waiver Form” box on the left of the page,
4. Complete the required fields and submit the form. If your enrollment form has been successfully submitted, you will see a waiver or enrollment confirmation number.

IMPORTANT INFORMATION FOR ALL STUDENTS:

Open Enrollment Periods for All Dependents and Students: If you have eligible dependents enrolled in the plan, you must ensure that a student in the fall semester and spring semester are enrolled in the plan. Students enrolled full-time any time during the plan year are automatically enrolled in the insurance plan at registration unless proof of comparable coverage is furnished.

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