

IMPORTANT: Deadlines Apply!



Rutgers Biomedical and Health Sciences Student Injury and Sickness Insurance Plan 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 \$1,000,000 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 health services.
- * Obtain online health information and benefit plan management tools anytime and anywhere on www.firststudent.com/rutgersbio.
- * Access specialists easily and directly, without a referral.
- * Access a national network of physicians without referrals.

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.

On-Line Services

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/rutgersbio. Insured students who don't already have an online account may simply select the "My Account" 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.

Who is Eligible?

All full-time Rutgers Biomedical and Health Sciences students, as well as those part-time students who participate in clinical experience as part of their educational programs are required to be covered by health and accident insurance.

All part-time degree or certificate seeking students taking at least 1 credit hour and not participating in clinical experience, are eligible to enroll on a voluntary basis.

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.

DEPENDENT is the spouse (husband, wife, or Civil Union partner) and dependent children, including any child for which the Named Insured is under court order to provide coverage. Children shall cease to be dependent at the end of the month in which they attain the age of 26 years.

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?

	Students	Spouse	Each Child
Annual 8/1/13 - 8/14/14	\$1,473.00	\$5,993.00	\$3,206.00
Spring/Summer 1 1/1/14 - 8/14/14	\$ 913.00	\$3,710.00	\$1,985.00
Spring/Summer 2 3/1/14 - 8/14/14	\$ 676.00	\$2,742.00	\$1,467.00
Summer 2 6/1/14 - 8/14/14	\$ 305.00	\$1,232.00	\$ 659.00

How and When do I Enroll or Waive this Plan?

In order to comply with the New Jersey State mandate all full-time graduate and undergraduate students must have health insurance coverage. **The University initially charges all full-time students for the Student Health Insurance Plan \$1,473.** Students who have other health insurance coverage may opt out of coverage by submitting the online waiver form.

Full-time students are required to submit an online waiver form prior to the posted deadline each academic year. The Fall waiver deadline is **September 30. Students who do not respond by the deadline will be automatically enrolled in the annual plan and will be responsible for paying the premium.** Students who do not pay the assessed premium and who have not properly waived coverage will have a hold placed on their account until it is paid in full.

Part-Time Students: Eligible voluntary part time students not participating in clinical may enroll by submitting the appropriate form online. All enrollments and payments must be received prior to the posed deadline.

INSTRUCTIONS/DEADLINES:

Eligible students may only enroll in or waive the plan by submitting the appropriate form online at www.universityhealthplans.com. Students who enroll themselves in the plan may also elect to purchase coverage for their eligible dependents online by submitting the Dependent Enrollment Form in addition to their own enrollment form. The waiver/enrollment deadlines are as follows:

Fall Deadline:	September 30, 2013
Spring/Summer 1 Deadline:	February 25, 2014
Spring/Summer 2 Deadline:	March 15, 2014
Summer 2 Deadline:	May 31, 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 letter page.
3. Select the "Enrollment Form" or "Waiver Form" box on the left of the page.
4. Complete the required fields and submit the form.
5. When your waiver or 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 in the fall or, are a student in the fall semester and eligible to purchase coverage and you choose not to enroll for coverage before the Fall Enrollment Deadline of ***September 30, 2013**, your Dependents or you, will not be eligible to enroll again until the start of next fall unless you experience a "Life Status" change during the year. A life status change includes marriage, divorce, birth of a child or loss of coverage through no fault of your own (i.e. aging off your parent's coverage). If your Dependents or you, experience a "Life Status" change, you must submit proof of the event and enroll within 30 days of the event, otherwise you will no longer be eligible to enroll for the remainder of the policy year.

*For new Dependents or new students in the spring 1 semester, your open enrollment deadline is **February 25, 2014**.

*For new Dependents or new students in the spring 2 semester, your open enrollment deadline is **March 15, 2014**.

*For new Dependents or new students in the summer 2 semester, your open enrollment deadline is **May 31, 2014**.

Please contact University Health Plans at info@univhealthplans.com for cost and enrollment information as a Life Status Change.

SCHEDULE OF MEDICAL EXPENSE BENEFITS

Injury and Sickness

Up to \$1,000,000 Maximum Benefit Paid As Specified Below (Per Insured Person, Per Policy Year)

Deductibles: Preferred Provider Deductible: \$100 (Per Insured Person) (Per Policy Year) / Out-of-Network Deductible: \$500 (Per Insured Person) (Per Policy Year)

Coinsurance Preferred Provider: 90% except as noted below / Coinsurance Out-of-Network: 60% except as noted below

Out-of-Pocket Maximum, Preferred Provider: \$2,500 (Per Insured Person, Per Policy Year) / \$5,000 (For all Insureds in a Family, Per Policy Year)

Out-of-Pocket Maximum, Out-of-Network: \$10,000 (Per Insured Person, Per Policy Year) / \$20,000 (For all Insureds in a Family, 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 Policy includes Preferred Provider Coinsurance and Copayment, Coinsurance will not be applied to those benefits that include a Copayment. 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 Preferred Provider Deductible or Coinsurance will not apply to any Preventive Care benefits provided under the policy.

The benefits payable are as defined in and subject to all provisions of this policy and any endorsements thereto. 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	max = maximum	
		Preferred Providers	Out-of-Network Providers
INPATIENT			
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	60% of U&C
Hospital Miscellaneous Expenses , 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	60% of U&C
Intensive Care		90% of PA	60% of U&C
Physiotherapy		90% of PA	60% of U&C
Routine Newborn Care , See Benefits for Postpartum Care and Routine Newborn Care.		Paid as any other Sickness	
Surgeon's Fees , if two or more procedures are performed through the same incision or in the immediate succession at 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	60% of U&C
Assistant Surgeon		90% of PA	60% of U&C
Anesthetist , professional services administered in connection with inpatient surgery.		90% of PA	60% of U&C
Registered Nurse's Services , private duty nursing care.		90% of PA	60% of U&C
Physician's Visits , non-surgical services when confined as an inpatient. Benefits do not apply when related to surgery.		100% of PA	60% of U&C
Pre-Admission Testing , payable within 3 working days prior to admission.		90% of PA	60% of U&C
OUTPATIENT			
Surgeon's Fees , if two or more procedures are performed through the same incision or in immediate succession at 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	60% 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 and based on the Outpatient Surgical Facility Charge Index.		90% of PA	60% of U&C
Assistant Surgeon		90% of PA	60% of U&C
Anesthetist , professional services administered in connection with outpatient surgery.		90% of PA	60% of U&C
Physician's Visits , Benefits do not apply when related to Surgery. This Limitation will be waived when Surgery is performed in the Physician's office.		100% of PA / \$25 Copay per visit	60% 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. Speech therapy will be paid only for the treatment of speech, language, voice, communication and auditory processing when the disorder results from Injury, trauma, stroke, surgery, cancer or vocal nodules. Benefits also provided as mandated for Audiology and Speech Language Pathology and Benefits for Treatment of Autism or Other Developmental Disabilities. (Review of medical necessity after 12 visits.)		90% of PA	60% 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.		90% of PA	90% of U&C
Diagnostic X-Ray and Laboratory Services		90% of PA	60% of U&C
Tests & 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	60% of U&C
Radiation and Chemotherapy		90% of PA	60% of U&C
Injections , when administered in the Physician's office and charged on the Physician's statement.		90% of PA	60% 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 up to a 90 day supply.		UnitedHealthcare Network Pharmacy (UHCP) \$15 copay per prescription for Tier 1 / \$30 copay per prescription for Tier 2 / \$50 copay per prescription for Tier 3	60% of U&C
OTHER			
Ambulance Services		90% of PA	90% 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. (\$1,000 maximum Per Policy Year) (Durable Medical Equipment benefits payable under the \$1,000 maximum are not included in the \$1,000,000 Maximum Benefit) Benefits also provided as mandated for Orthotic and Prosthetic Appliances		90% of PA	60% of U&C
Consultant Physician Fees , when requested and approved by attending Physician.		100% of PA / \$25 Copay per visit	60% of U&C
Dental Treatment , made necessary by Injury to Sound, Natural Teeth. (\$250 maximum per tooth) (Benefits are not subject to the \$1,000,000 Maximum Benefit.)		90% of U&C	60% of U&C
Maternity , (Benefits also provided as mandated for Postpartum Care and Routine Newborn Care)		Paid as any other Sickness	
Complications of Pregnancy		Paid as any other Sickness	
Home Health Care , see Benefits for Home Health Care.		Paid as any other Sickness or Injury	
Elective Abortion , (Elective Abortion benefits are not subject to the \$1,000,000 Maximum Benefit.)		90% of PA	60% of U&C
Preventive Care , 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 Clinic Fee , 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.		90% of PA	60% of U&C
Mental Illness Treatment , services received on an Inpatient and outpatient basis. See also Benefits for Biologically Based Mental Illness.		Paid as any other Sickness	
Substance Use Disorder Treatment , services received on an Inpatient and outpatient basis. See also Benefits for Treatment of Alcoholism.		Paid as any other Sickness	
Reconstructive Breast Surgery Following Mastectomy , in connection with a covered Mastectomy. Benefits also provided as mandated for Reconstructive Breast Surgery.		Paid as any other Sickness	
Diabetes Services , in connection with the treatment of diabetes. Benefits also provided as mandated for Diabetes Treatment.		Paid as any other Sickness	
Sexual Reassignment Surgery , (Cosmetic surgery, procedures and drugs are not covered even if related to sexual reassignment. Sexual Reassignment Surgery benefits are not subject to the 1,000,000 Maximum Benefit.)		Paid as any other Sickness	

Schedule of Benefits (continued)

The Plan includes the following Mandated Benefits: Benefits for Treatment of Alcoholism; Benefits for Biologically Based Mental Illness; Benefits for Diabetes Treatment; Benefits for Treatment of Inherited Metabolic Disease; Benefits for Inpatient Coverage for Mastectomies; Benefits for Reconstructive Breast Surgery; Benefits for Mammography; Benefits for Prostate Cancer Screening; Benefits for Colorectal Cancer Screening; Benefits for Treatment of Wilm's Tumor; Benefits for Audiology and Speech Language Pathology; Benefits for Pap Smear; Benefits for Wellness Health Examinations and Counseling; Benefits for Home Health Care; Benefits for Anesthesia and Hospitalization for Dental Services; Benefits for Infertility Treatment; Benefits for Lead Poisoning Screening, Newborn Hearing Loss, Childhood Immunizations; Benefits for Prescription Female Contraceptives; Benefits for Non-Standard Infant Formula; Benefits for Orthotic and Prosthetic Appliances; Benefits for Postpartum Care and Routine Newborn Care; Benefits for Hearing Aids; and Benefits for Treatment of Autism or Other Developmental Disability; Benefits for Oral Chemotherapy Drugs; Benefits for Sickle Cell Anemia.

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 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. Cosmetic 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; rest 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. Flat foot conditions; supportive devices for the foot; subluxations of 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);
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 infection 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. Hirsutism; 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 specifically 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. 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;
14. Lipectomy;
15. Participation in a riot or civil disorder; Loss to which a contributing cause was the Insured Person's commission of 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 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, except for expenses incurred in prescribing a drug for treatment for which it has not been approved by the Food and Drug Administration if the drug is recognized as being medically appropriate for the 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; (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; anabolic steroids used for body building;
 - f. Anorectics - drugs used for the purpose of weight control;
 - g. Sexual enhancement drugs, such as Viagra; or
 - 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 tests; 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; 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 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;
19. 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;
20. Services provided normally without charge;
21. 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 a covered Injury or treatment of chronic purulent sinusitis;
22. Flight in any kind of aircraft, except while riding as a passenger on regularly scheduled flight of a commercial airline;
23. Supplies, 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. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
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 serving in any civilian non-combatant unit supporting or accompanying any armed forces of any 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 Canada. A pro-rata premium will be refunded upon request for such period not covered; and
27. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, except as specifically provided in Benefits for Treatment of Inherited Metabolic Disease or as specifically provided in the policy.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy #'s: 2013-527-1. 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 certificate. Non-Renewable One Year Term Insurance

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

Submit all Claims or Benefit Inquiries to: UnitedHealthcare StudentResources P.O. Box 809025 Dallas, Texas 75380-9025, 1-800-505-4160, customerservice@uhcsr.com or claims@uhcsr.com.