

2016–2017 (2016-519-2)

Student Injury and Sickness Plan for

Rutgers, The State University of New Jersey, Full-Time

Who is eligible to enroll?

All full time domestic and Non F1,F2,J1,J2 Rutgers Visa Sponsored students taking at least: 12 credits for Undergraduate, 9 credits for Graduate, and ALL F1,F2,J1,J2 Rutgers Visa sponsored students are automatically enrolled in this insurance Plan and the premium is added to their tuition billing, unless proof of comparable coverage is furnished.

Summer Coverage: All new full time Undergraduate Students registered for 6 or more credit hours and all full time Graduate students registered for 4.5 or more credit hours are eligible to enroll in this insurance plan.

Visiting Scholars, EOF, PALS and Early Start Programs are required to purchase this insurance Plan, unless proof of comparable coverage is furnished.

Ph.D and Ed.D students taking only research credits and Part-Time considered Full-Time by the student's department, are Eligible to enroll. Visit: <http://riskmanagement.rutgers.edu/student-information/forms> for the enrollment form. You do not enroll online.

Online only degree programs and non-matriculated students registered for online courses only, do not fulfill the eligibility requirements.

Important Information for 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 9/16/16*, your Dependents or you, will not be Eligible to enroll again until the start of the spring/summer unless you experience a Qualifying Life Event during the year.

*For new Dependents or new or renewing students in the spring semester, your open enrollment deadline is 2/3/17.

*For new Dependents or new students in the summer semester, your open enrollment deadline is 6/30/17.

How do I Enroll / Waive Each Semester?

The Student Injury and Sickness Insurance Plan premium is automatically charged on the term bill. Failure to waive each semester before the deadline will result in a non-refundable charge, and students will be responsible for the premium. A hold will be placed on the student's account until it is paid in full.

Full-Time Domestic & Non F1,F2,J1,J2 Rutgers Visa Sponsored Students (2016-519-2): To complete the Enrollment or the Waiver process, go to www.universityhealthplans.com. For assistance, contact University Health Plans at 1-800-437-6448.

F1,F2,J1,J2 Rutgers Visa Sponsored Students (2016-519-2): Students are automatically enrolled each semester by the Center for Global Services. Students can submit a waiver form for themselves, or enroll a dependent at: <http://globalservices.rutgers.edu>

Non F1,F2,J1,J2 Rutgers Visa Sponsored International Students must follow the applicable enrollment or waiver process for full-time or part-time domestic students 2016-519-2 or 2016-519-3. See www.universityhealthplans.com.

What are the deadlines to Enroll/Waive?

- **Fall Deadline: September 16, 2016**
- **Spring Deadline: February 3, 2017**
- **Summer Deadline: June 30, 2017**

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

To enroll or waive coverage:
www.universityhealthplans.com



How much does the plan cost?

Full-Time Domestic Non F1,F2,J1,J2 Rutgers Visa Sponsored Students	Student	Spouse	One Child	Two or More Children	Spouse + Two or More Children
Fall: 8/15/16-1/14/17	\$822.50	\$822.50	\$822.50	\$1,645.00	\$2,467.50
Spring/Summer: 1/15/17-8/14/17	\$1,140.50	\$1,140.50	\$1,140.50	\$2,281.00	\$3,421.50

F1,F2,J1,J2 Rutgers Visa Sponsored Students	Student	Spouse	One Child	Two or More Children	Spouse + Two or More Children
Fall: 8/15/16-1/14/17	\$981.50	\$981.50	\$981.50	\$1,963.00	\$2,944.50
Spring/Summer: 1/15/17-8/14/17	\$981.50	\$981.50	\$981.50	\$1,963.00	\$2,944.50

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2016-519-2. The Policy is a Non-Renewable One-Year Term Policy.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources

METALLIC LEVEL –PLATINUM WITH ACTUARIAL VALUE OF 89.621%

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	\$100 per Insured Person, per Policy Year	\$500 per Insured Person, per Policy Year
Out-of-Pocket Maximum <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$2,500 Per Insured Person, Per Policy Year \$5,000 For all Insureds in a Family, Per Policy Year	\$10,000 Per Insured Person, Per Policy Year \$20,000 For all Insureds in a Family, Per Policy Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	90% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs <i>Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.</i>	\$15 Copay for Tier 1 \$30 Copay for Tier 2 \$50 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	60% of Usual and Customary Charges
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Please see www.healthcare.gov/preventive-care-benefits/ for complete details of the services provided for specific age and risk groups.</i>	100% of Preferred Allowance	No Benefits
Pediatric Dental and Vision Benefits	Refer to the plan certificate for details (age limits apply).	
Outpatient Physician's Visit <i>(Please read the plan certificate for complete listing of Copays/Deductibles)</i>	100% of Preferred Allowance / \$25 Copay per visit	60% of Usual and Customary Charges

Preferred Providers

The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: www.firststudent.com.

Online Services

UnitedHealthcare **StudentResources** Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to *My Account* at www.firststudent.com. To create an online account, select the "My Account" link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and Apple's App Store.

Student Assistance

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA's and Certified Financial Planners offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into **My Account** at www.firststudent.com.

Information on Plan Enhancements and services such as:

- TeleHealth
- My Account

Please visit www.firststudent.com

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, except as specifically provided in the policy.
2. Behavioral problems. Developmental delay or disorder or intellectual disability. Learning disabilities.
This exclusion does not apply to benefits specifically provided in Benefits for Treatment of Autism and Other Developmental Disabilities.
3. Cosmetic procedures, except reconstructive procedures to:
 - Correct an Injury or treat a Sickness for which benefits are otherwise payable under this policy. The primary result of the procedure is not a changed or improved physical appearance.
 - Treat or correct Congenital Conditions of a Newborn or adopted Infants, including those continuously insured under the preceding student policy issued by this 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:
 - As described under Dental Treatment in the policy. This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
6. Elective Surgery or Elective Treatment.
7. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
8. Foot care for the following:
 - Flat foot conditions.
 - Supportive devices for the foot.
 - Subluxations of the foot.
 - Fallen arches.
 - Weak feet.
 - Chronic foot strain.
 - Routine foot care including the care, cutting and removal of corns, calluses, toenails, except for the removal of nail roots, and bunions.

This exclusion does not apply to Medically Necessary open surgery of the foot or preventive foot care for Insured Persons with diabetes.
9. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process. This exclusion does not apply to:
 - Hearing defects or hearing loss as a result of an infection or Injury.
 - Benefits specifically provided in the policy.
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:
 - Participating in any intercollegiate, or professional sport, contest or competition.
 - Traveling to or from such sport, contest or competition as a participant.
 - 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 engagement in an illegal occupation.
16. Prescription Drugs, services or supplies as follows:
 - 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.
 - Immunization agents, except as specifically provided in the policy. Biological sera.
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs, except for a drug for a 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.
 - Products used for cosmetic purposes, except as specifically provided in the policy.
 - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
 - Anorectics - drugs used for the purpose of weight control.
 - Sexual enhancement drugs, such as Viagra.
 - 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 the following:
 - Procreative counseling.

- Genetic counseling and genetic testing.
- Cryopreservation of reproductive materials. Storage of reproductive materials.
- Premarital examinations.
- Impotence, organic or otherwise.
- Female sterilization procedures, except as specifically provided in the policy.
- Vasectomy.
- Reversal of sterilization procedures.

This exclusion does not apply to benefits specifically provided in 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, except as specifically provided in the policy.
19. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems.
This exclusion does not apply as follows:
 - When due to a covered Injury or disease process.
 - To benefits specifically provided in Pediatric Vision Services.
 - To one pair of eyeglasses or contact lenses for the initial replacement for the loss of a natural lens.
20. Preventive care services, except as specifically provided in the policy, including:
 - Routine physical examinations and routine testing.
 - Preventive testing or treatment.
 - Screening exams or testing in the absence of Injury or Sickness.
21. Services provided normally without charge.
22. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. 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 sinusitis.

23. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.
24. Supplies, except as specifically provided in the policy.
25. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
26. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
27. War or any act of war, declared or undeclared, while the Insured Person:
 - Is serving in the armed forces of any country.
 - Is serving in any civilian non-combatant unit supporting or accompanying any armed forces of any country or international organization.
 - Is not serving in any armed forces if the Injury or Sickness occurs outside the 50 states of the United States of America, the District of Columbia or Canada. A pro-rata premium contribution will be refunded upon request for such period not covered.
28. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in Benefits for Treatment of Inherited Metabolic Disease or as specifically provided in the policy.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available and may be viewed at www.firststudent.com.



Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 800-505-4160 or customerservice@UHCSR.com

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.