2018–2019 (2018-519-2)
Student Injury and Sickness Plan for Rutgers, The State University of New Jersey, Full-Time

RUTGERS
THE STATE UNIVERSITY OF NEW JERSEY

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 credit hours* for Graduate, and ALL F1, F2, J1, J2 Rutgers Visa sponsored students and ALL advanced Standing students are automatically enrolled in this insurance Plan and the premium contribution amount for coverage is added to their tuition billing, unless proof of comparable coverage is furnished.

*Full time students, as defined by the student's department, could require you to be registered for 12 credit hours. (Example: Rutgers Business School & Rutgers Law School)

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

Visiting Scholars, EOF, PALS, GAP Students, Short Term Non-Degree Students 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 in this insurance Plan.

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

Important dates or deadlines

- **Fall Deadline: September 14, 2018**
- **Spring Deadline: February 1, 2019**
- **Summer Deadline: June 30, 2019**

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.

How do I Enroll / Waive?

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 (2018-519-2):** To complete the Enrollment or the Waiver process, go to www.universityhealthplans.com. For waiver or enrollment issues, contact University Health Plans at 1-800-437-6448.

F1,F2,J1,J2 **Rutgers Visa Sponsored Students (2018-519-2):** To complete the enrollment process, go to www.universityhealthplans.com. To complete the request for exception (waiver form) or enroll dependents visit: 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 2018-519-2 or 2018-519-3. See www.universityhealthplans.com.

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 9/14/18*, 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 2/1/19.
*For new Dependents or new students in the summer semester, your open enrollment deadline is 6/30/19.

Coverage Dates and 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: 8/15/18 – 1/14/19	$903.00	$903.00	$903.00	$1,806.00	$2,709.00
Spring/Summer: 1/15/19 – 8/14/19	$1,252.00	$1,252.00	$1,252.00	$2,504.00	$3,756.00
Summer: 5/26/19 - 8/14/19	$479.00	$479.00	$479.00	$958.00	$1,437.00

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this health plan.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2018-519-2.
The Policy is a Non-Renewable One-Year Term Policy.

This policy with UnitedHealthcare StudentResources offers **nationwide** coverage.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources		
METALLIC LEVEL –PLATINUM WITH ACTUARIAL VALUE OF 90.550%		
Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: UHC Choice Plus		
Student Health Center Benefits: The Deductible and Copays will be waived and benefits will be paid at 100% of Covered Medical Expenses incurred when treatment is rendered at the Student Health Center.		
	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 *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.*	$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 $20,000For all Insureds in a Family, Per Policy Year
Coinsurance *All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.*	90% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs *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.*	$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)	Usual and Customary Charges up to a 31-day supply per prescription. The Policy Deductible does not apply.
Preventive Care Services *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.*	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 *(Please read the plan certificate for complete listing of Copays/Deductibles)*	100% of Preferred Allowance / $25 Copay per visit	60% of Usual and Customary Charges

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 the Policy. The primary result of the procedure is not a changed or improved physical appearance.
   - Treat or correct a functional defect caused by a Congenital Condition.
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 Disorder facilities for domiciliary or Custodial Care.
5. Dental treatment, except as described in 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 to 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. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
12. 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.
13. Lipectomy.
14. 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.
15. 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.
    - 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 Hospital Formulary Service Drug Information; (2) 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.
16. 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 for in Benefits for Infertility Treatment.
17. 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.
18. 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.
19. Services provided normally without charge.
20. 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.
21. 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.

22. Supplies, except as specifically provided in the Policy.
23. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
24. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
25. 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.
26. Weight management. Weight reduction. Nutrition programs, except for prescribed nutritional counseling for the management of a disease which has a specific diagnostic criteria that can be verified. 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.

Highlights of Services offered by UnitedHealthcare StudentResources

Healthiest You: 24/7 Doctor Access

Starting on the effective date of your policy, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service. By calling the toll-free number listed on the front of your medical ID card or visiting www.telehealth4students.com, you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor's office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor's office, urgent care facility, or emergency room. As an insured with **Student**Resources, there is no consultation fee for this service. * Every call with a HealthiestYou doctor is covered 100% during your policy period.

This service is meant to complement your Student Health Center. If possible, we encourage you to visit your SHC first before using this service.

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state.

*If you are an Insured under this insurance Plan, and you call prior to the plan effective date, you will be charged a $40 service fee before being connected to a board-certified physician.

Student Assistance: 24/7 Counseling Support

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.

BetterHelp: 24/7 Online Counselor Access

Starting on the effective date of your policy, you have access to Psychologists (PhD / PsyD), Marriage and family therapists (LMFT), Clinical Social Workers (LCSW) and Licensed Professional Counselors (LPC) through BetterHelp, a national virtual counseling service. These professional licensed counselors will be available to you via ongoing text communications, live chat, phone, video or groupinars.

When you first visit the counseling website, you will be asked to complete a questionnaire that will request your UHCSR insurance information on your ID card, emergency contacts and your goals for accessing the service. The questionnaire will also ask you for counselor preferences (gender, specialty, etc.) to ensure you are matched with a practitioner that can help you meet your goals. Within 24 hours after completing the questionnaire, you will be contacted by a counselor to schedule an appointment and decide on a communication method that best suits your needs.

As an insured with StudentResources, there is no consultation fee for this service. Every communication with a BetterHelp counselor is covered 100% during your policy period.

Online Services

UnitedHealthcare **Student**Resources 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 "create My Account Now" 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.

This Summary Brochure is based on Policy #2018-519-2

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.

NON-DISCRIMINATION NOTICE

UnitedHealthcare StudentResources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
United HealthCare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Phone: Toll-free **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201

We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

LANGUAGE ASSISTANCE PROGRAM

ATTENTION: If you speak English, language assistance services, free of charge, are available to you.
Please call 1-866-260-2723.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

請注意：如果您說中文 **(Chinese)**，我們免費為您提供語言協助服務。請致電：1-866-260-2723.

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1-866-260-2723.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723번으로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Mangyaring tumawag sa 1-866-260-2723.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по номеру 1-866-260-2723.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الأتصال بـ 1-866-260-2723.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan 1-866-260-2723.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1-866-260-2723.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer 1-866-260-2723.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para 1-866-260-2723.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero 1-866-260-2723.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-866-260-2723 an.

注意事項：**日本語 (Japanese)** を話される場合、無料の言語支援サービスをご利用いただけます。1-866-260-2723 にお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد.
1-866-260-2723 تماس بگیرید.

कृपा ध्यान दें: यदि आप **हिंदी (Hindi)** भाषी हैं तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। कृपा पर काल करें 1-866-260-2723

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទ ទៅលេខ 1-866-260-2723។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti 1-866-260-2723.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shoodí kohjį' 1-866-260-2723 hodíílnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 1-866-260-2723.