



## **2017–2018 Student Injury and Sickness Insurance Plan**

*Designed Especially for the Domestic Students attending*

# **Private Secondary Schools**

Available through the CAA Trust

Underwritten by UnitedHealthcare Insurance Company



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## Privacy Policy

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We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-888-455-9402 or by visiting us at [www.uhcsr.com](http://www.uhcsr.com).

## Eligibility

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All Domestic students attending a private secondary school registered for credit courses are eligible to enroll in this insurance Plan.

Students must actively attend classes for at least the first 31 days and/or actively attend a school sponsored camp or program after the date for which coverage is purchased. The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is refund of premium.

## Effective and Termination Dates

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The Master Policy on file at the school becomes effective at 12:01 a.m., August 1, 2017. Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 11:59 p.m., December 31, 2017. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

Each participating private secondary school may have a different effective and termination date between August 1, 2017 and December 31, 2017. Please check with your school for your specific dates of coverage.

Refunds of premiums are allowed only upon entry into the armed forces. The Policy is a Non-Renewable Term Policy.

## Extension of Benefits after Termination

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The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Totally Disabled on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

## Pre-Admission Notification

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UnitedHealthcare should be notified of all Hospital Confinements prior to admission.

1. **PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:** The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.
2. **NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:** The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide notification of any admission due to Medical Emergency.

UnitedHealthcare is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m. C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

**IMPORTANT:** Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

## **Preferred Provider Information**

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**“Preferred Providers”** are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in the local school area are:

UnitedHealthcare Options PPO.

The availability of specific providers is subject to change without notice. Insureds should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-888-455-9402 and/or by asking the provider when making an appointment for services.

**“Preferred Allowance”** means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

**“Out-of-Network”** providers have not agreed to any prearranged fee schedules. Insureds may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

**“Network Area”** means the 50 mile radius around the local school campus the Named Insured is attending.

### **Inpatient Hospital Expenses**

**PREFERRED HOSPITALS** - Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at 100%, up to any limits specified in the Schedule of Benefits. Call 1-888-455-9402 for information about Preferred Hospitals.

**OUT-OF-NETWORK HOSPITALS** - If care is provided at a Hospital that is not a Preferred Provider, eligible inpatient Hospital expenses will be paid according to the benefit limits in the Schedule of Benefits.

### **Outpatient Hospital Expenses**

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits. Insureds are responsible for any amounts that exceed the benefits shown in the Schedule, up to the Preferred Allowance.

### **Professional & Other Expenses**

Benefits for Covered Medical Expenses provided by UnitedHealthcare Options PPO will be paid at 100% of Preferred Allowance or up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.

## Schedule of Medical Expense Benefits

### Injury and Sickness Benefits

#### Maximum Benefit - Unlimited

<b>Deductible</b>	<b>\$0</b>
<b>Preferred Provider Coinsurance</b>	<b>100% except as noted below</b>
<b>Out-of-Network Coinsurance</b>	<b>80% except as noted below</b>

The Policy provides benefits for the Covered Medical Expenses incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit.

The Preferred Provider for this plan is UnitedHealthcare Options PPO.

If care is received from a Preferred Provider, any Covered Medical Expenses will be paid as the Preferred Provider level of benefits. If a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider 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.

Usual and Customary Charges are based on data provided by FAIR Health, Inc. using the 90th percentile based on location of the provider.

Benefits will be paid up to the Maximum Benefit for each service scheduled below. Covered Medical Expenses include:

<b>Inpatient</b>	<b>Preferred Provider</b>	<b>Out-of-Network Provider</b>
<b>Room and Board Expense</b> , daily semi-private room rate; general nursing care provided by the Hospital.	Preferred Allowance	Usual and Customary Charges
<b>Hospital Miscellaneous Expenses</b> , 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.	Preferred Allowance	Usual and Customary Charges
<b>Intensive Care</b>	Preferred Allowance	Usual and Customary Charges
<b>Physiotherapy</b>	Preferred Allowance	Usual and Customary Charges
<b>Surgeon's Fees</b> , in accordance with data provided by FAIR Health, Inc. 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.	Preferred Allowance	Usual and Customary Charges
<b>Assistant Surgeon</b>	30% of surgery allowance	30% of surgery allowance
<b>Anesthetist</b> , professional services administered in connection with inpatient surgery.	Preferred Allowance	Usual and Customary Charges
<b>Registered Nurse's Services</b> , private duty nursing care.	Preferred Allowance	Usual and Customary Charges
<b>Physician's Visits</b> , benefits do not apply when related to surgery.	Preferred Allowance	Usual and Customary Charges
<b>Pre-Admission Testing</b> , payable within 7 working days prior to admission.	Preferred Allowance	Usual and Customary Charges
<b>Psychotherapy</b>	Paid as any other Sickness	Paid as any other Sickness

Inpatient	Preferred Provider	Out-of-Network Provider
<b>Severe Mental Disorders</b>	See Benefits for Severe Mental Disorders	See Benefits for Severe Mental Disorders

Outpatient	Preferred Provider	Out-of-Network Provider
<b>Surgeon's Fees</b> , in accordance with data provided by FAIR Health, Inc. 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.	Preferred Allowance	Usual and Customary Charges
<b>Day Surgery Miscellaneous</b> , 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.	Preferred Allowance	Usual and Customary Charges
<b>Assistant Surgeon</b>	30% of surgery allowance	30% of surgery allowance
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	Preferred Allowance	Usual and Customary Charges
<b>Physician's Visits</b> , benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	Preferred Allowance	Usual and Customary Charges
<b>Physiotherapy</b> , (60 visits maximum Per Policy Year)	Preferred Allowance	Usual and Customary Charges
<b>Medical Emergency Expenses</b> , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	Preferred Allowance	100% of Usual and Customary Charges
<b>Diagnostic X-ray Services</b>	Preferred Allowance	Usual and Customary Charges
<b>Laboratory Services</b> Benefits include titers related to immunizations and QuantiFERON test.	Preferred Allowance	Usual and Customary Charges
<b>Radiation Therapy</b>	Preferred Allowance	Usual and Customary Charges
<b>Chemotherapy</b>	Preferred Allowance	Usual and Customary Charges
<b>Tests &amp; Procedures</b> , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-rays and Lab Procedures.	Preferred Allowance	Usual and Customary Charges
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement.	Preferred Allowance	Usual and Customary Charges
<b>Prescription Drugs</b> , (\$2,500 maximum Per Policy Year)	UnitedHealthcare Pharmacy (UHCP) \$0 copay per prescription Tier 1 \$0 copay per prescription Tier 2 \$0 copay per prescription Tier 3 up to a 31 day supply per prescription	No Benefits
<b>Psychotherapy</b> , including all related or ancillary charges incurred as a result of a Mental & Nervous Disorder.	Paid as any other Sickness	Paid as any other Sickness

Outpatient	Preferred Provider	Out-of-Network Provider
Severe Mental Disorders	See Benefits for Severe Mental Disorders	See Benefits for Severe Mental Disorders

Other	Preferred Provider	Out-of-Network Provider
<b>Ambulance Services</b>	Preferred Allowance	Usual and Customary Charges
<b>Durable Medical Equipment</b> , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	Preferred Allowance	Usual and Customary Charges
<b>Consultant Physician Fees</b> , when requested and approved by the attending Physician.	Preferred Allowance	Usual and Customary Charges
<b>Dental Treatment</b> , made necessary by Injury to Natural Teeth.	100% of Preferred Allowance	100% of Usual and Customary Charges
<b>Alcoholism/Drug Abuse</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Maternity</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Complications of Pregnancy</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Interscholastic Sports</b>	Paid as any other Injury	Paid as any other Injury
<b>Preventive Care Services</b> , preventive care benefits are based on guidelines from UnitedHealthcare, the U.S. Preventive Services Task Force and recommendations of the National Immunizations Program of the Centers for Disease Control Prevention, except as specifically provided in the Mandated Benefit. No Deductible, Copays or Coinsurance will be applied when the services are received from a Preferred Provider.	Preferred Allowance	Usual and Customary Charges
<b>Urgent Care Center</b> , benefits are limited to the Urgent Care Clinic fee billed by the Urgent Care Clinic/Hospital. All other services rendered during the visit are payable as specified in the Schedule of Benefits.	Preferred Allowance	Usual and Customary Charges
<b>Hospital Outpatient Facility of Clinic</b> , benefits are limited to the Hospital Outpatient Facility or Clinic fee billed by the Hospital Outpatient Facility or Clinic. All other services rendered during the visit are payable as specified in the Schedule of Benefits.	Preferred Allowance	Usual and Customary Charges
<b>Approved Clinical Trials</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Diabetes Services</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Reconstructive Breast Surgery Following Mastectomy</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Enteral Formula</b>	Paid as any other Sickness	Paid as any other Sickness

## UnitedHealthcare Pharmacy Benefits

Benefits are available for outpatient Prescription Drugs on our Prescription Drug List (PDL) when dispensed by a UnitedHealthcare Pharmacy. Benefits are subject to supply limits and copayments that vary depending on which tier of the PDL the outpatient drug is listed. There are certain Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

You are responsible for paying the applicable copayments. Your copayment is determined by the tier to which the Prescription Drug Product is assigned on the PDL. Tier status may change periodically and without prior notice to you. Please call 1-855-828-7716 for the most up-to-date tier status.

\$0 copay per prescription or refill for tier 1 Prescription Drug up to a 31 day supply.

\$0 copay per prescription or refill for tier 2 Prescription Drug up to a 31 day supply.

\$0 copay per prescription or refill for tier 3 Prescription Drug up to a 31 day supply.

**Your maximum allowed benefit is \$2,500 Per Policy Year.**

**Specialty Prescription Drugs** – if you require Specialty Prescription Drugs, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Specialty Prescription Drugs. If you choose not to obtain your Specialty Prescription Drug from a Designated Pharmacy, you will be responsible for the entire cost of the Prescription Drug.

**Designated Pharmacies** – if you require certain Prescription Drugs including, but not limited to, Specialty Prescription Drugs, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drugs. If you choose not to obtain these Prescription Drugs from a Designated Pharmacy, you will be responsible for the entire cost of the Prescription Drug.

Please present your ID card to the network pharmacy when the prescription is filled. If you do not use a network pharmacy, you will be responsible for paying the full cost for the prescription.

If you do not present the card, you will need to pay for the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about network pharmacies, please call 1-855-828-7716.

#### **Additional Exclusions**

In addition to the policy Exclusions and Limitations, the following Exclusions apply to Network Pharmacy Benefits:

1. Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.
2. Experimental or Investigational Services or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by the Company to be experimental, investigational or unproven.
3. Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a prescription order or refill. Compounded drugs that are available as a similar commercially available Prescription Drug Product. Compounded drugs that contain at least one ingredient that requires a prescription order or refill are assigned to Tier-3.
4. Drugs available over-the-counter that do not require a prescription order or refill by federal or state law before being dispensed, unless the Company has designated the over-the-counter medication as eligible for coverage as if it were a Prescription Drug Product and it is obtained with a prescription order or refill from a Physician. Prescription Drug Products that are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent. Certain Prescription Drug Products that the Company has determined are Therapeutically Equivalent to an over-the-counter drug. Such determinations may be made up to six times during a calendar year, and the Company may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.
5. Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, even when used for the treatment of Sickness or Injury, except as specifically provided in the policy.
6. A Prescription Drug Product that contains (an) active ingredient(s) available in and Therapeutically Equivalent to another covered Prescription Drug Product.
7. A Prescription Drug Product that contains (an) active ingredient(s) which is (are) a modified version of and Therapeutically Equivalent to another covered Prescription Drug Product.

#### **Definitions**

**Designated Pharmacy** means a pharmacy that has entered into an agreement with the Company or with an organization contracting on the Company's behalf, to provide specific Prescription Drug Products, including, but not limited to, Specialty Prescription Drug Products. The fact that a pharmacy is a Network Pharmacy does not mean that it is a Designated Pharmacy.



**Network Pharmacy** means a pharmacy that has:

- Entered into an agreement with the Company or an organization contracting on our behalf to provide Prescription Drug Products to Insured Persons.
- Agreed to accept specified reimbursement rates for dispensing Prescription Drug Products.
- Been designated by the Company as a Network Pharmacy.

**Prescription Drug or Prescription Drug Product** means a medication, product or device that has been approved by the U.S. Food and Drug Administration and that can, under federal or state law, be dispensed only pursuant to a prescription order or refill. A Prescription Drug Product includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. For the purpose of the benefits under the policy, this definition includes insulin.

**Prescription Drug List** means a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration. This list is subject to the Company's periodic review and modification (generally quarterly, but no more than six times per calendar year). The Insured may determine to which tier a particular Prescription Drug Product has been assigned through the Internet at [www.uhcsr.com](http://www.uhcsr.com) or call Customer Service at 1-855-828-7716.

**Specialty Prescription Drug Product** means Prescription Drug Products that are generally high cost, self-injectable biotechnology drugs used to treat patients with certain illnesses. Insured Persons may access a complete list of Specialty Prescription Drug Products through the Internet at [www.uhcsr.com](http://www.uhcsr.com) or call Customer Service at 1-855-828-7716.

**Therapeutically Equivalent** means when Prescription Drugs can be expected to produce essentially the same therapeutic outcome and toxicity.

## **Mandated Benefits**

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### **BENEFITS FOR PROSTATE CANCER**

Benefits will be paid the same as any other Sickness for prostate cancer examinations, screenings, and laboratory work for diagnostic purposes in accordance with the most recent published guidelines of the American Cancer Society.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **BENEFITS FOR PAP SMEAR**

Benefits will be provided for annual Pap Smears. "Pap smear" means an examination of the tissues of the cervix of the uterus for the purpose of detecting cancer when performed upon the recommendation of a medical doctor, which examination may be made once a year or more often if recommended by a medical doctor.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **BENEFITS FOR MAMMOGRAM**

Benefits will be paid the same as any other Sickness for Mammograms. "Mammogram" means a radiological examination of the breast for purposes of detecting breast cancer when performed as a result of a Physician referral or by a health testing service which utilizes radiological equipment approved by the Department of Health and Environmental Control, which examination may be made with the following minimum frequency:

1. Once as a base-line Mammogram for a female who is at least thirty-five years of age but less than forty years of age;
2. Once every two years for a female who is at least forty years of age but less than fifty years of age;
3. Once a year for a female who is at least fifty years of age; or
4. In accordance with the most recent published guidelines of the American Cancer Society.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **BENEFITS FOR BREAST RECONSTRUCTION AND PROSTHETIC DEVICES**

Benefits will be paid the same as any other Sickness for prosthetic devices and reconstruction of the breast on which surgery for breast cancer has been performed and surgery and reconstruction of the non-diseased breast, if determined medically necessary by the Insured's Physician.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **BENEFITS FOR DIABETES**

Benefits will be paid the same as any other Sickness for the equipment, supplies, Food and Drug Administration approved medication indicated for the treatment of diabetes, and outpatient self-management training and education for the treatment of Insureds with diabetes mellitus, if medically necessary, and prescribed by a Physician who is legally authorized to prescribe such items and who demonstrates adherence to minimum standards of care for diabetes mellitus as adopted and published by the Diabetes Initiative of South Carolina.

Services and payment for diabetes education programs shall conform to regulations of the Health Care Financing Administration, US Department of Health and Human Services, pursuant to s 4105 of the Balanced Budget Act of 1997. Diabetes outpatient self-management training and education shall be provided by a registered or licensed Physician with certification in diabetes by the National Certification Board of Diabetes Educators, or other accredited program approved by the Diabetes Initiative of South Carolina, or by the Diabetes Control Program of the SC Department of Health and Environmental Control in order to meet the needs of rural communities wherein certified health care professionals providing this service are not available.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations and any other provisions of the policy.

### **BENEFITS FOR SEVERE MENTAL DISORDERS**

Benefits will be paid the same as any other Sickness for treatment of Severe Mental Disorders. "Severe mental disorders" means any of the following psychiatric illnesses as defined by the "Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM-IV), and subsequent editions published by the American Psychiatric Association:

- a. Bipolar Disorder;
- b. Major Depressive Disorder;
- c. Obsessive Compulsive Disorder;
- d. Paranoid and Other Psychotic Disorder;
- e. Schizoaffective Disorder;
- f. Schizophrenia;
- g. Anxiety Disorder;
- h. Post-traumatic Stress Disorder; and
- i. Depression in childhood and adolescence.

Treatment must be rendered by a licensed physician, licensed mental health professional, or certified mental health professional in a mental health facility that provides a program for the treatment of a mental health condition pursuant to a written treatment plan.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the Policy.

### **BENEFITS FOR AUTISM SPECTRUM DISORDER**

Benefits will be paid for an Insured Person, up to age 16, the same as any other Sickness for diagnosis and treatment of Autism Spectrum Disorder diagnosed at or before age 8 in accordance with a treatment plan from the Insured's Physician. The treatment plan must include all the following elements, including but not limited to: a diagnosis, proposed treatment by type, frequency, and duration of treatment, the anticipated outcomes stated as goals, the frequency by which the treatment plan will be updated, and the treating Physician's signature.

Benefits for behavioral therapy will be limited to a \$50,000 maximum per policy year.

"Autism Spectrum Disorder" means one of the three following disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association: Autism, Asperger's Syndrome, or Pervasive Development Disorder – Not Otherwise Specified.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations and any other provision of the Policy.

## Definitions

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**COMPLICATION OF PREGNANCY** means a condition: 1) caused by pregnancy; 2) requiring medical treatment prior to, or subsequent to termination of pregnancy; 3) the diagnosis of which is distinct from pregnancy; and 4) which constitutes a classifiably distinct complication of pregnancy. A condition simply associated with the management of a difficult pregnancy is not considered a complication of pregnancy. The term "complication of pregnancy" includes non-elective cesarean section; therapeutic abortion; ectopic pregnancy which is terminated; spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible; hyperemesis gravidarum; and, pre-eclampsia.

**COVERED MEDICAL EXPENSES** means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 3) made for services and supplies not excluded under the policy; 4) made for services and supplies which are a Medical Necessity; 5) made for services included in the Schedule of Benefits; and 6) in excess of the amount stated as a Deductible, if any.

Covered Medical Expenses will be deemed "incurred" only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

**DEDUCTIBLE** means if an amount is stated in the Schedule of Benefits or any endorsement to this policy as a deductible, it shall mean an amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made. The deductible will apply per policy year or per occurrence (for each Injury or Sickness) as specified in the Schedule of Benefits.

**ELECTIVE SURGERY OR ELECTIVE TREATMENT** means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective surgery or elective treatment includes any service, treatment or supplies that: 1) are deemed by the Company to be research or experimental; or 2) are not recognized and generally accepted medical practices in the United States.

**HOSPITAL** means a licensed or properly accredited general hospital which: 1) is open at all times; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients; 3) is under the supervision of a staff of one or more legally qualified Physicians available at all times; 4) continuously provides on the premises 24 hour nursing service by Registered Nurses; 5) provides organized facilities for diagnosis and major surgery on the premises; and 6) is not primarily a clinic, nursing, rest or convalescent home.

**HOSPITAL CONFINED/HOSPITAL CONFINEMENT** means confined in a Hospital by reason of an Injury or Sickness for which benefits are payable.

**INJURY** means accidental bodily injury sustained by the Insured Person which is the direct cause of the loss, independent of disease or bodily infirmity or any other cause and which occurs while the insurance is in force. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

**INSURED PERSON** means: the Named Insured. The term "Insured" also means Insured Person.

**INTENSIVE CARE** means: 1) a specifically designated facility of the Hospital that provides the highest level of medical care; and 2) which is restricted to those patients who are critically ill or injured. Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. They must be: 1) permanently equipped with special life-saving equipment for the care of the critically ill or injured; and 2) under constant and continuous observation by nursing staff assigned on a full-time basis, exclusively to the intensive care unit. Intensive care does not mean any of these step-down units:

1. Progressive care;
2. Sub-acute intensive care;
3. Intermediate care units;
4. Private monitored rooms;
5. Observation units; or
6. Other facilities which do not meet the standards for intensive care.

**MEDICAL EMERGENCY** means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in:

1. Death;
2. Placement of the Insured's health in jeopardy;
3. Serious impairment of bodily functions;
4. Serious dysfunction of any body organ or part; or
5. In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

**MEDICAL NECESSITY** means those services or supplies provided or prescribed by a Hospital or Physician which are:

1. Essential for the symptoms and diagnosis or treatment of the Sickness or Injury;
2. Provided for the diagnosis, or the direct care and treatment of the Sickness or Injury;
3. In accordance with the standards of good medical practice;
4. Not primarily for the convenience of the Insured, or the Insured's Physician; and,
5. The most appropriate supply or level of service which can safely be provided to the Insured.

The Medical Necessity of being Hospital Confined means that: 1) the Insured requires acute care as a bed patient; and, 2) the Insured cannot receive safe and adequate care as an outpatient.

This policy only provides payment for services, procedures and supplies which are a Medical Necessity. No benefits will be paid for expenses which are determined not to be a Medical Necessity, including any or all days of Hospital Confinement.

**MENTAL AND NERVOUS DISORDER** means a Sickness that is a mental, emotional or behavioral disorder. Mental and Nervous Disorder does not mean a Severe Mental Disorder as defined in the Benefits for Severe Mental Disorders. If not excluded or defined elsewhere in the policy, all diagnoses classified as a "Mental Disorder" according to the (International Classification of Diseases) are considered one Sickness.

**NAMED INSURED** means an eligible, registered student of the Policyholder, if: 1) the student is properly enrolled in the program; and 2) the appropriate premium for coverage has been paid.

**NEGATIVE X-RAY** means an X-ray that shows the absence of a fracture; pathology; or disease.

**NEWBORN INFANT** means: 1) a newly born child of the Insured from the moment of birth provided that the Insured is insured under this policy; 2) a child to whom a decree of adoption by the Insured has been entered within thirty-one days after the date of birth provided the person adopting the child is insured under this policy on the date the child is placed with the Insured; and 3) a child for whom adoption proceedings have been instituted within thirty-one days and the Insured has temporary custody of the child provided the person adopting the child is insured under this policy on the date of temporary custody. Such child will be covered under the policy from the moment of birth for the first 31 days. Coverage for such a child will be for Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child's parent.

**PHYSICIAN** means a legally qualified licensed practitioner of the healing arts who provides care within the scope of his/her license, other than a member of the person's immediate family.

The term "member of the immediate family" means any person related to an Insured Person within the third degree by the laws of consanguinity or affinity.

**PHYSIOTHERAPY** means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a Physician.

**POSITIVE X-RAY** means an X-ray that shows the presence of a fracture; pathology; or disease.

**PRESCRIPTION DRUGS** means: 1) prescription legend drugs; 2) compound medications of which at least one ingredient is a prescription legend drug; 3) any other drugs which under the applicable state or federal law may be dispensed only upon written prescription of a Physician; and 4) injectable insulin.

**PSYCHOTHERAPY** means the treatment of a Mental and Nervous Disorder. Psychotherapy includes all related or ancillary charges incurred as a result of a Mental and Nervous Disorder.

**REGISTERED NURSE** means a professional nurse (R.N.) who is not a member of the Insured Person's immediate family.

**SICKNESS** means sickness or disease of the Insured Person which causes loss while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.

**NATURAL TEETH** means natural teeth, the major portion of the individual tooth is present, regardless of fillings or caps; and is not carious, abscessed, or defective.

**TOTALLY DISABLED** means a condition of a Named Insured which, because of Sickness or Injury, renders the Insured unable to actively attend classes.

**USUAL AND CUSTOMARY CHARGES** means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality where service is rendered. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

## **Exclusions and Limitations**

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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. Illness, accident, treatment or medical condition arising out of:
  - a. war or act of war (whether declared or undeclared); participation in a felony, riot or insurrection; service in the armed forces or units auxiliary thereto,
  - b. aviation,
  - c. Intercollegiate sports;
2. Cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part;
3. Care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion, or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of, or in the vertebral column;
4. Treatment provided in a governmental hospital (except a hospital confinement policy); benefits provided under Medicare or other governmental program (except Medicaid), any state or federal workmen's compensation, employers liability or occupational disease law, any motor vehicle no-fault law; services rendered by employees of hospitals, laboratories or other institutions; services performed by a member of the covered person's immediate family; and services for which no charge is normally made in the absence of insurance;
5. Dental care or treatment;
6. Eye glasses, hearing aids and examination for the prescription or fitting thereof;
7. Rest cures, custodial care, transportation and routine physical examinations;
8. Territorial limitations.

## **UnitedHealthcare Global: Global Emergency Services**

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If you are a member insured with this insurance plan, you are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

Domestic students: you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for payment. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

### **Key Services include:**

- Transfer of Insurance Information to Medical Providers
- Monitoring of Treatment
- Transfer of Medical Records
- Medication, Vaccine
- Worldwide Medical and Dental Referrals
- Dispatch of Doctors/Specialists
- Emergency Medical Evacuation
- Facilitation of Hospital Admittance up to \$5,000.00 payment
- Transportation to Join a Hospitalized Participant
- Transportation After Stabilization
- Coordinate the replacement of Corrective Lenses and Medical Devices
- Emergency Travel Arrangements
- Hotel Arrangements for Convalescence
- Continuous Updates to Family and Home Physician
- Return of Dependent Children
- Replacement of Lost or Stolen Travel Documents
- Repatriation of Mortal Remains
- Worldwide Destination Intelligence Destination Profiles
- Legal Referral
- Transfer of Funds
- Message Transmittals
- Translation Services
- Security and Political Evacuation Services
- Natural Disaster Evacuation Services

Please visit [www.uhcsr.com/UHCGlobal](http://www.uhcsr.com/UHCGlobal) for the UnitedHealthcare Global brochure which includes service descriptions and program exclusions and limitations.

To access services please call:

(800) 527-0218 Toll-free within the United States

(410) 453-6330 Collect outside the United States

Services are also accessible via e-mail at [assistance@UHCGlobal.com](mailto:assistance@UHCGlobal.com).

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:

- Caller's name, telephone and (if possible) fax number, and relationship to the patient;
- Patient's name, age, sex, and UnitedHealthcare Global ID Number as listed on your Medical ID Card;
- Description of the patient's condition;
- Name, location, and telephone number of hospital, if applicable;
- Name and telephone number of the attending physician; and
- Information of where the physician can be immediately reached.

UnitedHealthcare Global is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by UnitedHealthcare Global. Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted.

## **Claim Procedures for Injury and Sickness Benefits**

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In the event of Injury or Sickness, students should:

1. Report to the Student Health Service or Infirmary for treatment or referral, or when not in school, to the nearest Physician or Hospital.
2. Secure a Company claim form from the Student Health Services or from the address below, fill out the form completely, attach all medical and hospital bills and mail to the address below.
3. File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

### **The Plan is Underwritten by:**

UnitedHealthcare Insurance Company

### **Submit all Claims or Inquiries to:**

UnitedHealthcare **Student**Resources  
P.O. Box 809025  
Dallas, Texas 75380-9025  
1-888-455-9402  
customerservice@uhcsr.com  
claims@uhcsr.com

### **Sales/Marketing Service:**

UnitedHealthcare **Student**Resources  
805 Executive Center Drive West, Suite 220  
St. Petersburg, FL 33702

Please keep this Brochure as a general summary of the insurance. The Master Policy contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control the payment of benefits.

This Brochure is based on Policy Number:  
2017-202893-11