

PLEASE NOTE:
THIS DOCUMENT HAS
CHANGED. PLEASE SEE THE
BACK COVER FOR DETAILS

2016–2017 International Student Injury and Sickness Plan for Dallas Baptist University



Who is eligible to enroll?

All international (non-immigrant) students are required to purchase this insurance plan, unless proof of comparable coverage is furnished.

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 from the University and may be viewed at www.uhcsr.com.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-800-767-0700 or customerservice@uhcsr.com.

How much does the plan cost?

| Rates | Annual 8/6/16 – 8/5/17 | Fall 8/6/16 – 1/7/17 | Spring 1/8/17 – 5/16/17 | Spring/Summer 1/8/17 – 8/5/17 | Summer 5/17/17 – 8/5/17 |
|---------|---------------------------|-------------------------|----------------------------|----------------------------------|----------------------------|
| Student | \$1,077.00 | \$535.00 | \$380.00 | \$542.00 | \$238.00 |

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may include amounts which are retained by your school (to, for example, cover your school's administrative costs associated with offering this health plan) as well as amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2016-539-4.
The Policy is a Non-Renewable One-Year Term Policy.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources

METALLIC LEVEL - GOLD WITH ACTUARIAL VALUE OF 78.828%

| | Preferred Providers | Out-of-Network Providers |
|---|--|---|
| Overall Plan Maximum | There is no overall maximum dollar limit on the policy | |
| Plan Deductible | \$300 Per Insured Person, Per Policy Year | \$600 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> | \$6,350 Per Insured Person, Per Policy Year | \$20,000 Per Insured Person, 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> | 80% of Preferred Allowance for Covered Medical Expenses | 60% of Usual and Customary Charges for Covered Medical Expenses |
| Prescription Drugs <i>Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.</i> | \$25 Copay for Tier 1 \$50 Copay for Tier 2 \$75 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) | 60% of Usual and Customary Charges \$25 Deductible for generic drugs \$50 Deductible for brand name drugs Up to a 31-day supply per prescription |
| 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 visit https://www.healthcare.gov/preventive-care-benefits/ for a complete list of services provided for specific age and risk groups.</i> | 100% of Preferred Allowance | 60% of Usual and Customary Charges |
| The following services have per Service Copays/Deductibles <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays/Deductibles.</i> | Medical Emergency: \$100 (Waived if admitted to Hospital) | Medical Emergency: \$100 (Waived if admitted to Hospital) |
| Pediatric Dental and Vision Benefits | Refer to the plan certificate for details (age limits apply). | |

Preferred Providers

The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: <http://www.uhcsr.com/lookuppredirect.aspx?delsys=52>.

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.uhcsr.com/myaccount. 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.

Other Coverage

Accident coverage for Intercollegiate sports injury is provided under a separate policy, 2016-539-48.

Healthiest You: National Telehealth Service

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 **StudentResources**, 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 compliment 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. Not available in Arkansas; limited services in California, Idaho, Iowa, Louisiana, and Texas.

*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

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.uhcsr.com/MyAccount.

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. Acne.
2. Acupuncture.
3. Addiction, such as:
 - Caffeine addiction.
 - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
 - Codependency.
4. Behavioral problems. Conceptual handicap. Developmental delay or disorder or mental retardation. Learning disabilities. Milieu therapy. Parent-child problems.
5. Biofeedback.
6. 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.
7. Custodial Care.
 - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
 - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
8. Dental treatment, except:
 - For accidental Injury to Sound, Natural Teeth.This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
9. Elective Surgery or Elective Treatment.
10. Elective abortion.
11. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.

12. Foot care for the following:
- Flat foot conditions.
 - Supportive devices for the foot, except as specifically provided in Benefits for Prosthetic and Orthotic Devices and Services.
 - Subluxations of the foot.
 - Fallen arches.
 - Weak feet.
 - Chronic foot strain.
 - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).
- This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
13. Health spa or similar facilities. Strengthening programs.
14. Hearing examinations. 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 for Screening for Hearing Loss and Benefits for Treatment of Speech and Hearing Disorders as specifically provided for in the policy.
15. Hirsutism. Alopecia.
16. Hypnosis.
17. 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.
18. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
19. 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.
20. Investigational services.
21. Lipectomy.
22. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting as an active participant.
23. 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 and in the Benefits for Diabetes.
 - Immunization agents, except as specifically provided in the policy. Biological sera. Blood or blood products administered on an outpatient basis.
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
 - Products used for cosmetic purposes.
 - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
 - Anorectics - drugs used for the purpose of weight control.
 - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
 - Growth hormones.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
24. Reproductive/Infertility services including but not limited to the following:
- Procreative counseling.
 - Genetic counseling and genetic testing.
 - Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Infertility treatment (male or female), 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.
 - Reversal of sterilization procedures.
 - Sexual reassignment surgery.
25. 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.
26. 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.

27. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Benefits for Maternity and Post Delivery Care.
28. 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.
29. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
30. 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.
31. Sleep disorders.
32. 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.
33. Supplies, except as specifically provided in the policy.
34. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
35. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
36. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).
37. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the policy.

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.



POLICY NUMBER: 2016-539-4

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC1 - 08/29/2016

Changes have been made as a result of the Centers for Medicare & Medicaid Services' (CMS') receipt and review of the forms to ensure compliance with the market reforms of the Affordable Care Act according to current regulations.

1. Removed the following wording from exclusion #6 - Treat or correct Congenital Conditions of a Newborn Infant or an Insured Dependent under age 19."