

Student Injury and Sickness Insurance Plan for University of Maryland - College Park 2014-2015

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



**The rates have been updated
per state requirements.**

Who is Eligible?

All undergraduate students enrolled in 6 or more credit hours are required to purchase this insurance Plan, **unless proof of comparable coverage is furnished.**

All graduate students (enrolled in at least 1 credit hour) and Visiting/Research Scholars are eligible to enroll in this insurance Plan. Eligible students who do enroll may also insure their Dependents.

University Health Center

Monday - Friday: 8am - 6pm

Saturday: 9am - 12pm

Sunday: Closed

Please note - Center hours vary during semester breaks, summer sessions and holidays.

The University Health Center is a place where students and their Dependents (age 13 and older) can receive quality health care provided by licensed Physicians and a wide range of other licensed providers. Students should first use the University Health Center, where treatment will be administered with no fee requirements for covered services. The student's annual deductible does not apply for medical services rendered at the Center.

Pharmacy Benefits

Our national retail network includes more than 60,000 pharmacies, with national and regional chains and many local independent pharmacies. You may receive your prescription drugs for a copayment when using a participating pharmacy.

To get prescription drug information go to www.firststudent.com, or call 1-855-828-7716.

24-Hour Collegiate Assistance Program

Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 1-301-314-9386. Collegiate Assistance Program is staffed by Registered Nurses who can help students determine if they need to seek medical care, understand their medications or medical procedures, or learn ways to stay healthy, all at no cost to you.

Pediatric Dental and Vision

Refer to Plan certificate for details about pediatric dental and vision benefits. (Age limits apply.)

Preventive Care Services

Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations are covered at 100% with no copay or deductible only when the services are received from a Preferred Provider. Please see www.healthcare.gov for complete details of the services provided for specific age and risk groups.

Preferred Provider Network

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

FrontierMEDEX

Domestic Students are eligible for FrontierMEDEX services when 100 miles or more away from your campus address and 100 miles or more away from your permanent address. International Students are covered worldwide except in their home country.

When Do I Enroll

Enrollment deadline is 9/15 for annual coverage. Coverage will be effective 8/1/14 if enrolled by 9/15. Annual coverage is effective 8/1/14 to 7/31/15. On-line premiums may be paid by Mastercard®, Visa® or eCheck. Mailed premiums may be paid by check or money order. For complete information about your benefits, please visit www.firststudent.com.

How to Enroll

You must submit your enrollment form and premium payment to First Risk Advisors by September 15, 2014 in order for your Annual coverage to be effective as of 8/1/14. To be eligible for coverage in the Spring/Summer 2015 semester, your completed enrollment form and premium payment must be received by First Risk Advisors no later than February 15, 2015 in order for your Spring/Summer coverage to be effective as of 1/1/15. To be eligible for coverage in the Summer 2015 semester, your completed enrollment form and premium payment must be received by First Risk Advisors no later than June 30, 2015 in order for your Summer coverage to be effective as of 6/1/15. Please refer to enrollment form for mailing address.

Open Enrollment Period	Open Enrollment Period	Effective Date of Coverage	Deadline for Payment
*Annual	7/15/14 to 9/15/14	8/1/14 to 7/31/15	9/15/14
Semi-Annual	7/15/14 to 9/15/14 1/1/15 to 2/15/15	8/1/14 to 12/31/14 1/1/15 to 7/31/15	9/15/14 2/15/15
Spring & Summer	1/1/15 to 2/15/15	1/1/15 to 7/31/15	2/15/15
Summer	5/15/15 to 6/30/15	6/1/15 to 7/31/15	6/30/15

*Mandatory Students are enrolled in Annual coverage.

Health Insurance Premium Rate Table - Basic Plan				
	Annual	Fall	Spring / Summer	Summer
Student Only	\$1,509	\$ 755	\$ 754	\$ 252
Student & Spouse	\$3,018	\$1,510	\$1,508	\$ 504
Student & All Children	\$3,048	\$1,525	\$1,523	\$ 509
Student, Spouse & all Children	\$4,557	\$2,280	\$2,277	\$760

Premium rates may be paid online by MasterCard®, Visa® or eCheck at www.firststudent.com. The first payment is due upon application; Second payment is due on or before 2/15/2015. Please note the enrollment dates listed above. Premium will not be refunded except for ineligibility or entrance into the armed forces. There is no overall maximum dollar limit on the policy.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2014-2071-91. The Policy is a Non-Renewable One-Year Term Policy. Please read the certificate of coverage to determine whether this plan is right for you before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate may be viewed and downloaded at www.firststudent.com. If you have any questions, please contact Customer Service at 800-505-4160 or customerservice@firsriskadvisors.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. Addiction, such as:
 - Caffeine addiction;
 - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious;
 - Codependency;This exclusion does not apply to benefits specifically provided in Benefits for Treatment of Mental Illness and Substance Use Disorder.
2. Biofeedback;
3. Congenital Conditions, except as specifically provided for:
 - Habilitative Services;
 - Newborn or adopted Infants;This exclusion does not apply to benefits specifically provided in Benefits for Treatment of Cleft Lip and Cleft Palate, Benefits for Amino-Acid Based Elemental Formula, or Benefits for Medical Foods and Modified Food Products.
4. Cosmetic procedures, except reconstructive procedures to:
 - Correct an Injury or treat a Sickness for which benefits are otherwise payable under this policy, as determined by the treating Physician. The primary result of the procedure is not a changed or improved physical appearance;
 - Treat or correct Congenital Conditions of a Newborn or adopted Infant;
5. 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;
6. Dental treatment, except:
 - For accidental Injury to Sound, Natural Teeth;
 - As specifically provided in the Benefits for Anesthesia for Dental Care;This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment;
8. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
9. 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, and bunions (except capsular or bone surgery);This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
10. Health spa or similar facilities; strengthening programs;
11. 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 Benefits for Minor Child Hearing Aid;
12. Hypnosis;
13. 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;
14. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
15. Injury sustained while:
 - Participating in any interscholastic, 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;
16. Investigational services;
17. Lipectomy, except as specifically provided in Benefits for Morbid Obesity;
18. 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 Phase I, II, III or IV clinical trials for cancer, AIDS or other life-threatening conditions.
- 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, except as specifically provided in the Benefits for In-Vitro Fertilization.
- Growth hormones;
- Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
19. Reproductive services including but not limited to the following, except as specifically provided in the Benefits for In-Vitro Fertilization or except as specifically provided in the policy;
 - Procreative counseling;
 - Genetic counseling and genetic testing;
 - Cryopreservation of reproductive materials. Storage of reproductive materials;
 - Premarital examinations;
 - Impotence, organic or otherwise;
 - Reversal of sterilization procedures;
 - Sexual reassignment surgery.
20. 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;
21. 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;
22. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy;
23. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee;
24. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Temporomandibular joint dysfunction, except surgery to treat joint abnormalities due to Injury and Sickness. 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.
25. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping;
26. Sleep disorders;
27. 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.
28. Supplies, except as specifically provided in the policy;
29. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Benefits for Reconstructive Breast Surgery Following a Mastectomy.
30. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any:
 - Motorcycle;
 - Recreational vehicle including: two- or three-wheeled motor vehicle, four-wheeled all terrain vehicle (ATV), jet ski, ski cycle, or snowmobile;
31. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment (except for institutions or Hospitals of the State of Maryland or any county or municipality thereof, whether such institutions or Hospital be deemed charitable, or otherwise).
32. 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); and
33. Weight management. Weight reduction. Nutrition programs, except for professional nutritional counseling and medical nutrition therapy provided for an Insured at risk due to nutritional history, current dietary intake, medication use or chronic illness or condition. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to Benefits for Morbid Obesity and Benefits for Child Wellness.

POLICY NUMBER: 2014-2071-91

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.

NOC #1 (1/21/2015)

Updated the rates as per the state requirements

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.