



2008-2009

STUDENT INJURY  
AND SICKNESS  
INSURANCE PLAN

Designed Especially for the Students of

Mississippi State  
UNIVERSITY



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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 1-800-767-0700 or by visiting us at [www.uhcsr.com](http://www.uhcsr.com).

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## **Eligibility & Coverage**

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All international students are automatically enrolled at registration, unless proof of comparable coverage is furnished by completing the appropriate waiver form and submitting it to the International Office.

All other fee-paying students of Mississippi State University enrolled at the Starkville or Meridan campuses, work-phase Co-op students, Doctoral students writing their dissertation, Optional Practical Training Program students, and fifth year Architecture students are eligible to enroll in the insurance plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. 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 to refund premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age who are not self supporting. Dependent Eligibility expires concurrently with that of the Insured student.

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

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## **Effective and Termination Dates**

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The Master Policy becomes effective August 23, 2008. 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 August 22, 2009. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

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## **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 Hospital confined 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 so long as the condition continues but not 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 After Termination" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

### **Student Health Center Referral Requirement (Students Only)**

The student must use the resources of the Health Center first where treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health Center for which no prior approval or referral is obtained are excluded from coverage. A referral issued by the SHC must accompany the claim when submitted.

A SHC referral for outside care is not necessary only under the following conditions:

1. Medical Emergency. The student must return to SHC for necessary follow-up care;
2. When the Student Health Center is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than 50 miles from campus;
5. Medical care obtained when a student is no longer able to use the SHC due to a change in student status;
6. Maternity; or
7. Psychotherapy.

Dependents are not eligible to use the SHC; and therefore, are exempt from the above limitations and requirements.

### **Pre-Admission Notification**

Avidyn 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 the notification of any admission due to Medical Emergency.

Avidyn 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.

## Schedule of Medical Expense Benefits

**Up To \$100,000 Maximum Benefit Paid as Specified Below (For Each Injury or Sickness)**  
**\$100 Inpatient Deductible (For Each Injury or Sickness)**  
**(\$300 Per Insured maximum Inpatient Deductible Per Policy Year)**  
**\$ 50 Outpatient Deductible (For Each Injury or Sickness)**  
**(\$150 Per Insured maximum Outpatient Deductible Per Policy Year)**  
**Coinsurance (Preferred Provider) 80% except as noted below**  
**Coinsurance (Out-of-Network) 60% except as noted below**

The Policy provides benefits for the Usual & Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$100,000 for each Injury or Sickness.

The Preferred Providers for this plan are John C. Longest Health Center, and UnitedHealthcare Options PPO.

If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider is not available in the Network area, benefits will be paid at the Preferred Provider level of 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 on Out-of-Network provider is used.

Covered Medical Expenses at the Student Health Center (SHC) will be paid at 80% of Usual & Customary Charges after a \$10 copay, with the exception of Prescription Drugs, which will be paid at 100% of Usual & Customary Charges after a \$10 copay.

The Deductible will be waived if treatment is rendered at the Student Health Center

All benefit maximums are combined Preferred Provider and Out-of-Network, unless noted below. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

**PA = Preferred Allowance    U&C = Usual & Customary Charges    max = maximum**

<b>INPATIENT</b>	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<b>Hospital Expense</b> , daily semi-private room rate; general nursing care provided by the Hospital. Hospital Miscellaneous Expenses, 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.	80% of PA	60% of U&C
<b>Intensive Care</b>	Paid under Hospital Expense	
<b>Routine Newborn Care</b> , while Hospital Confined; and routine nursery care provided immediately after birth. 4 days Hospital Confinement expense maximum.	Paid as any other Sickness	
<b>Physiotherapy</b> , \$500 maximum	50% of PA	50% of U&C
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix. 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.	80% of PA	60% of U&C

<b>INPATIENT</b>	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<b>Anesthetist</b> , professional services administered in connection with inpatient surgery.	80% of PA	60% of U&C
<b>Registered Nurse's Services</b> , private duty nursing care.	80% of PA	60% of U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.	80% of PA	60% of U&C
<b>Pre-Admission Testing</b> , payable within 3 working days prior to admission.	Paid under Hospital Expense	
<b>Psychotherapy</b> , 30 days maximum. Benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	Paid as any other Sickness	
<b>OUTPATIENT</b>		
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix. 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.	80% of PA	60% of U&C
<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.	80% of PA	60% of U&C
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	80% of PA	60% of U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	80% of PA / \$10 copay per visit	60% of U&C / \$10 Deductible per visit
<b>Physiotherapy</b> , benefits are limited to one visit per day. Benefits are payable only when service is rendered at the Student Health Center or referral issued by the Student Health Center.	80% of PA / \$10 copay per visit	60% of U&C / \$10 Deductible per visit
<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.	80% of PA / \$100 copay per visit	80% of U&C / \$100 Deductible per visit
<b>Diagnostic X-ray and Laboratory Services</b>	80% of PA	60% of U&C
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement. <i>Allergy injections are not payable.</i>	80% of PA	60% of U&C

<b>OUTPATIENT</b>	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<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.	80% of PA	60% of U&C
<b>Chemotherapy &amp; Radiation Therapy</b>	80% of PA	60% of U&C
<b>Prescription Drugs</b> , \$750 maximum Per Policy Year. Prescriptions filled at the SHC will be paid at 100% U&C after a \$10 copay. <i>Benefits includes oral contraceptives.</i>	UnitedHealthcare Network Pharmacy / \$25 copay per prescription up to a 31 day supply per prescription.	No Benefits
<b>Psychotherapy</b> , \$50 maximum per day. Benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of Mental & Nervous Disorder.	50% of PA / \$10 copay per visit Pharmacy	50% of U&C / \$10 Deductible per visit
<b>OTHER</b>		
<b>Ambulance Services</b> , \$125 maximum, benefits are payable for ground transportation only.	80% of U&C	80% of U&C
<b>Durable Medical Equipment</b> , \$1,000 maximum Per Policy Year. A written prescription must accompany the claim when submitted. Replacement equipment is not covered.	80% of U&C	80% of U&C
<b>Consultant Physician Fees</b> , when requested and approved by the attending physician.	80% PA / \$10 copay per visit	60% of U&C / \$10 Deductible per visit
<b>Dental Treatment</b> , benefits paid on Injury to Sound, Natural Teeth only. (\$100 maximum per tooth, \$500 maximum Per Policy Year.)	80% of U&C	80% of U&C
<b>Maternity and Complications of Pregnancy</b>	Paid as any other Sickness	
<b>Alcoholism/Drug Abuse</b>	Paid under Psychotherapy	

### **UnitedHealthcare Network Pharmacy Benefits**

Benefits are available for outpatient Prescription Drugs on our Prescription Drug List (PDL) when dispensed by a UnitedHealthcare Network Pharmacy. Benefits are subject to supply limits and copayments. There are a 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.

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 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 mail-order prescriptions or network pharmacies, please visit [www.uhcsr.com](http://www.uhcsr.com) and log in to your online account or call 1-877-417-7345.

### **Definitions**

**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.

### **Additional Exclusions**

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

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.
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.

## **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. Insured’s should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-800-767-0700 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.

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

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

Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

### **Inpatient Hospital Expenses**

**PREFERRED HOSPITALS** - Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at the coinsurance percentages specified in the Schedule of Benefits or up to any limits specified in the Schedule of Benefits. Call (800) 767-0700 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 UnitedHealthcare Options PPO will be paid at the coinsurance percentage specified in the Schedule of Benefits 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.

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## **Maternity Testing**

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This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-767-0700.

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## **Mandated Benefits**

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### ***Benefits for Temporomandibular Joint Disorder and Craniomandibular Disorder***

Benefits shall be provided, on the same basis as benefits for treatment to any other joint in the body, for diagnostic and surgical treatment of temporomandibular joint disorder and craniomandibular disorder. Treatment may be administered or prescribed by a Physician or dentist. This coverage will not exceed a \$5,000 maximum lifetime benefit.

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

### ***Benefits for Reconstructive Breast Surgery Following Mastectomy***

Benefits will be paid the same as any other Sickness for all stages of reconstruction of the breast on which the mastectomy has been performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and physical complications of mastectomy, including lymphedema in a manner determined in consultation with the attending Physician and the Insured.

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

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## **Definitions**

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**INJURY** means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. 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.

**PRE-EXISTING CONDITION** means: 1) a condition which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition for which medical advice, diagnosis, care, or treatment was recommended or received within the 6 months immediately prior to the Insured's Effective Date under the policy.

**SICKNESS** means sickness or disease of the Insured Person which causes loss, and originates 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.

**USUAL & 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 of the Policyholder. 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:

1. Acne; acupuncture; allergy testing;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Assistant Surgeon Fees;
4. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation;
5. Biofeedback;
6. Circumcision;
7. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
8. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
9. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
10. Elective Surgery or Elective Treatment;
11. Elective abortion;
12. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
13. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;

14. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
15. Hirsutism; alopecia;
16. Immunizations, preventive medicines or vaccines, except where required for treatment of a covered Injury;
17. Injury caused by, contributed to, or resulting from the use of intoxicants or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
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 (a) participating in any intercollegiate or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
20. Nuclear, chemical or biological Contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death;
21. Organ transplants, including organ donation;
22. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
23. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy; except as specifically provided in the policy;
24. Prescription Drugs, services or supplies as follows:
  - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
  - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
  - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
  - d) Products used for cosmetic purposes;
  - e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
  - f) Anorectics - drugs used for the purpose of weight control;
  - g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
  - h) Growth hormones; or
  - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

***Exclusions and Limitations, Continued***

25. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (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; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
26. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
27. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness;
28. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
29. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
30. Sleep disorders;
31. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
32. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
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); and
37. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

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**Collegiate Assistance Program**

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Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 877-643-5130. The 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.

## **Scholastic Emergency Services: Global Emergency Assistance Services**

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If you are a student insured with this insurance plan, you and your insured spouse and minor child(ren) are eligible for Scholastic Emergency Services (SES). The requirements to receive these services are as follows:

International Students, insured spouse and insured minor child(ren): You are eligible to receive SES worldwide, except in your home country.

Domestic Students, insured spouse and insured minor child(ren): You are eligible for SES 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.

SES services include Emergency Medical Evacuation and Return of Mortal Remains that meet the United States Department requirements. 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 SES services must be arranged and provided by SES, any services not arranged by SES will not be considered for payment.

### **Key Services include:**

- Medical Consultation, Evaluation and Referrals
- Foreign Hospital Admission Guarantee
- Emergency Medical Evacuation
- Critical Care Monitoring
- Medically Supervised Repatriation
- Prescription Assistance
- Transportation to Join Patient
- Care for Minor Children Left Unattended Due to a Medical Incident
- Return of Mortal Remains
- Emergency Counseling Services
- Lost Luggage or Document Assistance
- Interpreter and Legal Referrals

Please visit your association's insurance coverage page at [www.uhcsr.com](http://www.uhcsr.com) for the SES Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations.

To access services please call:

(877) 488-9833 Toll-free within the United States

(609) 452-8570 Collect outside the United States

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

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

1. Caller's name, telephone and (if possible) fax number, and relationship to the patient;
2. Patient's name, age, sex, and Reference Number;
3. Description of the patient's condition;
4. Name, location, and telephone number of hospital, if applicable;
5. Name and telephone number of the attending physician; or
6. Information of where the physician can be immediately reached.

SES 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 SES. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES brochure for Program Guidelines as well as limitations and exclusions pertaining to the SES program.

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### **Online Access to Account Information**

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UnitedHealthcare **StudentResources** Insureds have online access to claims status, EOBs, correspondence and coverage information via My Account at [www.uhcsr.com](http://www.uhcsr.com). Insureds can also print a temporary ID card, request replacement ID card and locate network provider from My Account.

If you don't already have an online account, simply select the "Create an Account" link from the home page at [www.uhcsr.com](http://www.uhcsr.com). Follow the simple, onscreen directions to establish an online account in minutes. Note that you will need your 7-digit insurance ID number to create an online account. If you already have an online account, just log in from [www.uhcsr.com](http://www.uhcsr.com) to access your account information.

## **Claim Procedure**

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In the event of Injury or Sickness, students should:

- 1) Report to the Student Health Service for treatment or referral, or when not in school, to their Physician or Hospital.
- 2) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the college or university under which the student is insured. A Company claim form is not required for filing a claim.
- 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:**  
United HealthCare Insurance Company

**SUBMIT ALL CLAIMS OR INQUIRIES TO:**  
UnitedHealthcare **Student**Resources  
PO Box 809025  
Dallas, TX 75380-9025  
1-800-767-0700

[claims@uhcsr.com](mailto:claims@uhcsr.com)  
[customerservice@uhcsr.com](mailto:customerservice@uhcsr.com)

**SERVICED LOCALLY BY:**  
Holland Insurance, Inc.  
PO Box 328  
Southaven, MS 38671-0328  
1-662-895-5528  
1-888-393-9500

[gholland@geraldhollandinsurance.com](mailto:gholland@geraldhollandinsurance.com)

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University 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.