

Student Injury and Sickness Insurance Plan for Youngstown State University

2009-2010



Youngstown State University is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All registered undergraduate students taking 9 or more credit hours are eligible to enroll in the plan on a voluntary basis. All registered graduate students taking 6 or more credit hours are eligible to enroll in this insurance plan

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources are:

- Up to \$100,000 for each Injury or Sickness Maximum Benefit for Covered Medical Expenses.
- \$150 Deductible per Insured Person , per Policy Year for Preferred Providers, \$250 Deductible Per Insured Person, per Policy Year for Out of Network Providers.
- Covered Medical Expenses for Preferred Providers are payable at 90% of Preferred Allowance and Out of Network benefits are payable at 70% of Usual and Customary charges (all benefits are subject to satisfaction of the deductible, specific benefit limitations, maximums and copays as described in the policy).
- Prescription Drug Benefits are payable at 90% of Usual and Customary Charges, \$15 Copay per prescription for Preferred Providers, \$15 Deductible Per Prescription for Out of Network Providers. (\$700 maximum per policy year.)
- Coverage available for eligible dependents.
- Scholastic Emergency Services – Domestic Students are covered when 100 miles or more away from their campus or home address. International Students are covered worldwide except in their home country.
- MyAccount, available through www.UHCSR.com, allows insured students access 24/7 to check their claim status, search for network providers, print ID cards, enter accident details, view EOBs and enter additional insurance information online.
- Included with every policy, the UnitedHealth Allies® discount program provides 5% to 50% savings on dental and vision services, fitness clothing and equipment, and textbooks from McGraw-Hill Professional. The UnitedHealth Allies program is not insurance and is offered by UnitedHealth Allies, a UnitedHealth Group company.
- UnitedHealthcare StudentResources Includes the Collegiate Assistance Program that provides a blended solution that combines a Nurseline service with a Student Assistance Program: mind and body. Provided through partnership with OptumHealth Behavioral Solutions, a UnitedHealthcare Company

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2009-1119-78.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to the plan brochure available at www.UHCSR.com.

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

The Policy is a Non-Renewable One-Year Term Policy.

For online enrollment visit our website at www.UHCSR.com, click on "Find My School's Plan" link and follow the online instructions or call 800-767-0700

Rates	Annual	Fall	Spring/Summer	Summer
	8/1/09 - 7/31/10	8/1/09 - 1/10/10	1/11/10 - 7/31/10	5/19/10 - 7/31/10
Student	\$988	\$450	\$558	\$204
Spouse	\$2718	\$1238	\$1534	\$562
Each Child	\$1730	\$788	\$977	\$358



Pre-Existing Condition means: 1) the existence of symptoms 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 which originates, is diagnosed, treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under the policy.

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:

1. Acne; acupuncture; allergy, including 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. Injections;
7. Chronic pain disorders;
8. Circumcision;
9. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
10. 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;
11. 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;
12. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
13. Elective Surgery or Elective Treatment;
14. Elective abortion;
15. 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;
16. 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;
17. Health spa or similar facilities; strengthening programs;
18. 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;
19. Hirsutism; alopecia;
20. Hypnosis;
21. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
22. Injury caused by, contributed to, or resulting from the addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
23. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
24. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency when traveling for academic study abroad programs business or pleasure;
25. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
26. Injury sustained while (a) participating in any intercollegiate, 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;
27. Investigational services;
28. Lipectomy;
29. Organ transplants, including organ donation;
30. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation;
31. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
32. 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;

33. 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) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use;
 - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - d) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - e) Products used for cosmetic purposes;
 - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - g) Anorectics - drugs used for the purpose of weight control;
 - h) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - i) Growth hormones; or
 - j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
34. 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;
35. 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 for Covered Medical Expenses for Routine Patient Care administered in any stage of an Eligible Cancer Clinical Trial;
36. 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;
37. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness;
38. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
39. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
40. 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;
41. Sleep disorders;
42. Speech therapy; naturopathic services;
43. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
44. Supplies, except as specifically provided in the policy;
45. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia;
46. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; or snowmobile skiing scuba diving, surfing, roller skating, riding in a rodeo;
47. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
48. 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
49. 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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Healing health care. Together.®