



# 2009-2010

## STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for the Students of

**Youngstown**  
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).

## **Eligibility**

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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.

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 Eligibility or 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 may also enroll their Dependents. Eligible Dependents are the spouse (husband or wife) and unmarried children under 19 years of age or 23 years if a full time student at an accredited institution of higher learning who are not self-supporting.

Dependent Eligibility expires concurrently with that of the Insured student.

## **Effective and Termination Dates**

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The Master Policy on file at the school becomes effective on August 1, 2009. The individual student's 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 on July 31, 2010. 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.

Refunds of premiums are allowed only upon entry into the armed forces. The Policy is a Non-Renewable One Year 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 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 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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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 (For Each Injury or Sickness)**

**Preferred Provider Deductible: \$150 (Per Insured Person) (Per Policy Year)**

**Out-of-Network Provider Deductible: \$250 (Per Insured Person)  
(Per Policy Year)**

The Policy provides benefits for the Usual and Customary Charges (U&C) 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 Provider for this plan is UnitedHealthcare Options PPO.

If care is received from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefit. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.

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

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

<b>Inpatient</b>	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<b>Hospital Expense</b> , daily semi-private room rate; and 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.	90% of PA	70% of U&C
<b>Intensive Care</b>	90% of PA	70% of U&C
<b>Routine Newborn Care</b> , 4 days Hospital Confinement expense max. While Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness	Paid as any other Sickness
<b>Physiotherapy</b>	90% of PA	70% of U&C
<b>Surgeon's Fees, \$5,000 max</b> In accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediately succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	90% of PA	70% of U&C

<b>Inpatient</b>	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<b>Anesthetist</b> , professional services in connection with inpatient surgery.	90% of PA	70% of U&C
<b>Registered Nurse's Services</b> , private duty nursing care.	90% of PA	70% of U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.	90% of PA	70% of U&C
<b>Pre-Admission Testing</b> , payable within 3 working days prior to admission.	90% of PA	70% of U&C
<b>Biologically Based Mental Illness</b> , <i>See Benefits for Biologically Based Mental Illness.</i>	Paid as any other Sickness	Paid as any other Sickness
<b>Psychotherapy</b> , benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	Paid as any other Sickness	Paid as any other Sickness
<b>Outpatient</b>		
<b>Surgeon's Fees, \$5,000 max</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.	90% of PA	70% 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.	90% of PA	70% of U&C
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	90% of PA	70% of U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery or Physiotherapy.	90% of PA	70% of U&C
<b>Physiotherapy</b> , benefits are limited to one visit per day. See exclusion number 30 for additional limitations.	90% of PA	70% of U&C

<b>Outpatient</b>	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<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. <b>\$400 max if not admitted</b>	90% of PA	70% of U&C
<b>Diagnostic X-Ray Services / Laboratory Services, \$950 max if not admitted</b>	90% of PA	70% of U&C
<b>Tests and Procedures</b> , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-Rays and Lab Procedures.	90% of PA	70% of U&C
<b>Chemotherapy &amp; Radiation Therapy</b>	90% of PA	70% of U&C
<b>Prescription Drugs, \$700 max per Policy Year</b>	90% of U&C / \$15 Deductible per prescription	90% of U&C / \$15 Deductible prescription
<b>Biologically Based Mental Illness</b> <i>See Benefits for Biologically Based Mental Illness.</i>	Paid as any other Sickness	Paid as any other Sickness
<b>Psychotherapy, \$100 max per day / 10 visits max per Policy Year</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Other</b>		
<b>Ambulance Services</b>	90% of PA	90% of U&C
<b>Durable Medical Equipment</b> , A written prescription must accompany the claim when submitted. Replacement equipment is not covered.	90% of PA	90% of U&C
<b>Consultant</b> , when requested and approved by the attending Physician.	90% of PA	70% of U&C
<b>Dental Treatment</b> , Injury to Sound, Natural Teeth only.	90% of U&C	90% of U&C
<b>Alcoholism / Drug Abuse, \$500 max</b>	90% of PA	70% of U&C
<b>Maternity &amp; Complications of Pregnancy</b>	Paid as any other Sickness	Paid as any other Sickness

## **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.

"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 90%, 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 by UnitedHealthcare Options PPO will be paid at 90% 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.

## **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.

## **Accidental Death and Dismemberment Benefits**

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### **Loss of Life, Limb or Sight**

If such Injury shall, independently of all other causes and within 180 days from the date of Injury, solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below.

#### **For Loss Of:**

Life	\$5,000
Two or More Members	\$5,000
One Member	\$2,500

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

### **Coordination of Benefits**

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Benefits will be coordinated with any other medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

### **Mandated Benefits**

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#### *Benefits for Cancer Clinical Trials*

Benefits will be paid the same as any other Sickness for Routine Patient Care administered to an Insured participating in any stage of an Eligible Cancer Clinical Trial, if those expenses would be paid if the Insured was not participating in a clinical trial.

"Eligible Cancer Clinical Trial" means a cancer clinical trial that meets all of the following criteria:

- a) A purpose of the trial is to test whether the intervention potentially improves the trial participant's health outcomes.
- b) The treatment provided as part of the trial is given with the intention of improving the trial participant's health outcomes.
- c) The trial has a therapeutic intent and is not designed exclusively to test toxicity or disease pathophysiology.
- d) The trial does one of the following:
  - i) Tests how to administer a health care service, item, or drug for the treatment of cancer;
  - ii) Tests responses to a health care service, item or drug for the treatment of cancer;
  - iii) Compares the effectiveness of a health care service, item, or drug for the treatment of cancer with that of other health care services, items or drugs for the treatment of cancer;
  - iv) Studies new uses of a health care service, item, or drug for the treatment of cancer
- e) The trial is approved by one of the following entities:
  - i) The National Institutes of Health or one of its cooperative groups or centers under the United States Department of Health and Human Services;
  - ii) The United States Department of Defense;
  - iii) The United States Department of Veterans' Affairs

"Routine Patient Care" means all health care services consistent with the coverage provided in the policy for the treatment of cancer, including the type and frequency of any diagnostic modality, that is typically covered for a cancer patient who is not enrolled in a Cancer Clinical Trial, and that was not necessitated solely because of the trial.

Benefits will not be paid for:

- a) A health care service, item, or drug that is the subject of the cancer clinical trial.

- b) A health care service, item, or drug provided solely to satisfy data collection and analysis needs for the cancer clinical trial that is not used in the direct clinical management of the patient;
- c) An investigational or experimental drug or device that has not been approved for market by the United States Food and Drug Administration;
- d) Transportation, lodging, food, or other expenses for the Insured, or a family member of companion of the Insured, that are associated with the travel to or from a facility providing the cancer clinical trial;
- e) An item or drug provided by the cancer clinical trial sponsors free of charge for any patient;
- f) A service, item, or drug that is eligible for reimbursement by a person other than the insurer, including the sponsors of the cancer clinical trial.

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

#### *Benefits for Biologically Based Mental Illness*

Benefits will be paid the same as any other Sickness for the treatment of Biologically Based Mental Illness if both of the following apply:

- 1) The Biologically Based Mental Illness is clinically diagnosed by a Physician authorized to practice medicine and surgery or osteopathic medicine and surgery, a psychologist, a professional clinical counselor, professional counselor, independent social worker, or a clinical nurse specialist whose nursing specialty is mental health.
- 2) The prescribed treatment is not experimental or investigational, having proven its clinical effectiveness in accordance with generally accepted medical standards.

“Biologically Based Mental Illness” means schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, and panic disorder, as these terms are defined in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American Psychiatric Association.

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

### **Definitions**

**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) 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.

**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 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 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 & 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, 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.

### **Collegiate Assistant 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 the number on your permanent I.D. card. The Collegiate Assistance Program is staffed by Registered Nurses and Licensed Clinicians who can help students determine if they need to seek medical care, need legal/financial advice or may need to talk to someone about everyday issues that can be overwhelming.

## **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 children are eligible for SES services. The requirements to receive these services are as follows:

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

Domestic Students, insured spouse and insured minor child(ren): You are eligible for SES 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 and Return of Mortal Remains services provided by SES meet U.S. visa 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 SES's 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.

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

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

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In the event of Injury or Sickness, students should:

- 1) Report to the Student Health Center 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 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:***  
**UnitedHealthcare Insurance Company**

***Submit all Claims or Inquiries to:***  
**UnitedHealthcare StudentResources**

P.O. Box 809025  
Dallas, Texas 75380-9025  
1-800-767-0700  
[customerservice@uhcsr.com](mailto:customerservice@uhcsr.com)  
[claims@uhcsr.com](mailto:claims@uhcsr.com)

***Sales/Marketing Services***  
UnitedHealthcare **StudentResources**  
805 Executive Drive West, Suite 220  
St. Petersburg, FL 33702  
1-800-237-0903

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 payment of benefits.

***This Brochure is based on Policy # 2009-1119-78***



Youngstown  
STATE UNIVERSITY