

Voluntary Student Injury and Sickness Insurance Plan for Eastern Oregon University

2012-2013



EASTERN OREGON
UNIVERSITY

Eastern Oregon University is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All registered Domestic students taking 6 or more credit hours (excluding online credits) are eligible to purchase the Eastern Oregon University Health Insurance Plan on a Voluntary Basis.

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

- Up to \$100,000 per Condition for Covered Medical Expenses.
- \$150 deductible Per Policy Year for Preferred Providers, \$300 deductible Per Policy Year for Out of Network Providers.
- \$3,500 Out-of-Pocket maximum for Preferred Providers, \$7,000 Out-of-Pocket maximum for Out of Network providers per Insured Person per Policy Year. Refer to the plan brochure for details about how the Out-of-Pocket Maximum applies.
- The Preferred Provider Network is UnitedHealthcare Choice Plus.
- Students under the age of 19 are immediately covered for pre-existing conditions. For students who are 19 and over, pre-existing conditions will apply for the first 6 months, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months. Students are permitted to have a one term break in coverage without restarting the pre-existing limitation period (refer to exclusion 24 on the reverse side).
- Covered Medical Expenses for Preferred Providers are payable at 80% of Preferred Allowance and Out of Network benefits are payable at 60% 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: \$15 copay for Tier 1 / \$30 copay for Tier 2 / \$50 copay for Tier 3 up to a 31-day supply per prescription. Prescriptions must be filled at a UnitedHealthcare Network Pharmacy.
- Preventative Services benefit which includes annual physicals, GYN exams, routine screenings and immunizations, covered at 100%, no copays or deductibles to Preferred Providers only. See www.healthcare.gov for complete details of the services provided for specific risk groups.
- Coverage is 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.
- Students can enroll for annual coverage or by term.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2012-200872-1.

If you have any questions, please contact Gallagher Koster's Customer Service at (800) 466-7103 or www.gallagherkoster.com/EOU.

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

Please refer to the brochure which provides details about the coverage including costs, benefits, exclusions, any reductions or limitations.

To enroll visit www.gallagherkoster.com/EOU click on the "Student Direct Pay Enroll" link and complete the required forms. Questions? Call (800) 466-7103

Rates	Annual	Fall	Winter	Spring	Summer
	9/1/12- 8/31/13	9/1/12-1/3/13	1/4/13-3/28/13	3/29/13-6/20/13	6/21/13-8/31/13
Student	\$1,546	\$528	\$359	\$355	\$304
Spouse	\$3,479	\$1,188	\$808	\$798	\$684
Each Child	\$1,933	\$660	\$449	\$444	\$380

This plan assumes the plan design outlined in the 2012-2013 proposal and duplicates the expiring enrollment, exclusions and limitations with the exception that they may be modified to comply with provisions of the Patient Protection and Affordable Care Act.



Your student health insurance coverage, offered by UnitedHealthcare Insurance Company may not meet the minimum standards required by the healthcare reform law for restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions on annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012 and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage puts a policy year limit of \$100,000 Per Condition that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified. If you have any questions or concerns about this notice, contact Customer Service at 1-800-466-7103. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

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. Addiction, such as nicotine addiction;
2. Biofeedback;
3. Injections;
4. Circumcision;
5. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
6. 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;
7. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
8. Dental treatment except as specifically provided in the Schedule of Benefits;
9. Elective Surgery or Elective Treatment;
10. 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;
11. Foot care including: flat foot conditions, supportive devices for 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;
12. Health spa or similar facilities; strengthening programs;
13. 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;
14. Hirsutism; alopecia;
15. Hypnosis;
16. 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;
17. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. 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;
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. Investigational services;
21. Lipectomy;
22. 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;
23. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
24. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months. Insureds with documentation of prior creditable health coverage are eligible for prior credit towards the Pre-existing Condition exclusionary period. Coverage will be considered continuous from one school year to the next. The Insured is permitted to have one term or semester break without restarting the Pre-existing period. Conditions developed during a qualified break are not considered Pre-existing Conditions;
25. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
 - 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; except for prescribed drugs for a particular Sickness (such as cancer) that have not been approved by the United States Food and Drug Administration when the Health Resources Commission has determined that the drug is recognized as effective for the treatment of that Sickness in publications that the Commission determines to be equivalent to: The American Hospital Formulary Services drug information, "Drug Facts and Comparisons", The United States Pharmacopoeia drug information, or other publications that have been identified by the United States Secretary of Health and Human Services as authoritative; in the majority of relevant peer-reviewed medical literature; or by the United States Secretary of Health and Human Services;
 - 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.
26. 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;
27. 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;
28. 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; except as specifically provided in the policy;
29. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
30. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
31. 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; except for treatment of chronic purulent sinusitis;
32. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
33. Sleep disorders;
34. Naturopathic services;
35. Supplies, except as specifically provided in the policy;
36. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia;
37. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
38. 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
39. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.