

2016–2017 Student Injury and Sickness Plan for Colorado State University Fort Collins International Students



Who is eligible to enroll?

All International and INTO (both graduate and undergraduate) students who are enrolled at CSU are automatically enrolled in this insurance plan unless proof of comparable coverage is furnished.

Where can I get more information about the benefits available?

Please read the plan brochure to determine whether this plan is right for you before you enroll. The plan brochure provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the plan brochure are available from the University and may be viewed at www.uhcsr.com/csufc.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-855-258-2656 or webinquiries@ameriben.com.

How much does the plan cost?

Rates	Fall 8/18/16 – 1/14/17	Spring/Summer 1/15/17 – 8/31/17	Summer 5/15/17 – 8/31/17
Student	\$743.00	\$808.00	\$423.00

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this health plan.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2016-202865-4.
The Policy is a Non-Renewable One-Year Term Policy.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources

METALLIC LEVEL - GOLD WITH ACTUARIAL VALUE OF 80.555 %

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Student Health Center Benefits	The Deductible will be waived and benefits will be paid at 80% for Covered Medical Expenses when treatment is rendered at the Student Health Center. Covered Medical Expenses for Prescription Drugs and Preventive Care will be paid at 100% at the Student Health Center.	
Plan Deductible	\$500 per Insured Person, per Policy Year	\$1,000 per Insured Person, per Policy Year
Out-of-Pocket Maximum <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan brochure for details about how the Out-of-Pocket Maximum applies.</i>	\$6,850 Per Insured Person, Per Policy Year	\$ 13,700 Per Insured Person, Per Policy Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan brochure.</i>	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs <i>Mail order is available through Magellan RX Management at 3 times the Copay for a 90 day supply.</i>	100% of Preferred Allowance \$10 Copay for generic drugs \$35 Copay for brand name \$60 Copay for non-preferred brand drugs	100% of Usual and Customary Charges \$10 Deductible for generic drugs \$35 Deductible for brand name \$60 Deductible for non-preferred brand drugs
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Please see www.healthcare.gov/preventive-care-benefits/ for complete details of the services provided for specific age and risk groups.</i>	100% of Preferred Allowance	Usual and Customary Charges
The following services have per Service Copays/Deductibles <i>This list is not all inclusive. Please read the plan brochure for complete listing of Copays/Deductibles.</i>	Medical Emergency: \$100 Copay per visit (waived if admitted)	Medical Emergency: \$100 Deductible per visit (waived if admitted)
Pediatric Dental and Vision Benefits	Refer to the plan brochure for details (age limits apply).	
UnitedHealthcare Global: Global Emergency Services	International Students are covered worldwide except in their home country.	

Preferred Providers

The Preferred Provider Network for this plan is Cofinity (inside Colorado) and First Health (outside Colorado).

Online Services

UnitedHealthcare **StudentResources** Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to *My Account* at www.uhcsr.com/myaccount. To create an online account, select the "create My Account Now" link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and Apple's App Store.

Exclusions and Limitations:

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Acupuncture, except as specifically provided in the policy.
2. Addiction, such as:
 - Caffeine addiction.
 - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
 - Codependency.
3. Biofeedback.
4. Cosmetic procedures, except reconstructive procedures to:
 - Correct an Injury or treat a Sickness for which benefits are otherwise payable under this policy. The primary result of the procedure is not a changed or improved physical appearance.
 - Treat or correct Congenital Conditions of a Newborn Infant.
5. Custodial Care.
 - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
 - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
6. Dental treatment, except:
 - For accidental Injury to Sound, Natural Teeth.
 - As specifically provided in the Schedule of Benefits.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment.
8. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
9. Foot care for the following:
 - Flat foot conditions.
 - Supportive devices for the foot.
 - Fallen arches.
 - Weak feet.
 - Chronic foot strain.
 - Routine foot care including the care, cutting and removal of corns, calluses, and bunions (except capsular or bone surgery).

This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
10. Health spa or similar facilities. Strengthening programs.
11. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.

This exclusion does not apply to:

 - Hearing defects or hearing loss as a result of an infection or Injury.
 - Hearing Aids specifically provided for in Benefits for Hearing Aids for Minor Children.
 - Hearing exams and tests to determine the need for hearing correction.
12. Hirsutism. Alopecia.
13. Hypnosis.
14. 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.
15. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
16. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except when traveling for academic study abroad programs, business, or pleasure.
17. 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.
18. Injury sustained while:
 - Participating in any intercollegiate, or professional sport, contest or competition.
 - Traveling to or from such sport, contest or competition as a participant.
 - Participating in any practice or conditioning program for such sport, contest or competition.
19. Investigational services.
20. Lipectomy.
21. Marital or family counseling.
22. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
23. Prescription Drugs, services or supplies as follows:
 - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy.

- Immunization agents, except as specifically provided in the policy. Biological sera.
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
 - Products used for cosmetic purposes.
 - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
 - Anorectics - drugs used for the purpose of weight control.
 - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
 - Growth hormones.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
24. Reproductive/Infertility services including but not limited to the following, except as specifically provided in the policy:
- Genetic testing.
 - Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Premarital examinations.
 - Impotence, organic or otherwise.
25. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except as specifically provided in the policy.
26. Residential treatment of eating disorders, such as anorexia or bulimia.
27. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems.
This exclusion does not apply as follows:
- When due to a covered Injury or disease process.
 - To benefits specifically provided in Pediatric Vision Services.
28. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
29. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
30. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.
31. Speech therapy, except as specifically provided in the policy. Naturopathic services.
32. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.
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 other than the United States (a pro-rata premium will be refunded upon request for such period not covered).
37. Weight management. Weight reduction programs. Weight management programs. Nutrition programs and related nutritional supplies. Treatment for obesity. Treatment for Morbid Obesity associated with serious and life threatening disorders such as diabetes mellitus and hypertension is covered. Morbid Obesity means a body weight of two times the normal weight or greater, or 100 pounds in excess of normal body weight based on normal body weight using generally accepted height and weight tables for a person of the same age, sex, height and frame. Benefits will be provided only upon written request for treatment with a treatment plan written by a Physician, and services or treatment must meet the Company's medical criteria. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the policy.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.

