



# 2010-2011

BLANKET STUDENT ACCIDENT  
AND SICKNESS INSURANCE PLAN

Designed Especially for the Students of

# Dickinson College



This Policy Contains a Preferred Provider Provision  
Non-Participating Non-Renewable One Year Term



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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 1-800-505-4160 or by visiting us at [www.firststudent.com](http://www.firststudent.com).

## **Eligibility**

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All full-time Domestic Undergraduate students are required to purchase this insurance Plan, unless proof of comparable coverage is furnished. All International students and Visiting Scholars are automatically enrolled in this insurance Plan at registration.

Students must actively attend classes for at least the first day 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 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.

## **Effective and Termination Dates**

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The Master Policy on file at the school becomes effective August 1, 2010. 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 July 31, 2011. 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 12 months 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 the "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

## **How to Enroll**

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You must enroll in the Student Insurance Plan by September 30, 2010 in order for your Annual coverage to be effective as of August 1, 2010. To be eligible for coverage in the Spring/Summer 2011 semester, you must enroll in the Student Insurance Plan by February 15, 2011 in order for your Spring/Summer coverage to be effective as of January 1, 2011.

## **Pre-Admission Notification**

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UMR Care Management 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.

UMR Care Management 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

Injury and Sickness

Up To \$75,000 Maximum Benefit Paid as Specified Below (For Each Injury or Sickness)

\$0 Deductible

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 \$75,000 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 benefits. If the Covered Medical Expense is due to a Medical Emergency, benefits 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 level of benefits shown as Preferred Provider benefits. 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 otherwise noted below. Covered Medical Expenses include:

**PA = Preferred Allowance    U&C = Usual & Customary Charges**  
**Max = Maximum**

INPATIENT	Preferred Providers	Out of Network Providers
<b>Hospital Expenses</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.	100% of PA/ \$75 copay per day	80% of U&C
<b>Intensive Care</b>	100% of PA/ \$100 copay per day	80% of U&C
<b>Routine Newborn Care</b> , While Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness / 4 Days Hospital Confinement expense maximum.	
<b>Physiotherapy, 30 visits maximum Per Policy Year.</b> Includes speech and occupational therapy.	100% of PA/ \$20 copay per visit	80% 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 at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	100% of PA/ \$50 copay per visit	80% of U&C

INPATIENT	Preferred Providers	Out of Network Providers
<b>Assistant Surgeon</b>	50% of Surgery Allowance	
<b>Anesthetist</b> , professional services in connection with inpatient surgery.	25% of Surgery Allowance	
<b>Registered Nurse</b>	No Benefits	
<b>Physician's Visits</b> , Benefits do not apply when related to surgery. Benefits are limited to one visit per day.	100% of PA/ \$20 copay per visit	80% of U&C
<b>Pre-Admission Testing</b> , payable within 3 working days prior to admission.	Paid under Hospital Expenses	
<b>Psychotherapy</b> , including all related or ancillary charges incurred as a result of a Mental & Nervous Disorder ( <i>including Prescription Drugs</i> ). Benefits are limited to one visit per day. (30 days maximum Per Policy Year.)	100% of PA/ \$100 copay per day	80% of U&C
<b>Serious Mental Illness</b>	See Benefits for Serious Mental Illness	
OUTPATIENT		
<b>Surgeon's Fees</b> , In accordance with data provided by Ingenix. If two or more procedures are performed through the same incision at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	100% of PA/ \$50 copay per visit	80% of U&C
<b>Day Surgery Miscellaneous</b> , excluding non-scheduled surgery and surgery performed in a hospital emergency room, trauma center, Physician's office, or clinic 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.	100% of PA/ \$50 copay per visit	80% of U&C
<b>Assistant Surgeon</b>	50% of Surgery Allowance	
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	25% of Surgery Allowance	
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery or Physiotherapy.	100% of PA/ \$20 copay per visit	80% of U&C
<b>Physiotherapy</b> , Benefits are limited to one visit per day. (30 visits maximum Per Policy Year. Includes speech and occupational therapy.)	100% of PA/ \$20 copay per visit	80% of U&C

OUTPATIENT	Preferred Providers	Out of Network Providers
<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.	100% of PA/ \$150 copay per visit	100% of U&C/ \$150 Deductible per visit
<b>Diagnostic X-Ray Services</b>	100% of PA/ \$20 copay per visit	80% of U&C
<b>Chemotherapy and Radiation Therapy</b> , Inpatient services are included.	100% of PA/ \$20 copay per visit	80% of U&C
<b>Laboratory Services</b>	100% of PA/ \$20 copay per visit	80% 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.	100% of PA/ \$20 copay per visit	80% of U&C
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement.	100% of PA	80% of U&C
<b>Prescription Drugs</b> , Mail order Prescription Drugs are also available through UnitedHealthcare Network Pharmacy at 2.5 times the retail copay up to a 90 day supply. Subject to the Prescription Drug maximum benefit.	UnitedHealthcare Network Pharmacy (UHPS)/ \$20 copay per prescription Tier 1 \$30 copay per prescription Tier 2 up to a 31-day supply per prescription/ \$2,500 maximum (Per Policy Year)	No Benefits
<b>Psychotherapy</b> , including all related or ancillary charges incurred as a result of a Mental & Nervous Disorder (including Prescription Drugs). Benefits are limited to one visit per day. (60 visits days maximum Per Policy Year.)	100% of PA/ \$40 copay per day	80% of U&C
<b>Serious Mental Illness</b>	See Benefits for Serious Mental Illness	
OTHER		
<b>Ambulance Services</b>	100% of PA \$50 copay per trip	100% of U&C/ \$50 Deductible per trip
<b>Durable Medical Equipment</b> , a written prescription must accompany the claim when submitted. Replacement equipment is not covered. <b>\$5,000 maximum Per each Injury or Sickness/</b> limited to 1 every two years unless prescribed by Physician as Medically Necessary. Includes corrective appliances.	100% of PA/ \$40 copay per visit	80% of U&C

OTHER	Preferred Providers	Out of Network Providers
<b>Dental Treatment</b> , Injury to Sound, Natural Teeth, dental abscesses, or impacted wisdom teeth only. Includes oral surgery. <i>\$750 maximum per tooth.</i>	100% of U&C/ \$40 copay per visit	80% of U&C
<b>Consultant Physician Fees</b> , when requested and approved by the attending Physician.	Paid under Physician's Visits	
<b>Alcoholism / Drug Abuse</b>	See Benefits for Alcohol / Drug Abuse and Dependency Treatment	
<b>Maternity &amp; Complications of Pregnancy</b>	Paid as any other Sickness	
<b>Elective Abortion</b>	100% of PA/ \$75 copay per visit	80% of U&C
<b>Intercollegiate Sports</b> , <i>\$5,000 maximum per Injury.</i> The benefit period will be 104 weeks.	Paid as any other Injury	
<b>Allergy Testing/Treatment</b> , Includes allergy antigen and serum.	100% of PA/ \$20 copay per visit	80% of U&C
<b>Home Health Care</b> , <i>30 visits maximum Per Policy Year.</i>	100% of PA/ \$40 copay per visit	80% of U&C
<b>Inhalation Therapy</b>	100% of PA/ \$20 copay per visit	80% of U&C
<b>Cardiac Rehabilitation Therapy</b>	100% of PA/ \$20 copay per visit	80% of U&C
<b>Dialysis</b>	100% of PA/ \$20 copay per visit	80% of U&C
<b>Family Planning</b> , Includes diaphragm fittings, IUD's, insertion and removal of implanted time-release contraceptives and injectable contraceptive aids.	100% of PA/ \$20 copay per visit	50% of U&C
<b>Organ Transplants</b> , <i>\$10,000 maximum per lifetime.</i>	Paid as any other Sickness	
<b>Immunizations</b> , Children as required by mandate. Adult (18 + years) coverage limited to hepatitis A and B, tetanus, rabies, flu vaccine, meningitis and TB testing only.	100% of PA/ \$20 copay per visit	80% of U&C
<b>Nutritional Counseling Services</b> , Preferred Providers - <i>(\$20 copay per visit when provided by Physician / \$40 copay per visit when provided by registered dietician.)</i>	100% of PA	80% of U&C

### **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 that vary depending on which tier of the PDL the outpatient drug is listed. There are certain Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

\$20 copay per prescription order or refill for a Tier 1 Prescription Drug, up to a 31 day supply.

\$30 copay per prescription order or refill for a Tier 2 Prescription Drug, up to a 31 day supply.

Your maximum allowed benefits is \$2,500 Per Policy Year.

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.firststudent.com](http://www.firststudent.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.

**Prescription Drug List** means a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration. This list is subject to the Company's periodic review and modification (generally quarterly, but no more than six times per calendar year). The Insured may determine to which tier a particular Prescription Drug Product has been assigned through the Internet at [www.firststudent.com](http://www.firststudent.com) or call Customer Service 1-877-417-7345.

### **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. Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill are assigned to Tier-2.
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, except as required by state mandate.

## **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 1-800-505-4160 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.

**"Network Area"** means the 25 mile radius around the local school campus the Named Insured is attending.

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 100%, up to any limits specified in the Schedule of Benefits. Call (800) 505-4160 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 100% 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: Initial screening at first visit – Pregnancy test: Urine human chorionic gonatropin (HCG), Asymptomatic bacteriuria: Urine culture, Blood type and Rh antibody, Rubella, Pregnancy-associated plasma protein-A (PAPPA) (first trimester only), Free beta human chorionic gonadotrophin (hCG) (first trimester only), Hepatitis B: HBsAg, Pap smear, Gonorrhea: Gc culture, Chlamydia: chlamydia culture, Syphilis: RPR, and HIV: HIV-ab; Each visit – Urine analysis; Once every trimester – Hematocrit and Hemoglobin; Once during first trimester – Ultrasound; Once during second trimester – Ultrasound (anatomy scan); Triple Alpha-fetoprotein (AFP), Estriol, hCG or Quad screen test Alpha-fetoprotein (AFP), Estriol, hCG, inhibin-a; Once during second trimester if age 35 or over - Amniocentesis or Chorionic villus sampling (CVS); Once during second or third trimester – 50g Glucola (blood glucose 1 hour postprandial); and Once during third trimester - Group B Strep Culture. Pre-natal vitamins are not covered. [For additional information regarding Maternity Testing, please call the Company at 1-800-505-4160.

## **Intercollegiate Sports**

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Maximum Benefit	\$5,000 (For Each Injury)
Deductible	\$0
Coinsurance Preferred Providers	100%
Coinsurance Out of Network	80%

Insured student athletes who are members of and are participating in intercollegiate Football, Baseball, Softball, Basketball, Volleyball, Soccer, Golf, Tennis, Field Hockey, Swimming, Track, Lacrosse, and Cross Country, Squash sponsored by the Policyholder are covered for sports Injury.

Covered Medical Expenses will be paid under this benefit for loss due to Injury as described above, provided Covered Medical Expenses are incurred within 24 months after the date of Injury.

Benefits will be paid under the Schedule of Benefits for intercollegiate sports Injury up to \$5,000 for each Injury.

No Benefits will be paid for:

1. Infections, except pyogenic infections caused wholly by a covered Injury;
2. Cysts, blisters, or boils;
3. Overexertion; heat exhaustion; fainting;
4. Hernia, regardless of how caused; or
5. Artificial aids such as crutches, braces, appliances, and artificial limbs.

## **Mandated Benefits**

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### ***Benefits for Serious Mental Illness***

Benefits will be paid the same as any other Sickness for treatment of Serious Mental Illness limited to 30 inpatient days annually and 60 days outpatient annually. The Insured Person may convert Inpatient days to outpatient days on a one-to-two basis.

"Serious Mental Illness" means any of the following mental illnesses as defined by the American Psychiatric Association in the most recent edition of the diagnostic and Statistical Manual:

- a) schizophrenia;
- b) bipolar disorder;
- c) obsessive-compulsive disorder;
- d) major depressive disorder;
- e) panic disorder;
- f) anorexia nervosa;
- g) bulimia nervosa;
- h) schizo-affective disorder;
- i) delusional disorder

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

### ***Benefits for Post Partum Home Health Care***

Benefits will be paid the same as any other Sickness for at least one home health care visit within 48 hours after discharge from inpatient care when discharge occurs prior to the time of 48 hours of inpatient care following a normal vaginal delivery and 96 hours of inpatient care following a cesarean delivery. Such visits shall be made by a Physician whose scope of practice includes post partum care. Home health care visits shall include parent education, assistance and training in breast and bottle feeding, infant screening and clinical tests and the performance of any necessary maternal and neonatal physical assessments. At the mother's sole discretion, any visits may occur at the facility of the provider.

The policy Deductible, copayment, coinsurance will not be applied to this benefit. Benefits shall be subject to all other limitations or any other provisions of the policy.

### ***Benefits for Alcohol/Drug Abuse and Dependency Treatment***

Benefits will be provided for treatment of Alcohol or Drug Abuse and dependency on the same basis as any other Sickness subject to the following:

**Inpatient detoxification** will be provided in a Hospital or in an inpatient non-hospital facility which has a written affiliation agreement with a Hospital for emergency, medical and psychiatric or psychological support services, meets minimum standards for client-to-staff ratios and staff qualifications that are established by the Department of Health and is licensed as an alcoholism and/or drug addiction treatment program. Inpatient detoxification is limited to no more than (8) admissions per lifetime. Benefits are limited to seven (7) days of treatment per admission. The following services are covered under inpatient detoxification:

1. Lodging and dietary services.
2. Physician, psychologist, nurse, certified addictions counselor and trained staff services.
3. Diagnostic X-ray.
4. Psychiatric, psychological and medical laboratory testing.
5. Drugs, medicines, equipment use and supplies.

**Non-Hospital residential care** will be provided for (30) days per policy year in a facility that meets minimum standards for client-to-staff ratios and staff qualifications that are established by the Office of Drug and Alcohol programs and is appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Insureds must be referred to the program by a Physician. Benefits are subject to lifetime maximum of (90) days per person. The following services are covered under residential care:

1. Lodging and dietary service.
2. Physician, psychologist, nurse, certified addictions counselor and trained staff services.
3. Rehabilitation therapy and counseling.
4. Family counseling and intervention.
5. Psychiatric, psychological and medical laboratory tests.
6. Drugs, medicines, equipment use and supplies.

**Outpatient care** shall be provided in a facility appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Before an Insured may qualify to receive benefits under this section, a licensed Physician or licensed psychologist must certify the Insured as a person suffering from alcohol or other drug abuse or dependency and refer the Insured for the appropriate treatment. The following services shall be provided:

1. Physician, psychologist, nurse, certified addictions counselor and trained staff services.

2. Rehabilitation therapy and counseling.
3. Family counseling and intervention.
4. Psychiatric, psychological and medical laboratory tests.
5. Drugs, medicines, equipment use and supplies.

Treatment shall be provided for a minimum of thirty (30) outpatient, full-session visits or equivalent partial visits per policy year. These visits may not be exchanged for non-hospital, residential alcohol treatment services.

In addition, treatment shall be provided for a minimum of thirty (30) outpatient, full-session visits or equivalent partial hospitalization services per policy year. These visits may be exchanged on a two-for-one basis up to fifteen (15) non-hospital, residential alcohol treatment days.

Benefits are limited to one hundred and twenty (120) outpatient, full session visits or equivalent partial visits.

**Definitions:**

**"Alcohol or Drug Abuse"** means any use of alcohol or other drugs which produces a pattern of pathological use causing impairment in social or occupational functioning or which produces physiological dependency evidenced by physical tolerance or withdrawal.

**"Detoxification"** means the process whereby an alcohol-intoxicated or drug-intoxicated person is assisted, in a facility licensed by the Department of Health, through the period of time necessary to eliminate, by metabolic or other means, the intoxicating alcohol or other drugs, alcohol and other drug dependency factors or alcohol in combination with drugs as determined by a licensed Physician, while keeping the physiological risk to the patient at a minimum.

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

***Benefits for Management and Treatment of Diabetes***

Benefits will be paid the same as any other Sickness for the equipment, supplies and outpatient self-management training and education, including medical nutrition therapy for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin-using if prescribed by a Physician legally authorized to prescribe such items under law.

Benefits shall be provided for equipment and supplies including the following: blood glucose monitors, monitor supplies, insulin, injection aids, syringes, insulin infusion devices, pharmacological agents for controlling blood sugar and orthotics.

Diabetes outpatient self-management training and education shall be provided under the supervision of a licensed Physician with expertise in diabetes to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetes, including information on proper diets. Coverage for self-management education and education relating to diet and prescribed by a licensed Physician shall include:

- (1) visits medically necessary upon the diagnosis of diabetes;
- (2) visits under circumstances whereby a Physician identifies or diagnoses a significant change in the patient's symptoms or conditions that necessitates changes in a patient's self-management; and
- (3) where a new medication or therapeutic process relating to the person's treatment and/or management of diabetes has been identified as medically necessary by a licensed Physician.

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

### ***Benefits for Childhood Immunizations***

Benefits will be paid the same as any other Sickness for the Named Insured who is under 21 years of age, or the Named Insured's spouse who is under 21 years of age, or a Dependent Child for those childhood immunizations, including the immunizing agents, which as determined by the Department of Health conform with the standards of the (Advisory Committee on Immunization Practices of the Center for Disease Control) U.S. Department of Health and Human Services. The benefit will provide coverage for the cost of the immunization of a child, up to 150% of the average wholesale price (AWP), which, as determined by the Department of Health, conform with the standards of the Advisory Committee on Immunization Practices of the Center for Disease Control, the United States Department of Health and Human Services.

The policy Deductible and dollar limitations will not be applied to this benefit. Benefits shall be subject to copayment, coinsurance, limitations, or any other provisions of the policy.

### ***Benefits for Mammographic Examination***

Benefits will be paid the same as any other Sickness for mammographic examinations as follows: 1) every year for an Insured 40 years of age or older; and 2) any mammogram based on a Physician's recommendation for an Insured under 40 years of age.

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

### ***Benefits for Women's Preventive Health Services***

Benefits will be paid the same as any other Sickness for: 1) an annual gynecological examination, including a pelvic examination and clinical breast examination; and 2) routine pap smears in accordance with the recommendations of the American College of Obstetricians and Gynecologists.

The policy Deductible and dollar limitations will not be applied to this benefit. Benefits shall be subject to copayment, coinsurance, limitations, or any other provisions of the policy.

### ***Benefits for Medical Foods***

Benefits will be paid the same as any other Sickness for the cost of nutritional supplements (formulas) as medically necessary for the therapeutic treatment of Phenylketonuria (PKU), branched-chain ketonuria, galactosemia and homocystinuria that are aminoacidopathies, rare hereditary genetic metabolic disorders, and administered under the direction of a Physician. Benefits are not for normal food products used in dietary management of these disorders, but are for formulas that are equivalent to a prescription drug, medically necessary for the therapeutic treatment of such rare hereditary genetic metabolic disorders and administered under the direction of a Physician.

Benefits shall be subject to all copayment, coinsurance, limitations, or any other provisions of the policy. The policy Deductible will not be applied to this benefit.

### ***Benefits for Mastectomy***

Benefits will be paid the same as any other Sickness for inpatient care following a Mastectomy for the length of stay that the treating Physician determines is necessary to meet generally accepted criteria for safe discharge.

Benefits will be paid the same as any other Sickness for a home health care visit that the treating Physician determines is necessary within forty-eight (48) hours after discharge when the discharge occurs within forty-eight (48) hours following admission for the Mastectomy.

Benefits will be paid the same as any other Sickness for Prosthetic Devices, physical complications including lymphedemas, and Reconstructive Surgery incident to any Mastectomy in a manner determined in consultation with the attending Physician and the Insured Person.

Mastectomy means the removal of all or part of the breast for medically necessary reasons, as determined by a licensed Physician. Prosthetic devices means the use of initial and subsequent artificial devices to replace the removed breast or portions thereof, pursuant to an order of the Insured's Physician.

Reconstructive surgery means a surgical procedure performed on one breast or both breasts following a Mastectomy, as determined by the treating Physician, to reestablish symmetry between the two breasts or alleviate functional impairment caused by the Mastectomy. Reconstructive surgery shall include, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy. Symmetry between breasts means approximate equality in size and shape of the nondiseased breast with the diseased breast after definitive reconstructive surgery on the diseased or nondiseased breast has been performed.

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

#### ***Benefits for Newborn Infants***

Newborn Infants will be covered under the policy for the first 31 days after birth. Coverage for such a child will be for Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child's parent.

The Insured will have the right to continue such coverage for the child beyond the first 31 days. To continue the coverage, the Insured must, within the 31 days after the child's birth: 1) apply to us; and 2) pay the required additional premium for the continued coverage. If the Insured does not use this right as stated here, all coverages as to that child will terminate at the end of the first 31 days after the child's birth.

#### ***Benefits for Colorectal Cancer Screening***

Benefits will be paid the same as any other Sickness for a medically recognized screening examination for the detection of colorectal cancer for an Insured age 50 years of age or older and at normal risk for developing colon cancer. Benefits shall include, but not be limited to:

- a) a fecal occult blood test performed annually;
- b) a flexible sigmoidoscopy and a screening barium enema every five years; and
- c) a colonoscopy performed every 10 years;

Benefits for an Insured at high risk for colorectal cancer shall include but not be limited to: colorectal cancer screening examinations and laboratory tests as recommended by the treating Physician.

Benefits for a nonsymptomatic Insured who is at a high or increased risk for colorectal cancer and who is under fifty years of age shall include but not be limited to: a colonoscopy, sigmoidoscopy, or any combination of colorectal cancer screening tests in accordance with the American Cancer Society guidelines on screening for colorectal cancer published as of January 1, 2008.

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

### ***Benefits for Autism Spectrum Disorder***

Benefits will be paid the same as any other Sickness for assessment and treatment of Autism Spectrum Disorder for Insured Persons under the age twenty-one not to exceed a maximum benefit of \$36,000 per policy year. However, benefits are not subject to a maximum number of visits to an autism services provider.

"Autism Spectrum Disorders" means any of the pervasive developmental disorders defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), or its successor, including autistic disorder, Asperger's disorder and pervasive developmental disorder not otherwise specified.

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

### **Definitions**

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**INJURY** means bodily injury: 1) causing loss directly or independently of all other causes 2) treated by a Physician within 30 days after the date of accident; and 3) which is sustained on or after the Effective Date of insurance as to the Insured Person during the term of the policy. 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.

**SICKNESS** means sickness or disease of the Insured Person which causes loss while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition not separated by more than six months 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 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;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction;
3. Autistic disease of childhood, except as specifically provided under Benefits for Autism Spectrum Disorder, milieu therapy, behavioral problems, conceptual handicap, developmental delay or disorder or mental retardation;
4. Biofeedback;
5. Congenital conditions for cosmetic purposes only, 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, as defined in the policy; except cosmetic surgery necessitated by a covered Injury;

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 where treatment is a Medical Necessity due to a covered Injury; except when due to a disease process;
11. 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, 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, except where treatment is a Medical Necessity due to a covered Injury. "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. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
16. Injury caused by, contributed to, or resulting from the Insured's being under the influence of any narcotic unless administered on the advice of a Physician;
17. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. Injury sustained while (a) participating in any interscholastic 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;
19. Investigational services;
20. Lipectomy;
21. No benefits under the policy will duplicate any benefits provided by the Pennsylvania Motor Vehicle Financial Responsibility Law;
22. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
23. 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; except as specifically provided in the Benefits for Diabetes;
  - 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.
24. 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;

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;
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; except as specifically provided in the policy;
27. 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;
28. Services provided normally without charge by the Health Service of the Policyholder;
29. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction;
30. Skydiving, recreational 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;
31. Suicide or attempted suicide; or intentionally self-inflicted Injury;
32. Supplies, except as specifically provided in the policy;
33. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
34. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
35. 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
36. 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, except as specifically provided in the policy. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

### **Collegiate Assistance Program**

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Insured Students have access to nurse advice, health information, and counseling support 24 hours a day, 7 days a week by dialing the number indicated on the permanent ID card. 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 Medical Assistance**

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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 includes Emergency Medical Evacuation and Return of Mortal Remains that meet the US State 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, Inc., any services not arranged by SES, Inc. will not be considered for payment.

### **Key Services include:**

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

Please visit your school's insurance coverage page at [www.firststudent.com](http://www.firststudent.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;
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, Inc. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES brochure for Program Guide at [www.firststudent.com](http://www.firststudent.com) for additional information, including limitations and exclusions pertaining to the SES program.

## **Claim Procedure**

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In the event of Injury or Sickness, the student should:

- 1) Report to the Student Health Service or Infirmary for treatment or 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 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:

First Student  
P. O. Box 809025  
Dallas, TX 75380-9025  
1-800-505-4160

or visit our website at [www.firststudent.com](http://www.firststudent.com)

## **Online Access to Account Information**

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Insureds have online access to claims status, EOBs, correspondence and coverage information via My Account at [www.firststudent.com](http://www.firststudent.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.firststudent.com](http://www.firststudent.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.firststudent.com](http://www.firststudent.com) to access your account information.

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

This Certificate is based on  
Policy Form Number Col-06-PA (Rev 07-08)  
School Policy #2010-965-91