

# 2012-2013

## STUDENT INJURY AND SICKNESS INSURANCE PLAN



Designed Especially for the Students of

## **Idyllwild Arts Academy California**

Limited Benefit Plan. Please Read Carefully



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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 800-767-0700 or by visiting us at [www.uhcsr.com](http://www.uhcsr.com).

## **Eligibility**

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**All Domestic students** registered for credit courses are eligible to enroll in this insurance Plan.

**All International students** registered for credit courses are automatically enrolled in this insurance Plan at registration, unless proof of comparable coverage is furnished.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. The Company maintains its right to investigate 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.

**Alternative Coverage** - If you do not meet the Eligibility requirements of the Plan, please call 1-800-980-7395 for information on alternative insurance coverage. This information can also be accessed at: <http://www.goldenrulehealth.com/studentresources>.

## **Effective and Termination Dates**

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The Master Policy on file at the school becomes effective at 12:01 a.m., September 1, 2012. 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 at 11:59 p.m., June 15, 2013. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

Refunds of premiums are allowed only upon entry into the armed forces.

This 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 the "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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UMR Care Management should be notified of all Hospital Confinements prior to admission.

1. **PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATION:** 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 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 \$250,000 Maximum Benefit Paid as Specified Below (For each Injury or Sickness)

Coinsurance: 100% except as noted below

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 \$250,000 for each Injury or Sickness.

Usual & Customary Charges are based on data provided by FAIR Health, Inc. using the 90th percentile based on location of provider.

Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

max = maximum	U&C = Usual & Customary Charges
INPATIENT	Injury & Sickness
<b>Room &amp; Board Expense</b> , daily semi-private room rate; and general nursing care provided by the Hospital.	U&C
<b>Hospital Miscellaneous Expenses</b> , 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.	U&C
<b>Intensive Care</b>	U&C
<b>Physiotherapy</b>	U&C
<b>Surgeon's Fees</b> , in accordance with data provided by FAIR Health, Inc. 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.	U&C
<b>Assistant Surgeon</b>	30% of Surgery Allowance
<b>Anesthetist</b> , professional services in connection with inpatient surgery.	U&C
<b>Registered Nurse's Services</b> , private duty nursing care.	U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.	U&C
<b>Pre-Admission Testing</b> , payable within 7 working days prior to admission.	U&C
<b>Psychotherapy</b> , benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	Paid as any other Sickness
<b>Severe Mental Illness</b>	See Benefits for Severe Mental Illnesses & Serious Emotional Disturbances

OUTPATIENT	Injury & Sickness
<b>Surgeon's Fees</b> , in accordance with data provided by FAIR Health, Inc. 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.	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.	U&C
<b>Assistant Surgeon</b>	30% of Surgery Allowance
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	U&C
<b>Physiotherapy</b> , benefits are limited to one visit per day. <i>(Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.)</i>	U&C
<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.	U&C
<b>Diagnostic X-ray and Laboratory Services</b>	U&C
<b>Radiation Therapy &amp; Chemotherapy</b>	U&C
<b>Tests &amp; Procedures</b> , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-Rays and Lab Procedures.	U&C
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement.	U&C
<b>Prescription Drugs</b> , prescriptions for contraceptive drugs are covered under this benefit. <i>(No Benefits outside of UnitedHealthcare Network Pharmacy.)</i>	UnitedHealthcare Network Pharmacy / \$0 copay per prescription Tier 1, Tier 2, Tier 3 / up to a 31 day supply per prescription / \$1,500 max Per Policy Year
<b>Psychotherapy</b> , including all related or ancillary charges incurred as a result of Medical and Nervous Disorder. Benefits are limited to one visit per day.	Paid as any other Sickness
<b>Severe Mental Disorder</b>	See Benefits for Severe Mental Illnesses & Serious Emotional Disturbances

OTHER	Injury & Sickness
<b>Ambulance Services</b>	U&C
<b>Durable Medical Equipment</b> , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	U&C
<b>Consultant Physician Fees</b> , when requested and approved by the attending Physician.	U&C
<b>Dental Treatment</b> , made necessary by Injury to Natural Teeth.	U&C
<b>Alcoholism / Drug Abuse</b>	No Benefits
<b>Maternity</b>	Paid as any other Sickness
<b>Complications of Pregnancy</b>	Paid as any other Sickness
<b>Interscholastic Sports</b>	No Benefits
<b>Preventive Care</b> , ( <i>Preventive care benefits are based on guidelines from UnitedHealthcare, the U.S. Preventive Services Task Force and recommendations of the National Immunizations Program of the Centers for Disease Control and Prevention, except as specifically provided in the Mandated Benefits.</i> )	U&C
<b>Urgent Care Clinic Fee</b> , ( <i>Benefits are limited to the Urgent Care Clinic fee billed by the Urgent Care Clinic/Hospital. All other services rendered during the visit are payable as specified in the Schedule of Benefits.</i> )	U&C
<b>Eating Disorders</b>	Paid as any other Sickness

## 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. There are certain Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

You are responsible for paying the applicable copayments. Your copayment is determined by the tier to which the Prescription Drug Product is assigned on the PDL. Tier status may change periodically and without prior notice to you. Please access [www.uhcsr.com](http://www.uhcsr.com) or call 877-417-7345 for the most up-to-date tier status.

\$0 copay per prescription order or refill for a Tier 1 Prescription Drug up to 31 day supply

\$0 copay per prescription order or refill for a Tier 2 Prescription Drug up to 31 day supply

\$0 copay per prescription order or refill for a Tier 3 Prescription Drug up to 31 day supply

**Your maximum allowed benefit is \$1,500 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 prescriptions or network pharmacies, please call 1-877-417-7345.

### **Additional Exclusions**

In addition to the policy Exclusions and Limitations, the following Exclusions apply to Network Pharmacy Benefits:

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-3.
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.

### **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.uhcsr.com](http://www.uhcsr.com) or call Customer Service at 1-877-417-7345.

## **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, HIV: HIV-ab; and Coombs test; **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 1-800-767-0700.

## **Mandated Benefits**

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### ***Benefits for Severe Mental Illnesses and Serious Emotional Disturbances***

Benefits will be paid the same as any other Sickness for the diagnosis and Medically Necessary treatment of Severe Mental Illnesses of an Insured of any age and of Serious Emotional Disturbances of an Insured child as specified below:

- (1) Outpatient services.
- (2) Inpatient hospitalization services.
- (3) Partial hospitalization services.
- (4) Prescription Drugs, if the policy includes coverage for Prescription Drugs.

“Severe Mental Illness” includes:

- (1) Schizophrenia.
- (2) Schizoaffective disorder.
- (3) Bipolar disorder (manic-depressive disorder)
- (4) Major depressive disorders.
- (5) Panic disorder.
- (6) Obsessive-Compulsive disorder.
- (7) Pervasive developmental disorder of Autism.
- (8) Anorexia nervosa.
- (9) Bulimia nervosa.

“Serious emotional disturbance of a child” means a child under the age of 18 years who has one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that result in behavior inappropriate to the child’s age according to expected developmental norms. Members of this target population must meet one or more of the following criteria:

- (A) As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur: (i) the child is at risk of removal from home or has already been removed from the home. (ii) The mental disorder and impairments have been present for more than 6 months or are likely to continue for more than one year without treatment.
- (B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
- (C) The child meets special education eligibility requirements under Chapter 26.5 of division 7 of Title 1 of the Government Code.

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

## **Additional Benefits**

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Benefits are provided as mandated by the State of California such as Benefits for Telemedicine, Benefits for Mammography, Benefits for Upper or Lower Jawbone Surgery, Benefits for Reconstructive Surgery, Benefits for Prosthetic Devices for Speaking Post Laryngectomy, Benefits for Diabetes, Benefits for Phenylketonuria (PKU), Benefits for Osteoporosis, Benefits for Cancer Clinical Trials, Benefits for Breast Cancer Screening and Treatment, Benefits for AIDS Vaccine, Benefits for Prostate Cancer Screening, Benefits for Cancer Screening Tests, Benefits for Cervical Cancer Screening, Benefits for Human Immunodeficiency Virus (HIV) Tests, and Benefits for Out-Patient Contraceptive Drugs and Methods. A detail of these benefits may be found in the Master Policy on file at the School.

## **Definitions**

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**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.

**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 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 where service is rendered. 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. Acupuncture; allergy testing;
2. Addiction, such as: nicotine addiction;
3. Alcoholism and Drug Abuse;
4. Learning disabilities;
5. Biofeedback;
6. Circumcision;
7. Congenital conditions, except as specifically provided in benefits for Reconstructive Surgery; except as specifically provided for Newborn Infants;
8. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy, or for newborn children;
9. Dental treatment, except for accidental Injury to Natural Teeth;
10. Elective Surgery or Elective Treatment;
11. Elective abortion;
12. Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems;
13. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
14. 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;
15. Hirsutism; alopecia;
16. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
17. Injury sustained while (a) participating in any interscholastic or professional sports, 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;
18. Organ transplants;
19. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
20. Prescription Drug Services - no benefits will be payable for:
  - 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 unapproved cosmetic indications;
  - e) Drugs used to treat or cure baldness, and anabolic steroids used for body building;
  - f) Anorectics - drugs used for the purpose of weight control;
  - g) Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene;
  - h) Growth hormones; or
  - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;

21. 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;
22. 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;
23. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
24. 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;
25. Sleep disorders;
26. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
27. Supplies, except as specifically provided in the policy;
28. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
29. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
30. 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
31. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, except as specifically provided in the policy.

## **Scholastic Emergency Services: Global Emergency Medical Assistance**

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If you are a student insured with this insurance plan, you are eligible for Scholastic Emergency Services (SES). The requirements to receive these services are as follows:

**International Students:** You are eligible to receive SES worldwide, except in your home country.

**Domestic Students:** 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.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 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; and
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 or Program Guide at [www.uhcsr.com](http://www.uhcsr.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, students should:

- 1) Report at once to the Student Health Service or Infirmary for treatment or referral, or when not in school, to the nearest Physician or Hospital.
- 2) Secure a Company claim form from the Student Health Service or from the address below, fill out the form completely, attach all medical and hospital bills and mail to the address below.
- 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 **Student**Resources  
P.O. Box 809025  
Dallas, Texas 75380-9025  
888-455-9402  
claims@uhcsr.com  
customerservice@uhcsr.com

### **Sales/Marketing Service:**

UnitedHealthcare **Student**Resources  
805 Executive Center Drive West, Suite 220  
St. Petersburg, FL 33702

**Website:** [www.uhcsr.com](http://www.uhcsr.com)

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the school 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 Brochure is based on Policy Number:**

**2012-200215-1**