



**2015 – 2016**

**Student Injury and Sickness Plan for the  
Loyola University Maryland**

**Who is eligible to enroll?**

**Domestic and International Graduate Students:**

All domestic/international graduate students in a degree seeking program taking at least 6 credit hours or more are eligible to enroll in the Student Health Insurance Plan, and you will be billed by our insurance broker RCM&D. Graduate students taking less than 6 credit hours are eligible if they are in a degree seeking program and taking course work to complete their degree with the University for the current policy year.

**Where can I get more information about the benefits available?**

Please read the plan brochure to determine whether this plan is right before you enroll. The plan brochure provides details of the coverage including costs, benefits, exclusions and reductions or limitations and 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.firststudent.com](http://www.firststudent.com).

If you have questions please contact Paige Fritze at (800) 346-4075 ext 1607 or [Loyola@rcmd.com](mailto:Loyola@rcmd.com).

**Who can answer questions I have about the plan?**

If you have questions please contact Paige Fritze at (800) 346-4075 ext 1607 or [Loyola@rcmd.com](mailto:Loyola@rcmd.com).

**How do I enroll?**

To enroll in the plan, please complete the application <http://www.loyola.edu/graduate-health-insurance>. Once the application is submitted, a representative of RCM&D will follow up with you regarding registration instructions.

**How much does the plan cost?**

**2015 – 2016 Rates**

	Annual 8/15/2015 – 8/14/2016	Spring/Summer 1/1/2016 – 8/14/2016
Student	\$1,581.00	\$981.00
Spouse	\$1,581.00	\$981.00
One Child	\$1,581.00	\$981.00
Two or More Children	\$3,162	\$1960.00
Spouse + Two or More Children	\$4,743.00	\$2,941.00

**What important deadlines should I be aware of?**

Open Enrollment Periods for all Dependents and enrolled Graduate Students: If you have eligible Dependents in the fall, or are a student in the fall semester and eligible to purchase coverage and you choose not to enroll for coverage before the Fall Enrollment Deadline of August 31, 2015, your Dependents or you, will not be eligible to enroll again until the start of the next fall unless you experience a “Qualifying Life Event” during the year.

For new Dependents or new or renewing students in the Spring semester, your open enrollment deadline is February 29, 2016.

**Loyola University Maryland –  
Student Health Services  
8:30am to 5:00pm**

Loyola University Health and Education Services is committed to sustaining a welcoming environment where diversity, equity and inclusion are valued and demonstrated in our organization practices, policies, services and programs. We respect the uniqueness of the students we serve, and embrace the opportunity to provide a culturally sensitive health care. The center is open for medical care weekdays by appointment during the regular school year from 8:30am to 5:00pm. For after-hours medical care please call Sinai Hospital at (410)583-9396 and the on-call provider will return your call. Please be within reach of your phone to receive this call back.

**The plan is underwritten by United Healthcare Insurance Company and is based on policy number 2015-225-67.  
The Policy is a Non-Renewable One Year Term Policy.**

<b>Highlights of the Coverage and Services offered by United Healthcare Student Resources</b>		
	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<b>Overall Plan Maximum</b>	There is no overall maximum dollar limit on the policy.	
<b>Plan Deductible</b>	\$250 per Insured Person, per Policy Year	\$600 per Insured Person, per Policy Year
<b>Out-of-Pocket Maximum</b> 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 applicable plan maximums. Refer to the plan brochure for details about how the Out-of-Pocket Maximum applies.	\$6,350 Per Insured Person, Per Policy Year or \$10,000 for all Insureds in a Family, Per Policy Year	\$15,000 per Insured Person, Per Policy Year
<b>Coinsurance</b> All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan brochure	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Customary Charges for Covered Medical Expenses
<b>Prescription Drugs</b> Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.	\$15 Copay for Tier 1 \$40 Copay for Tier 2 \$60 Copay for Tier 3 Up to a 31-day supply per prescription filled at a United Healthcare Pharmacy	\$15 Deductible for generic drugs \$40 Deductible for brand name drugs Up to a 31-day supply per prescription
<b>Preventive Services</b> 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 <a href="http://www.healthcare.gov">www.healthcare.gov</a> for complete details of the services provided for specific age and risk groups.	100% of Preferred Allowance	No Benefits
<b>The following services have a per Service Copays/Deductibles</b> This list is not all inclusive. Please read the plan brochure for complete listing of Copays/Deductibles.	Medical Emergency: \$250 Physician Visits: \$25	Medical Emergency: \$250 Physician Visits: \$0
<b>Pediatric Dental and Vision Benefits</b>	Refer to the plan brochure for details (age limits apply).	
<b>United Healthcare Global: Global Emergency Services</b>	Domestic Students are eligible for United Healthcare Global services when 100 miles away from your campus address and 100 miles or more away from your permanent home address. International Students are covered worldwide except in their home country.	

### Preferred Providers

The Preferred Provider Network for this plan is United Healthcare Choice Plus. Preferred Providers and be found at [www.firststudent.com](http://www.firststudent.com).

### Online Services

United Healthcare Student Resources 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.firststudent.com](http://www.firststudent.com). To create an online account, select the "My Account" 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 or Apple's App Store.

#### Nurse Line

Students have access to nurse advice and health information 24 hours a day, 7 days a week. Collegiate Assistance Program is staffed by Registered Nurses who can help students determine if they need to seek medical care, understand their medications or medical procedures, or learn ways to stay healthy, all at no cost to you.

#### 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 or supplies for, at, or related to any of the following:

1. Sexual dysfunction not related to organic disease.
2. Cosmetic procedures, surgery, or related to improve appearance. This exclusion does not apply to reconstructive procedures to restore bodily function or correct deformity resulting from disease, trauma or congenital or development anomalies for which benefits are otherwise payable under this policy, as determined by the treating physician.
3. Personal care services and domiciliary care services.
4. Dental treatment which includes hospital or professional care in connection with:
  - a. The operation or treatment for the fitting or wearing of dentures.
  - b. Orthodontic care or malocclusion.
  - c. Operations on or for treatment of or to the teeth or supporting tissues of the teeth, except for removal of tumors and cysts or treatment of Injury to natural teeth due to an accident if the treatment is received within 6 months of the accident.
  - d. Dental implants.
5. Experimental Services.
6. Foot care for the following:
  - a. Supportive devices for the foot including arch supports, orthotic devices, in-shoe supports, orthopedic shoes, elastic supports or exams for their prescription or fitting.
  - b. Routine foot care including the care, cutting and removal of corns, calluses, and toenails. This exclusion does not apply to preventive foot care for Insured Persons with diabetes or treatment of a covered Injury or Sickness, as determined necessary by the treating Physician.
7. Lifestyle improvements, including nutritional counseling, or physical fitness programs, except as specifically provided under the policy.
8. The purchase, examination, or fitting of hearing aids and supplies, and tinnitus maskers. This exclusion does not apply to:
  - a. Treatment for hearing defects or hearing loss as a result of an infection or injury. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
  - b. Hearing aids as specifically provided in the policy for Insured Persons ages 0 – 18.
9. Immunizations related to foreign travel.
10. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
11. Services resulting from accidental bodily injury arising out of a motor vehicle accident to the extent the services are payable under a medical expense payment provision of an automobile insurance policy.
12. Reproductive services as follows, except as specifically provided in Infertility Services:
  - a. Ovum transplants and gamete intrafallopian tube transfer, zygote intrafallopian transfer, or cryogenic or other preservation techniques used in these or similar procedures.
  - b. Services to reverse a voluntary sterilization procedure.
  - c. Services for sterilization or reverse sterilization for a Dependent minor, except for FDA approved sterilization procedures for women with reproductive capacity.
  - d. Treatment leading to or in connection with transsexualism, or sex changes or modifications, including but not limited to surgery, unless specifically provided for in the Schedule of Benefits.
13. The purchase, examination, or fitting of eyeglasses or contact lenses, except for aphakic patients and soft or rigid gas permeable lenses or sclera shells intended for use in the treatment of an Injury or Sickness. This exclusion does not apply to benefits specifically provided in Pediatric Vision Services.
14. Services performed or prescribed under the direction of a person who is not a Physician or performed beyond the scope of the practice of the Physician.
15. Services for which the Insured Person is not legally, or as a customary practice, required to pay in the absence of an Insurance policy.
16. Temporomandibular joint syndrome (TMJ) treatment and treatment for craniomandibular pain syndrome (CPS), except surgery to treat joint abnormalities due to Injury and Sickness and where clear demonstrable radiographic evidence of joint abnormality exists.
17. Services to the extent they are covered by any government unit, except for veterans in Veterans' Administration or armed forces facilities for services received for which the Insured is liable.
18. Medical or surgical treatment or regimen for reducing or controlling weight. This exclusion does not apply to:
  - a. Benefits specifically provided in Benefits for Morbid Obesity
  - b. Benefits specifically provided in Nutritional Services.

Note: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by United Healthcare. 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 United Healthcare 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.