

# 2017–2018 Student Injury and Sickness Plan for Loyola University Maryland



**LOYOLA**  
UNIVERSITY MARYLAND

## Who is eligible to enroll?

All full-time undergraduate students who are registered are automatically enrolled in this insurance Plan, unless proof of comparable coverage is furnished. Full-Time Graduate students participating in the Masters Speech-Language Pathology program, Doctorate of Psychology program, Washington Montessori Institute and the Emerging Leaders MBA based programs are automatically enrolled in the plan 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. Home study, correspondence and online courses do not fulfill the Eligibility requirements that the student actively attend classes.

Eligible students who do enroll may also insure their Dependents.

## How do I Enroll / Waive?

To complete the Enrollment or the Waiver process, please go to [www.firststudent.com](http://www.firststudent.com), select your school, click on either the Enroll Now - Health Insurance or the Waive Your School's Health Insurance button and follow the directions. Once you are enrolled in the plan, there are no refunds.

## Important dates or deadlines

### Important Information for Hard Waiver Students:

Open Enrollment Periods for all Dependents and Hard Waiver Students: If you are a hard-waiver student and you fail to waive coverage before the **August 31, 2017** deadline, you will be enrolled automatically and responsible to pay Loyola University Maryland for this annual coverage that was purchased on your behalf.

\*For new students in the spring semester, your open enrollment deadline is **February 28, 2018**.

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

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at [www.firststudent.com](http://www.firststudent.com). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2017-1370-67. The Policy is a Non-Renewable One-Year Term Policy.

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

If you have questions please contact Customer Service at 800-505-4160 or [customerservice@firstriskadvisors.com](mailto:customerservice@firstriskadvisors.com)

All personal e-mails sent securely from the following companies: Microsoft Office 365, Cisco  
Most Communication will come from UHCSR.com or Firstriskadvisors.com.

## 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 culturally sensitive health care. The Center is open for medical care weekdays by appointment during the regular school year from 8:30 am to 5:00 pm. 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.

## Coverage Dates and Plan Cost

Undergraduate Rates	Annual 8/15/17 – 8/14/18	Spring / Summer 1/1/18 – 8/14/18
Student	\$1,659.00	\$1,026.00
Spouse	\$1,659.00	\$1,026.00
One Child	\$1,659.00	\$1,026.00
Two or More Children	\$3,318.00	\$2,052.00
Spouse + Two or More Children	\$4,977.00	\$3,078.00

Graduate Rates	Annual 8/15/17 – 8/14/18	Spring / Summer 1/1/18 – 8/14/18
Student	\$2,260.00	\$1,398.00
Spouse	\$2,260.00	\$1,398.00
One Child	\$2,260.00	\$1,398.00
Two or More Children	\$4,520.00	\$2,796.00
Spouse + Two or More Children	\$6,780.00	\$4,194.00

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## Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources

### METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 82.060%

**Preferred Providers:** The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: [UHC Choice Plus](#)

	Preferred Providers	Out-of-Network Providers
<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> <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$6,850 Per Insured Person, Per Policy Year \$13,700 For all Insureds in a Family, Per Policy Year	\$15,000 Per Insured Person, Per Policy Year
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Customary Charges for Covered Medical Expenses
<b>Prescription Drugs</b> <i>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.</i>	\$20 Copay for Tier 1 \$40 Copay for Tier 2 \$65 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	\$15 Deductible for generic drugs \$35 Deductible for brand name drugs Up to a 31-day supply per prescription
<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Please see <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for complete details of the services provided for specific age and risk groups.</i>	100% of Preferred Allowance	80% of Usual and Customary Charges
<b>The following services have per Service Copays/Deductibles</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays/Deductibles.</i>	Physician's Visits: \$25 Medical Emergency: \$150 Consultant Physician Fees: \$25 Urgent Care Center: \$50	Physician's Visits: \$0 Medical Emergency: \$150 Consultant Physician Fees: \$0 Urgent Care Center: \$50
<b>Pediatric Dental and Vision Benefits</b>	Refer to the plan certificate for details (age limits apply).	

### Online Services

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

## Healthiest You: National Telehealth Service

Starting on the effective date of your policy, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service. By calling the toll-free number listed on the front of your medical ID card or visiting [www.telehealth4students.com](http://www.telehealth4students.com), you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor's office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor's office, urgent care facility, or emergency room. As an insured with **StudentResources**, there is no consultation fee for this service.\* Every call with a HealthiestYou doctor is covered 100% during your policy period.

This service is meant to compliment your Student Health Center. If possible, we encourage you to visit your SHC first before using this service.

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Not available in Arkansas; limited services in California, Idaho and Texas.

\*If you are an Insured under this insurance Plan, and you call prior to the plan effective date, you will be charged a \$40 service fee before being connected to a board-certified physician.

## Student Assistance

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA's and Certified Financial Planners offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments, use health estimators to calculate things like their target heart rate and BMI, and participate in

personalized self-help programs. More information about these services is available by logging into **My Account** at [www.firststudent.com](http://www.firststudent.com).

## UnitedHealthcare Global: Global Emergency Services

If you are a member insured with this insurance plan, you and your insured spouse Domestic Partner or Civil Union Partners and minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International Students, insured spouse Domestic Partner or Civil Union Partners and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

Domestic Students, insured spouse Domestic Partner or Civil Union Partners and insured minor child(ren): you are eligible for UnitedHealthcare Global services 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.

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 services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for payment. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

### 1. Key Services include:

- Transfer of Insurance Information to Medical Providers
- Monitoring of Treatment
- Transfer of Medical Records
- Medication, Vaccine
- Worldwide Medical and Dental Referrals
- Dispatch of Doctors/Specialists
- Emergency Medical Evacuation
- Facilitation of Hospital Admittance up to \$5,000.00 payment (when included with your enrollment in an UnitedHealthcare **StudentResources** health insurance policy)
- Facilitation of Hospital Admission Payments (when Global Emergency Services is purchased as a stand-alone supplement)
- Transportation to Join a Hospitalized Participant
- Transportation After Stabilization
- Coordinate the replacement of Corrective Lenses and Medical Devices
- Emergency Travel Arrangements
- Hotel Arrangements for Convalescence
- Continuous Updates to Family and Home Physician

- Return of Dependent Children
- Replacement of Lost or Stolen Travel Documents
- Repatriation of Mortal Remains
- Worldwide Destination Intelligence Destination Profiles
- Legal Referral
- Transfer of Funds
- Message Transmittals
- Translation Services
- Security and Political Evacuation Services
- Natural Disaster Evacuation Services

Please visit [www.uhcsr.com/UHCGlobal](http://www.uhcsr.com/UHCGlobal) for the UnitedHealthcare Global brochure which includes service descriptions and program exclusions and limitations.

To access services please refer to the phone number on the back of your ID Card or access My Account and select Value Added Benefits: Global Emergency Services.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:

- Caller's name, telephone and (if possible) fax number, and relationship to the patient;
- Patient's name, age, sex, and UnitedHealthcare Global ID Number as listed on your Medical ID Card
- Description of the patient's condition;
- Name, location, and telephone number of hospital, if applicable;
- Name and telephone number of the attending physician; and
- Information of where the physician can be immediately reached.

UnitedHealthcare Global 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 UnitedHealthcare Global. Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted. Please refer to the UnitedHealthcare Global information in My Account at [www.uhcsr.com/MyAccount](http://www.uhcsr.com/MyAccount) for additional information, including limitations and exclusions.

### Exclusions and Limitations:

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

1. Sexual dysfunction not related to organic disease.
2. Cosmetic procedures, surgery, or related services 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 developmental anomalies for which benefits are

otherwise payable under the 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:
  - The operation or treatment for the fitting or wearing of dentures.
  - Orthodontic care or malocclusion.
  - 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.
  - Dental implants.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services and benefits specified under Dental Treatment in the Policy.

5. Experimental Services.
6. Foot care for the following:
  - Supportive devices for the foot, including arch supports, orthotic devices, in-shoe supports, orthopedic shoes, elastic supports or exams for their prescription or fitting.
  - 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 in the Policy.
8. The purchase, examination, or fitting of hearing aids or supplies, and tinnitus maskers. This exclusion does not apply to:
  - 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.
  - Hearing aids as specifically provided in the Policy.

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 that 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:
  - Services to reverse a voluntary sterilization procedure.
  - Services for sterilization or reverse sterilization for a Dependent minor, except for FDA approved sterilization procedures for women with reproductive capacity.
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 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 Veteran's 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:
  - Benefits specifically provided in Benefits for Morbid Obesity.
  - Benefits specifically provided in Nutritional Services.

This Summary Brochure is based on Policy #2017-1370-67.

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

## NON-DISCRIMINATION NOTICE

UnitedHealthcare StudentResources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator  
United HealthCare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130  
[UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)

**Mail:** U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW  
Room 509F, HHH Building Washington, D.C. 20201

We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

## LANGUAGE ASSISTANCE PROGRAM

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請致電：1-866-260-2723。

XIN LUU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1-866-260-2723.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723번으로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Mangyaring tumawag sa 1-866-260-2723.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по номеру 1-866-260-2723.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال بـ 1-866-260-2723.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan 1-866-260-2723.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1-866-260-2723.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer 1-866-260-2723.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para 1-866-260-2723.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero 1-866-260-2723.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-866-260-2723 an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。1-866-260-2723 にお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. 1-866-260-2723 تماس بگیرید.

कृपा ध्यान दें: यदि आप **हिंदी (Hindi)** भाषी हैं तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। कृपा पर काल करें 1-866-260-2723

CEEBOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

ចំណាប់អារម្មណ៍: បើសិនជាអ្នកនិយាយ **Khmer (Khmer)** សូមទូរស័ព្ទមកទៅសេវាជំនួយភាសាសម្រាប់អ្នកដើម្បីទទួលបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ សូមទូរស័ព្ទ ទៅលេខ 1-866-260-2723។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awagan iti 1-866-260-2723.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíí'eh, bee ná'ahóót'i'. T'áá shoodi kohjí' 1-866-260-2723 hodílnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 1-866-260-2723.