Student Health Insurance Plan (SHIP)

2013-2014 Plan Year

www.uidaho.edu/studenthealth

24/7 Worldwide Coverage

The Plan is Underwritten by:
UNITEDHEALTHCARE INSURANCE COMPANY

UnitedHealthcare

Claims administered by:

AmeriBen

GRITMAN MEDICAL CENTER

Services provided by:

Student Health Clinic

ANNUAL OPEN ENROLLMENT/WAIVER DEADLINE:
SEPTEMBER 8, 2013

IMPORTANT:
Please see the Notice on the first page of this plan material concerning student health insurance coverage.

University of Idaho

12-BR-ID

Notice Regarding Your Student Health Insurance Coverage

Your student health insurance coverage, offered by UnitedHealthcare Insurance Company, may not meet the minimum standards required by the health care reform law for restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are $1.25 million for policy years before September 23, 2012; and $2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions on annual dollar limits for student health insurance coverage are $100,000 for policy years before September 23, 2012 and $500,000 for policy years beginning on or after September 23, 2012 but before January 1, 2014. Your student health insurance coverage puts a policy year limit of $1,000,000 that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified. If you have any questions or concerns about this notice, contact Customer Service at 1-800-953-1801. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

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NON-DISCRIMINATION POLICY

The information in this brochure does not constitute a promise of benefits from UnitedHealthcare Insurance Company, the University of Idaho, or Moscow Family Medicine.

The University of Idaho has a policy of nondiscrimination on the basis of race, color, national origin, religion, sex, age, disability, sexual orientation, gender identity/expression or status as Vietnam –era veteran. This policy applies to all programs, services, and facilities, and includes, but is not limited to, applications, admissions, access to programs and services, and employment.

Such discrimination is prohibited by titles VI and VII of the Civil Rights Act of 1964, title IX of the Educational Amendments of 1972, sections 503 and 504 of the Rehabilitation Act of 1973, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, the Age Discrimination Act of 1975, the Age Discrimination in Employment Act Amendments of 1978, the Americans with Disabilities Act of 1990, the Civil Rights Act of 1991, and other federal and state statutes and regulations. Questions and concerns about the application of these laws and regulations may be directed to the UI Human Rights Compliance Office, 208-885-4212; director of the Office for Civil Rights, U.S. Department of Education; or to the director, Seattle Area Office, Office of Federal Contract Compliance Programs, U.S. Department of Labor.

WAIVER POLICY

The Idaho State Board of Education requires proof of valid health insurance as a condition of enrollment. This policy is mandatory for all Idaho public universities and colleges and applies to all degree-seeking undergraduate and graduate students physically enrolled for classes or completing other required degree work within the state of Idaho.

All degree-seeking students enrolled for four (4) credit hours on the Moscow campus or eight (8) credit hours at the UI centers are required to participate in the University sponsored health insurance program or complete SHIP waiver by the applicable deadline.

To qualify for a waiver the student must be continuously covered under a comparable and verifiable health insurance plan for the entire semester (no termination or break). See the chart on page 3 for coverage dates and waiver deadlines. **No waivers will occur after the first 30 calendar days of class during any semester unless approved through the Late Waiver Policy available at www.uidaho.edu/ship.**

Students are **AUTOMATICALLY** billed for the SHIP on their tuition bill if they have not submitted a waiver request (under the heading of "Medical Insurance"). For those students who have outside coverage, it is their responsibility to complete a "waiver form" by the deadline listed in order to have the insurance charge removed from their tuition bill. You may change your selection at any time **PRIOR** to the applicable deadline date.

To improve the waiver process, the University has developed an easy waiver submission process for U.S. citizens over 18 years of age by going to **www.uidaho.edu/ship**. Once submitted, your waiver form will be verified for accuracy and audited to determine if it is approved as meeting the University waiver standards. Students under 18 years of age should print the waiver form from **www.uidaho.edu/ship**, complete, sign and submit it to the SHIP Office by the applicable deadline. Non-U.S. Citizens, see the "International Students" sections of this brochure on page 3 and 5.

Health Insurance waivers are only valid for one academic year. Continuing students are required to complete a new waiver **ANNUALLY** prior to each Fall semester. Students with a break in their academic enrollment are required to complete a new waiver when they re-enroll and every Fall semester thereafter.

WAIVER POLICY (continued)

Domestic and International Undergraduate and Graduate Students

PERIOD	BEGINNING	THROUGH	WAIVER DEADLINE
Fall	08/26/2013	01/14/2014	09/08/2013
Spring/ Summer	01/15/2014	08/24/2014	02/07/2014
Summer (New Students Only)	05/19/2014	08/24/2014	10 working days after class registration

International Students

International and American Language and Culture Program (ALCP) students and their dependents must contact the International Programs Office (IPO) to complete a separate waiver process when they enroll for classes. To obtain this waiver form, please visit the IPO at 901 Paradise Creek Street, LLC Building #3, Ground Floor, or the IPO Web site.

For F-1 visa holders, see: http://www.uidaho.edu/international/current-international-students/immigration-advising/f1status/f1info/f1-health-insurance

For J-1 visa holders, see: http://www.uidaho.edu/international/current-international-students/immigration-advising/j1status/j1info/J-1-Health-Insurance

If the student has chosen to purchase another insurance plan that meets all requirements, the insurance must be in effect and approved BEFORE classes begin for the semester/session and must remain in effect with no policy lapses for every day the student remains a UI student, including during summer breaks. If the student fails to maintain the comparable insurance, they will be required to purchase SHIP with possible penalty fees.

Audits of Student Waivers

The University of Idaho will conduct audits of student health insurance waivers to verify the existence of adequate personal health insurance coverage. Students who are discovered to be uninsured or to have insurance that does not meet the minimum requirements will be enrolled in SHIP for the semester of audit to comply with the SBOE policy requiring valid health insurance as a condition of enrollment.

PROOF OF INSURANCE CARDS

The Student Health Insurance Program does not issue health insurance cards. A proof of insurance card will be e-mailed to your official University e-mail account when requested through the link at **www.uidaho.edu/ship.**

STUDENT HEALTH INSURANCE PLAN

This brochure is designed to acquaint students and other interested parties with the medical services available, cost of the plan, limitations and exclusions to the services offered. We ask that you read it carefully so that you will know the extent of medical services and insurance benefits you can expect.

The insurance becomes effective for a student as provided in the policy and explained in this booklet.

The description in this brochure is generalized information. A portion of the Student Health Insurance Program (SHIP) is underwritten by UnitedHealthcare Insurance Company. The master policy, Policy # 2013-353-1, provides a complete description of benefits, limitations, exclusions, definitions, and special provisions of the injury and sickness insurance coverage underwritten by UnitedHealthcare Insurance Company. It is available and on file with the University. A Certificate of Insurance may be downloaded and printed at **www.uidaho.edu/ship.** In all cases the contract with UnitedHealthcare Insurance Company is the document that will prevail, in accordance with the "Blanket" policy regulations of the State of Idaho. The policy is a non-renewable one year term policy.

Claims for Off-Campus Services should be submitted to AmeriBen at P.O. Box 7186, Boise, Idaho 83707. Correspondence concerning claims status, eligibility and benefits should be directed to AmeriBen at the above address or by calling 1-800-953-1801, reference the School's Group #0805014.

ELIGIBILITY AND PREMIUM COST

Degree-seeking students enrolled for four (4) credit hours on the Moscow campus OR eight (8) credit hours at the UI centers OR enrolled in Moscow campus and UI center credits totaling 8 credit hours. Online courses must be taken in combination with on-campus courses to count toward eligibility. To remain eligible for SHIP (including dependent coverage), students must actively attend classes for at least the first 30 calendar days after the date for which coverage is purchased.

Students

Fall Mandatory (**Includes Coverage for Winter Break**)	**$894**
Spring/Summer Mandatory (**Includes Coverage for Summer Break**)	**$894**
Summer Mandatory (**For New Incoming Students Only**)	**$536**

Students in the final year for completion of a degree may purchase SHIP without a credit hour restriction. The student must be covered by the SHIP during the immediately preceding semester to qualify for this waiver of the credit hour requirement. Enrollment forms available at **www.uidaho.edu/ship** under SHIP FORMS.

Students who do not meet the credit hour requirements for eligibility because they are participating in an internship program through the University's Cooperative Education Office are eligible for participation in SHIP. Such students must be enrolled in SHIP in the semester immediately preceding the internship. Enrollment forms available at **www.uidaho.edu/ship** under SHIP FORMS.

Certain classes of graduate or undergraduate students who are not otherwise eligible may be approved for eligibility for SHIP. Contact SHIP Office for information.

ELIGIBILITY AND PREMIUM COST (continued)

Refunds

Refunds will be made upon entry of any Insured Person into the Armed Forces. A prorated refund will be returned to such person upon request. Students enrolled in SHIP who withdraw from the University of Idaho for non-medical reasons during the first 30 calendar days of class during any semester or summer session are not eligible to continue in SHIP. Students must notify Student Accounts of such withdrawal and the entire cost of the coverage for that period will be refunded, including any dependent coverage. Such students, including any covered dependents, will not be entitled to any benefits and no claims will be honored. **No other refunds will be issued.**

Ineligible Students

Students who are board-appointed faculty or staff of the University of Idaho are not eligible for SHIP. Students enrolled only in correspondence study, non-credit courses (except international students), online courses, TV courses or continuing education courses are not eligible for SHIP. Any class of UI students and their dependents not specifically identified as being eligible for the SHIP in this brochure or at the SHIP website also are ineligible for participation in the SHIP.

International Students

International students and their dependents, are eligible for the SHIP. International students are required to purchase SHIP for themselves and their accompanying dependents, or provide evidence of comparable health insurance coverage that meets or exceeds the University of Idaho requirements. Any international student who has not purchased health insurance that meets these requirements is subject to sanctions up to and including disenrollment and fee penalties (see UI General Catalog).

American Language and Culture Program (ALCP) students and their dependents are subject to the same insurance requirements as other international students enrolled at the University of Idaho. Coverage may be provided on a monthly basis. The cost is the average annual monthly cost. ALCP students and their dependent(s) will be covered during the month(s) they are enrolled in the program, provided coverage is purchased prior to or during the month(s) of attendance.

See page 3 for International Student Waiver Policy.

EARLY ENROLLMENT

Students, including international, and their qualified dependents who are required to be on campus or participate in a university-sponsored or university-affiliated activity before the effective date of coverage of this plan should contact the SHIP Office at 208-885-2210 or **health@uidaho.edu** for additional information.

LATE ENROLLMENT

Qualified Late Enrollees

Students who involuntarily lose employer-sponsored health insurance or Medicaid after the Open Enrollment deadline may enroll in SHIP within 30 days of the date of loss of their previous coverage. Documentation of the involuntary loss of coverage must be provided to UI's SHIP Office. Forms are available at **www.uidaho.edu/ship** under SHIP FORMS.

Students enrolled in any Study Abroad program should note that loss of health insurance provided by the Study Abroad programs upon return to the UI, is not an involuntary loss of health insurance. Students studying abroad for one semester will not be allowed to purchase the SHIP insurance upon return if they waived their health insurance for the previous semester, unless their return to UI is during an Open Enrollment Period.

For students and dependents purchasing coverage on a prorated basis the cost of coverage will be the average monthly cost, up to the maximum cost per semester. The full monthly cost of coverage is charged even if only one day of the month is needed for coverage.

DEPENDENT COVERAGE AND PREMIUM COST

Students who enrolled in the SHIP Program also may enroll eligible dependents. Dependent eligibility expires concurrently with that of the Insured student.

Dependent: Means the spouse (husband or wife) of the Named Insured and their dependent children under the age of 26. Children shall cease to be dependent at the end of the month in which they attain the age of 26 years.

The attainment of the limiting age will not operate to terminate the coverage of such child while the child is and continues to be both:

1. Incapable of self-sustaining employment by reason of intellectual disability or physical handicap;
2. Chiefly dependent upon the Insured Person for support and maintenance.

Proof of such incapacity and dependency shall be furnished to the Company:

1. By the Named Insured; and
2. Within 31 days of the child's attainment of the limiting age. Subsequently, such proof must be given to the Company annually following the child's attainment of the limiting age.
3. If a claim is denied under the policy because the child has attained the limiting age for dependent children, the burden is on the Insured Person to establish that the child is and continues to be handicapped as defined by subsections (1) and (2).

Newborn Children

In the event of the birth of a child to an Insured student while the student's health plan is in force, that child will automatically be covered from the moment of birth. Coverage will continue without cost for 60 days. If the student wants continuing coverage for the newborn after 60 days, enrollment and payment of premium must be made within the first 60 days, or the coverage will terminate for that child at the end of the 60 day period. Dependent enrollment forms are available at **www.uidaho.edu/ship** under SHIP FORMS.

* Health Insurance Premium per Semester for Dependents (in addition to the Student Premium)

	Fall	Spring/Summer	Summer
Spouse	$2156	$2156	$1179
Each Child	$1309	$1309	$715

* Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the insured student.

DEFINITIONS

Coinsurance: Means a provision of the insurance by which the Insured Person and the insurance carrier share in a specific ratio (e.g. 80%/20%, or 100%/0%) for the payment of hospital or medical expenses resulting from a Sickness or Injury.

Co-payment: Means a charge for Covered Medical Expense which must be paid by the Insured Person.

Deductible: Means if an amount is stated in the Schedule of Benefits or any endorsement to this Policy as a Deductible, it shall mean an amount to be subtracted from the amount or an amount otherwise payable as Covered Medical Expenses before payment of any benefit is made. The Deductible will apply as specified in the Schedule of Benefits.

Elective Surgery or Elective Treatment: Means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective Surgery or Elective Treatment includes any service, treatment or

DEFINITIONS (continued)

supplies that: 1) are deemed by the Company to be research or experimental; or 2) are not recognized and generally accepted medical practices in the United States.

Injury: Means bodily Injury which is all the following: 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.

Medical Emergency: Means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe the condition would result in any of the following: 1) death: 2) placement of the Insured's health in jeopardy; 3) serious impairment of bodily functions; 4) serious dysfunction of any body organ or part; or 5) in the case of a pregnant woman, serious jeopardy to the health of the fetus. Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sickness.

Medical Necessity: Means those services or supplies provided or prescribed by a hospital or Physician which are all the following: 1) essential for the symptoms and diagnosis or treatment of the Sickness or Injury; 2) provided for the diagnosis, or the direct care and treatment of the Sickness or Injury; 3) in accordance with the standards of good medical practice; 4) not primarily for the convenience of the Insured, or the Insured's Physician; and 5) the most appropriate supply or level of service which can safely be provided to the Insured.

The Medical Necessity of being confined as an Inpatient means that both: 1) the Insured requires acute care as a bed patient; and 2) the Insured cannot receive safe and adequate care as an outpatient. This Policy only provides payment for services, procedures and supplies which are a Medical Necessity. No benefits will be paid for expenses which are determined not to be a Medical Necessity, including any or all days of Inpatient confinement.

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. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility. Regardless of the provider, you are responsible for the payment of your Deductible. You must satisfy your Deductible before benefits are paid. We will pay according to the benefit limits in the Schedule of Medical Expense Benefits.

Sickness: Means sickness or disease of the Insured Person which causes loss, and originates 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 the lesser of the actual charge or 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 the judgment of the Company is in excess of the Usual and Customary Charges.

SERVICES AT THE STUDENT HEALTH CLINIC & STUDENT HEALTH PHARMACY

A portion of the cost of the SHIP premium is retained by UI and Moscow Family Medicine to provide certain benefits at the Student Health Clinic. Accordingly, these benefits are not insured by UnitedHealthcare Insurance Company under Policy #2013-353-1. Covered students and covered dependents are not required to submit claims for these expenses.

Services at the Student Health Clinic and Student Health Pharmacy are available to all students regardless of their type of insurance coverage.

ELIGIBILITY AND ACCESS

- Full-time, part-time and non-degree undergraduate and graduate students enrolled for one or more credits at the University of Idaho and their dependents are eligible for services
- Board appointed benefit eligible University of Idaho faculty and staff members are **NOT** eligible for services
- A $20 student health fee will be charged to part-time students (less any partial payment of fees), spouses, and children at the time of their first visit of each semester or summer session

INSURANCE

If you are NOT enrolled in SHIP, complete insurance information must be provided at the time of service. If you are enrolled in SHIP, you will pay the applicable co-payments for services at the Student Health Clinic. The Student Health Clinic does not bill or coordinate benefits with any insurance carrier for their benefits.

The Student Health Clinic and Student Health Pharmacy have the capability to bill a number of private health insurance and managed care organizations. Insurance programs and deductible vary. Confirm insurance coverage for services provided at the Student Health Clinic and Student Health Pharmacy prior to your visit. Complete insurance information must be provided at the time of service or full cost will be charged to the student's account. Charges to student accounts are limited to $300 per month. Charges must be paid during the semester the charges are posted to your student account.

CONTACT INFORMATION

UNIVERSITY DEPARTMENT	PHONE	FAX	EMAIL
Counseling & Testing Center	208-885-6716	208-885-4354	**ctc@uidaho.edu**
International Programs Office	208-885-8984	208-885-2859	**ipo@uidaho.edu**
Student Health Clinic* *For non-emergency situations after hours you will reach a recording with instructions for how to obtain service.	208-885-6693	208-885-5354	
Student Health Insurance Program (Ship) Office	208-885-2210	208-885-1002	**health@uidaho.edu**
Student Health Pharmacy	208-885-6535	208-885-9676	
Health Education	208-885-4104		**vandalhealthed@uidaho.edu**
Student Health University Business Office	208-885-9232	208-885-6924	
OTHER RESOURCES			
Emergency Services	911 (9-911 on campus)		
Gritman Medical Center	208-882-4511		

SCHEDULE OF MEDICAL BENEFITS STUDENT HEALTH CLINIC

The services covered under this Schedule are not insured by UnitedHealthcare Insurance Company. A portion of the cost of coverage is retained by UI and Moscow Family Medicine to provide the following benefits at the Student Health Clinic.

BENEFIT DESCRIPTIONS	COST / % COVERED BY SHIP PER VISIT	ADDITIONAL LIMITATIONS & EXPLANATIONS
Colposcopy and Cryotherapy	$40 co-payment, then 100% for each Procedure	
Injections	$20 co-payment, then 100% for each injection	Includes allergy shots (excluding serum). Birth control and travel shots are not included.
Preventive Services	Covered 100%	As per PPACA guidelines
Provider Outpatient Visit	$20 co-payment, then 100%	Includes diagnosis of mental health conditions and durable medical equipment. Pregnancy testing is covered, but not obstetrical care. Birth control devices and major orthopedic services are not covered.
Surgery (Minor)	$20 co-payment, then 100% for each Procedure	Includes wart removal, suturing, and other minor surgical services at the Student Health Clinic.
X-ray	Included in Provider OP Co-payment per Visit	Radiology charges provided by Gritman Medical Center and Radiology Consultants for x-rays taken at the Student Health Clinic.
Laboratory Services	$7 co-payment per lab or panel	Charges for laboratory services taken at the Student Health Clinic, including reference lab charges.* Includes HIV Rapid Testing.

*Laboratory Service charges not related to Illness or Injury, and non-PPACA Preventive Care Services will not be included and will be charged on the student's account. Contact the Student Health University Business Office at 208-885-9232 regarding health related charges on your student account.

AFTER HOURS MEDICAL CARE

The Moscow Family Medicine QuickCARE is a walk-in clinic located at 2500 West "A" Street (behind Walmart). Charges incurred at QuickCARE by students and dependents covered by the SHIP will be subject to the deductible, copayment and coinsurance provisions as shown in the Schedule of Medical Expense Benefits on pages 12-13, as well as all other limitations and exclusions applicable to the SHIP.

IF AT ANY TIME YOU ARE EXPERIENCING A LIFE THREATENING CONDITION PLEASE DIAL 9-911 IF ON CAMPUS, 911 OFF CAMPUS, OR GO DIRECTLY TO THE NEAREST EMERGENCY ROOM.

PRESCRIPTION DRUG PLAN ON-CAMPUS AT THE STUDENT HEALTH PHARMACY

Benefits are provided and funded by the University of Idaho if you are on the SHIP Plan. Prescriptions filled at the Student Health Pharmacy are limited to the Student Health Pharmacy SHIP Formulary. See the formulary at **www.uidaho.edu/studenthealthpharmacy** for SHIP limitations and exclusions. Non-Formulary Medications are not available at the Student Health Pharmacy.

The Student Health Pharmacy SHIP formulary is simply a list of medications. The list is not all inclusive and may be subject to change as new products and information becomes available. Some of the medications are available under multiple brand and generic names. This list may not include all the names that are available for a specific medication. The list is updated monthly and subject to change. For the most current list visit our website at **www.uidaho.edu/studenthealthpharmacy.**

30 DAY SUPPLY PER PRESCRIPTION

TIER 1	TIER 2	TIER 3
Co-payment $15	Co-payment $30	Co-payment $60

For eligible prescription medications up to a 30 day supply per prescription. Maintenance medications may be filled up to a 90 day supply.

31-60 DAY SUPPLY PER PRESCRIPTION

TIER 1	TIER 2	TIER 3
Co-payment $30	Co-payment $60	Co-payment $120

For eligible prescription medications up to a 31-60 day supply per prescription.

61-90 DAY SUPPLY PER PRESCRIPTION

TIER 1	TIER 2	TIER 3
Co-payment $45	Co-payment $90	Co-payment $180

For eligible prescription medications up to a 61-90 day supply per prescription.

The on-campus SHIP includes coverage for oral contraceptives with no co-payment. Refer to the Student Health Pharmacy SHIP formulary for covered medications. The Student Health Pharmacy does not provide injectable birth control or implanted birth control devices.

The Student Health Pharmacy carries a small supply of Over the Counter (OTC) items. Special orders may be requested by contacting a pharmacy staff member.

Students off-campus who are enrolled in SHIP may have prescriptions filled by mail. Prescriptions are limited to a 30 day supply unless prior approval has been obtained. Pre-payment is required, including a shipping and handling fee. Refer to **www.uidaho.edu/studenthealthpharmacy** for additional information and instruction. All other prescriptions for students off-campus should be filled at a local pharmacy using the SHIP/ESI Card. See benefit information on page 11.

Refills

All prescription refills MUST be called in 24 hours in advance to be processed and picked up the following day after 12:30 pm. Coupons with restrictions for government agencies may not be used at the Student Health Pharmacy. *If your prescription is out of refills, please allow up to 48 hours for pharmacy staff to contact your prescriber.*

PRESCRIPTION DRUG PLAN OFF-CAMPUS THROUGH EXPRESS SCRIPTS

Benefits are provided through Express Scripts (ESI), a point-of-service provider, if you are enrolled in the student injury and sickness insurance plan. Please call 1-888-201-5853 for questions regarding benefits or network participating pharmacies. If an Insured Person incurs prescription claims within the first 4 weeks of the semester before eligibility is loaded with the insurance carrier, the Insured Person must pay for the prescription and submit a claim to Express Scripts after the 4th week at:

Express Scripts
P.O. Box 66583
St. Louis, MO 63166-6583
Attn: STD Accts
Group Rx #AM2A

After 4 weeks, the Covered Person may go to any network pharmacy with their SHIP/ESI Card (see printing instructions below). Moscow campus SHIP students may obtain prescriptions off-campus using their SHIP/ESI card if the prescription is written for a one time filling with a 30 days or less supply or if a prescription is not available at the On-Campus Student Health Pharmacy. This limitation does not apply to UI Centers students.

30 DAY SUPPLY PER PRESCRIPTION

GENERIC	BRAND NAME	NON-FORMULARY
Co-payment $15	Co-payment $30	Co-payment $60

For eligible prescription medications up to a 30 day supply per prescription.

When a generic medication is available and you choose to purchase a brand name drug, even when the doctor writes "dispense as written" or "may not substitute", you must pay the cost difference between the brand name prescription and the generic prescription, in addition to your co-insurance.

If you purchase your prescription medications from a non-participating pharmacy, you will have to pay the full price of the prescription and then submit a claim to the claims administrator, AmeriBen, for reimbursement (see page 22).

The Insured Individual may present their SHIP/ESI card to go to any participating pharmacy or utilize the Express Scripts Home Delivery Program. The following co-payments apply:

	NETWORK PHARMACY	EXPRESS SCRIPTS HOME DELIVERY
Generic Drug	$15	$45
Formulary Drug	$30	$90
Non-Formulary Drug	$60	$180

For information about participating pharmacies or the Mail Order benefit, or to obtain other information, please call Express Scripts at 1-888-201-5853.

Proof of Insurance Cards

The Student Health Insurance Program does not send health insurance cards unless requested. A proof of insurance card will be e-mailed to your official University e-mail account when requested through the link at **www.uidaho.edu/ship.**

SUMMARY OF BENEFITS
INJURY AND SICKNESS INSURANCE PLAN

Underwritten by UnitedHealthcare Insurance Company

The following benefits will be paid when an Insured Person incurs a Covered Medical Expense while insured under the Plan. The expense must be due to a Sickness or Injury, be medically necessary, and authorized by a Physician. All benefits are subject to Usual and Customary Charges, Deductibles, Coinsurance, Co-payments, Plan Maximums, and Exclusions and Limitations. Usual and Customary Charges will be determined using the current survey of FAIR Health, Inc. with a 70th percentile reimbursement level.

GENERAL PLAN PROVISIONS

Coverage will be in effect 24 hours a day. An Insured person will be insured at home, school, or when traveling outside the United States while insurance is in force.

SCHEDULE OF MEDICAL EXPENSE BENEFITS $1,000,000 PER INSURED PERSON, PER POLICY YEAR

This chart provides a summary of the Co-insurance and benefits payable by the plan. Benefits are payable up to the maximum benefit for each service listed below. Refer to the Covered Medical Expense section for additional information on the benefits provided. Non-PPO claims incurred at a PPO facility are paid at the PPO level of benefits.

BENEFIT DESCRIPTIONS	PPO NETWORK	OUT-OF-NETWORK	ADDITIONAL LIMITATIONS & EXPLANATIONS
Policy Year Deductible Per Insured Person	$250	$500	
Ambulance	N/A	80% of U&C	Ground, air and water for Medical Emergency as defined.
Dental Treatment for an Accidental Injury	N/A	80% of U&C	Up to $250 maximum Per tooth for Accidental Injury to sound natural teeth. Benefits are not subject to the $1,000,000 Maximum Benefit.
Diabetes Services	Paid as any other Sickness	Paid as any other Sickness	See pages 14 and 15 for additional information.
Durable Medical Equipment	80% of PA	50% of U&C	Limited to the initial purchase or one replacement purchase per Policy Year.
Emergency Room Services	$150 separate Per Visit Emergency Room Co-payment 80% of PA	$150 separate Per Visit Emergency Room Deductible 80% of U&C	Facility charge for the use of emergency room and supplies for a Medical Emergency. Treatment must be rendered within 72 hours of Injury or first onset of Sickness (see Definitions). The Per Visit Co-payment/Deductible is in lieu of the Annual Policy Year Deductible and will be waived if admitted as Inpatient.
Hospital (Inpatient) Room and Board and Miscellaneous Benefit	$150 separate Per Hospital Confinement Co-payment 80% of PA	$150 separate Per Hospital Confinement Deductible 50% of U&C	Non-PPO providers at a PPO facility are paid at the PPO level of benefit. Includes Intensive Care. The Admission Co-payment/Deductible is in addition to the Annual Policy Year Deductible.
Intercollegiate Sports	Paid as any other Injury	Paid as any other Injury	Accident coverage for Intercollegiate Sports Injuries is provided under a separate policy number 2013-353-8 up to $90,000 (For Each Injury).
Mammograms	80% of PA	50% of U&C	As mandated by the State of Idaho.
Maternity	Paid as any other Sickness	Paid as any other Sickness	Inpatient stay of at least 48 hours following a vaginal delivery or 96 hours following a cesarean delivery.
Medical Evacuation and Repatriation	Covered by FrontierMEDEX	Covered by FrontierMEDEX	See the explanation of FrontierMEDEX services on page 21 of this brochure.
Mental Illness Treatment/ Substance Use Disorder Treatment	Paid as any other sickness	Paid as any other sickness	
Occupational/Speech Therapy	$30 Co-payment, then 100% of PA No Deductible	50% of U&C	When related to a covered injury or sickness.
Outpatient Physician's Visit	$30 Co-payment, then 100% of PA No Deductible	50% of U&C	Includes Physician Office Visit charge and in-office ancillary services such as laboratory and x-ray. Applies to consultations. Includes travel shots. Surgeries performed in a physicians office will be paid under this benefit.
Physiotherapy (Physical Therapy)	$30 Co-payment, then 100% of PA No Deductible	50% of U&C	Includes acupuncture. Review of Medical Necessity will be performed after 12 visits per injury or sickness.
Prescriptions	$15 Co-payment Generic, $30 Co-payment Formulary and $60 Co-payment Non-Formulary	50% of U&C	Up to a 30 day supply per prescription. See page 11 for additional information.
Preventive Care Services	100% of PA	50% of U&C	See pages 14 and 15 for additional information.
Reconstructive Breast Surgery Following Mastectomy	Paid as any other Sickness	Paid as any other Sickness	See pages 14 and 15 for additional information.
Surgery (Inpatient & Outpatient)	$150 separate Per Visit Co-payment 80% of PA	$150 separate Per Visit Deductible 50% of U&C	Non-PPO providers at a PPO facility are paid at the PPO level of benefit. The Per Visit Co-payment/Deductible is in addition to the Annual Policy Year Deductible.
X-Ray and Laboratory Services	80% of PA $200 separate Per Procedure Co-payment applies for MRI/CT/PET Imaging/Scans	50% of U&C $200 separate Per Procedure Deductible applies for MRI/CT/PET imaging/scans	The Per Procedure Co-payment/Deductible is in addition to the Annual Policy Year Deductible.
All Other Covered Medical Expenses	80% of PA	50% of U&C	Additional Benefits are shown in the Covered Medical Expenses Section of this brochure.

PA = Preferred Allowance

U&C = Usual and Customary

A certificate of Coverage can be downloaded and printed from **www.uidaho.edu/ship**

COVERED MEDICAL EXPENSES

Benefits are provided for Covered Medical Expenses as specified in the Schedule of Medical Expense Benfits and subject to the policy maximum limits, deductibles, and other policy provisions.

1. **Ambulance Services:** including Ground/Air and Water. Community or hospital ambulance charges for a "medical emergency".
2. **Anesthetist Services:** Professional services in connection with Inpatient and Outpatient Surgery.
3. **Assistant Surgeon Fees:** Fees that are in connection with Inpatient and Outpatient Surgery.
4. **Chemotherapy**
5. **Day Surgery/ Miscellaneous (Outpatient):** In connection with outpatient day surgery; excluding non-scheduled surgery; and surgery performed in a hospital emergency room; trauma center; physician's office; or clinic. Benefits will be paid for services and supplies such as: 1) The cost of the operating room; and 2) Laboratory tests and X-ray examinations, including professional fees, anesthesia, drugs or medicines, and supplies.
6. **Dental Treatment:** Injury to sound, natural teeth resulting from an accident occurring while insured.
7. **Diabetes Services:** In connection with the treatment of diabetes for Medically Necessary: 1) outpatient self-management training, education and medical nutrition therapy service when ordered by a Physician and provided by appropriately licensed or registered healthcare professionals; and 2) Prescription Drugs, equipment, and supplies including insulin pumps and supplies, blood glucose monitors, insulin syringes with needles, blood glucose and urine test strips, ketone test strips and tablets and lancets and lancet devices.
8. **Durable Medical Equipment:** 1) When prescribed by a Physician; and 2) A written prescription accompanies the claim when submitted. Benefits are limited to the initial purchase or one replacement purchase per Policy Year. Durable Medical Equipment includes external prosthetic devices that replace a limb or body part but does not include any device that is fully implanted into the body.
9. **Emergency Room:** Only in connection with a Medical Emergency as defined. Benefits will be paid for the use of emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.
10. **Home Health Care:** Charges by a home health care agency when such care is ordered by a Physician and the Insured Person is confined to his/her home.
11. **Hospital Miscellaneous Expenses:** 1) While hospital confined; or 2) As a precondition for being hospital confined. Benefits will be paid for services and supplies 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.
12. **Injections:** when administered in the Physician's office and charged on the Physician's statement.
13. **Maternity:** Benefits will be paid for an Inpatient stay of at least 48 hours following a vaginal delivery or 96 hours following a cesarean delivery. If the mother agrees, the attending Physician may discharge the mother earlier.
14. **Mammogram:** same as any other Sickness according to the following guidelines: 1) one baseline for women 35-39 years of age; 2) once every two years for women from 40 years of age through 49 years of age, or more frequently if recommended by a Physician; 3) once annually for women age 50 and older; and 4) a mammogram for any woman when a Medical Necessity.
15. **Mental Illness Treatment:** Services received on an Inpatient and Outpatient basis.
16. **Physiotherapy (Physical Therapy):** Physiotherapy includes but is not limited to the following: 1) physical therapy; 2) cardiac rehabilitation therapy; and 3) manipulative treatment.
17. **Physician's Visits:** Outpatient and inpatient, other than surgical. Outpatient benefits do not apply when related to physiotherapy.
18. **Pre-Admission Testing:** payable within 3 working days prior to admission.
19. **Preventive Care Services:** medical services that have been demonstrated by clinical evidence to be safe and effective in either the early detection of disease or in the prevention of disease, have been proven to have a beneficial effect on health outcomes and are limited to the following as required under applicable law: 1) Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force; 2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; 3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and 4) with respect to women, such additional preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration. No Deductible, Copays or Coinsurance will be applied when the services are received from a Preferred Provider.
20. **Radiation Therapy**
21. **Reconstructive Breast Surgery Following Mastectomy:** in connection with a covered Mastectomy for 1) all stages of reconstruction of the breast on which the mastectomy has been performed; 2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and 3) prostheses and 4) physical complications of mastectomy, including lymphedemas.
22. **Registered Nursing Services:** private duty nursing care while Hospital Confined and ordered by a Physician.
23. **Room and Board Expense:** 1) Daily semi-private room rate when confined as an Inpatient; 2) General nursing care provided and charged for by the hospital and; 3) for accommodations in an intensive care unit. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
24. **Routine Newborn Care:** While Hospital Confined; and routine nursery care provided immediately after birth for an Inpatient stay of at least 48 hours following a vaginal delivery or 96 hours following a cesarean delivery. If the mother agrees, the attending Physician may discharge the newborn earlier.
25. **Sleep Disorders:** paid the same as any other Sickness. Testing, treatment and Durable Medical Equipment are covered.
26. **Occupational/Speech Therapy:** From a qualified practitioner when due to a covered Sickness or Injury.
27. **Substance Use Disorder Treatment:** Services received on an Inpatient and outpatient basis.
28. **Surgery:** Physician fees for inpatient and outpatient surgery. 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% for the second procedure and 50% of all subsequent procedures.
29. **Tests and Procedures:** diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-rays and Lab procedures.

Covered Medical Expenses: Means reasonable charges which are; 1) not in excess of Usual and Customary charges; 2) not in excess of the Preferred Allowance when the policy includes Preferred Provider benefits and the charges are received from a Preferred Provider; 3) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 4) made for services and supplies not excluded under the policy; 5) made for services and supplies which are a Medical Necessity; 6) made for services included in the Schedule of Benefits; and 7) in excess of the amount stated as a Deductible, if any.

Covered Medical Expenses will be deemed "incurred" only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

MATERNITY TESTING

This policy does not cover all routine, preventive, or screening examinations or testing. The following maternity tests and screening exams will be considered for payment according to the policy benefits 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
- 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)

Once during third trimester: Group B Strep Culture

Pre-natal vitamins are not covered.

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for: 1) loss of expense caused by, contributed to, or resulting from; or 2) treatment, services, or supplies for, at, or related to any of the following:

1. **Addiction** such as nicotine addiction, except as specifically provided in the policy; and caffeine addiction, non-chemical addiction, such as gambling, sexual, spending, shopping, working, religious, and codependency;
2. **Biofeedback;**
3. **Cosmetic Procedures,** except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for Newborn Infants and Adopted Children;
4. **Custodial 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;
5. **Dental Treatment** except for accidental Injury to sound, natural teeth;
6. **Elective Surgery or Elective Treatment;**
7. **Elective Abortion** except to preserve the life of the female upon whom the abortion is performed;
8. **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 when due to a covered Injury or disease process;
9. **Health Spa** or similar facilities; strengthening programs;
10. **Hearing Examinations or Hearing Aids,** or other treatment of hearing defects and problems, except as a result of an infection or trauma. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
11. **Hirsutism;**
12. **Hypnosis;**

EXCLUSIONS AND LIMITATIONS (continued)

13. **Injury or Sickness** for which benefits are payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation;
14. **Injury sustained while** (a) participating in any intercollegiate 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, except as specifically provided under Policy 2013-353-8.
15. **Lipectomy;**
16. **Milieu therapy,** learning disabilities, behavioral problems, parent child problems, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in this policy;
17. **Prescription Drugs** services or supplies as follows:
    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 policy;
    b) Immunization agents, except as specifically provided in the policy; 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, 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.
18. **Preventive care services; 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;
19. **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; female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment; reversal of sterilization procedures;
20. **Research or Examinations related 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;
21. **Routine Newborn Infant Care** well-baby nursery and related Physician charges, except as specifically provided in the policy;
22. **Services** provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the Student Health fee;
23. **Skeletal irregularities** of one or both jaws, including orthognathia and mandibular retrognathia; TMJ dysfunction; deviated nasal septum, including submuscous resection and/or other surgical correction thereof;
24. **Surgical Breast Reduction** breast augmentation, breast implants or breast prosthetic devices, except as required as a result of a covered Mastectomy; or gynecomastia, except as specifically provided in the policy;
25. **Treatment in a Government Hospital** unless there is a legal obligation for the Insured Person to pay for such treatment;
26. **Treatment for Obesity,** and surgery for removal of excess skin or fat; and
27. **War** or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rate premium will be refunded upon request for such period not covered).

POLICY DEDUCTIBLES

Individual Policy Deductible

In-Network:	$250 of Covered Medical Expenses, per Insured Person, per Policy Year.
Out-of-Network:	$500 of Covered Medical Expenses, per Insured Person, per Policy Year.

Inpatient Per Hospital Confinement Co-payment/Deductible (Both In-Network and Out-of-Network Claims)

There is an additional $150 per Hospital Confinement Deductible for each Inpatient hospital stay. This Deductible is in addition to the Policy Deductible.

MRI/CT/PET Imaging/Scans Per Procedure Co-payment/Deductible (Both In-Network and Out-of-Network Claims)

There is an additional $200 per Procedure Deductible for MRI/CT/PET imaging/Scans. This Deductible is in addition to the Policy Deductible.

Inpatient and Outpatient Surgery Co-payment/Deductible (Both In-Network and Out-of-Network Claims)

There is an additional $150 per Surgery Deductible for each Inpatient or Outpatient surgery. This Deductible is in addition to the Policy Deductible.

Emergency Room Visit Co-payment/Deductible (Both In-Network and Out-of-Network Claims)

There is an additional $150 Deductible for each Emergency Room visit. The Policy Deductible does not apply. The $150 deductible will be waived if admitted as inpatient.

Other services might have co-payment/deductibles. See the Schedule of Medical Expense Benefits on pages 12-13.

NETWORK BENEFITS

Many of your primary care services can be provided at the Student Health Clinic with services provided by Moscow Family Medicine. The QuickCARE walk-in clinic is available for after-hour care or when the Student Health Clinic is closed. For more information on services see the Student Health Clinic's website at www.uidaho.edu/studenthealth. Charges for services at the Student Health Clinic are not underwritten by UnitedHealthcare Insurance Company.

In-Network Coverage

SHIP's covered reimbursement level is at the PPO level of benefits for covered medical expenses if you or your Insured Dependents obtain care from Gritman Medical Center, Moscow Family Medicine, Palouse Surgery Center, Kootenai Medical Center and other contracting doctors and health care providers of PHCS Preferred Provider Organization (PPO). For the current listing of In-Network providers, visit the PHCS Network at www.multiplan.com/search. For providers in ID, WA or MT choose "First Choice Health PPO Network" under "Other Network Logos". You will need to identify the PHCS logo under "Most Common Logos" for states other than ID, WA or MT. Or you can call PHCS Network at 888-636-7427 to locate an In-Network provider for any states.

Out-of-Network Coverage

The out-of-network schedule of benefits will be applied for medical services received at any out-of-network provider. For care outside of the listed In-Network providers or PHCS Network benefits will be paid at the Non-PPO level of benefit. If the Covered Medical Expense is due to a Medical Emergency, benefits will be paid at the PPO level of benefits. Non-PPO providers at a PPO facility will be paid at the PPO level of benefit. For additional information contact the Student Health Insurance Program (SHIP) Office at health@uidaho.edu.

OUT-OF-POCKET LIMIT

After Covered Medical Expenses (CME) have reached $20,000 including the Policy Year Deductible, additional benefits will be paid for Covered Medical Expenses at 100% for the remainder of the policy year up to the maximum benefit of $1,000,000 per Insured Person per Policy Year.

Types of Charges that do not apply toward the out-of-pocket maximum include the following: 1) prescription co-payments, 2) non-covered expenses such as expenses in excess of Usual & Customary Charges and charges not covered by the Plan, 3) charges in excess of maximum benefits payable under the Plan, and the separate per service and per visit co-payments/deductibles.

SUBROGATION

The Company shall be subrogated to all rights of recovery which any Insured Person has against any person, firm or corporation to the extent of payments for benefits made by the Company to or for benefit of an Insured Person. The Insured shall execute and deliver such instruments and papers as may be required and do whatever else is necessary to secure such rights to the Company. For information on Subrogation and Recovery of Rights please see the Policy available at the Student Health Insurance Office or **www.uidaho.edu/studenthealth** for details.

COORDINATION OF BENEFITS

The purpose of this medical insurance policy is to assist in the payment of medical bills. It is not intended that an Insured Person receive benefits greater than his/her total allowable expenses. Benefits will be coordinated with any other eligible medical, surgical or hospital plan or coverage so that combined payments under all programs will not exceed 100% of allowable expenses incurred for covered services and supplies.

Medicare or Medicaid

If Insured Person is eligible for Medicare or Medicaid benefits, this plan may (or may not) be primary to Medicare or Medicaid. This is determined by Medicare or Medicaid regulations, as applicable.

IMPORTANT NOTICE

Federal regulations permit the time you are on The University of Idaho Student Health Insurance Plan to be counted as credit towards satisfying Pre-Existing Condition clause in future health insurance plans you may participate in after you leave The University of Idaho. These regulations provide that, when your college sponsored plan terminates (for example, your academic studies at The University of Idaho are completed, or your eligibility under this plan ends, or you waive out of this plan with proof of outside insurance coverage), you are eligible to receive a certificate showing the amount of time you were covered under the College policy. You will not automatically receive a certificate upon termination under this Plan. To obtain a certificate, please call AmeriBen at 1-800-953-1801. Specify whether the certificate is for you, or your Dependents (give names and SSN of Dependents for whom a certificate is requested).

PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. You may view or print a copy of this notice at **www.uidaho.edu/studenthealth** by clicking on HIPAA Notice of Privacy Practices for Personal Health Information. We do not disclose any non-public 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 non-public personal information. You may obtain a copy of UnitedHealthcare Insurance Company's privacy practices by calling them at 1-800-767-0700 or visiting them at **www.uhcsr.com.**

MASTER POLICY

Please keep this Brochure 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 payment of benefits.

TERMINATION OF COVERAGE

The insurance for Insured Persons will continue through the last day before the next semester starts. In addition, if an eligible student decreases his/her credit hours to below minimum status prior to the first 30 calendar days of the semester he/she will lose the insurance eligibility. If no beneficiary is designated or surviving at the Insured Person's death, AmeriBen and/or the Company may, at its option, make payment to the executor or administrator of your estate.

EXTENSION OF BENEFITS AND COBRA

This plan does not provide any extension of benefits provision, nor does the plan provide any conversion privilege or opportunity to extend eligibility under the policy. This plan is not subject to the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA).

CLAIMS SUBMISSIONS REQUIREMENTS/PROOF OF LOSS DEADLINES

You have 90 days after the date of loss to furnish proof of loss to AmeriBen. If you do not furnish notice of proof within the time allotted, your claim will still be considered if you show that it was not reasonably possible to furnish the notice of proof and that the notice of proof was furnished as soon as reasonably possible. Except for absence of legal capacity, no claim for benefit will be accepted after one year from date treatment was completed. AmeriBen and the University of Idaho reserve the right and opportunity to examine the person whose Injury and Sickness is the basis of a claim as often as it may reasonably require during continuance of the claim. No action at law or in-equity shall be brought to recover on the Policy prior to the expiration of 60 days after proof of loss has been filed. Nor shall action be brought at all unless brought within three years from the expiration of the time within which proof of loss is required by the Policy. If any time limitations of the Policy with respect to giving notice, filing proof of loss or commencing an action at law or in equity is less than permitted by the law of the state in which you reside at the time the Policy is issued, the limitation is hereby extended to agree with the minimum period permitted by such law.

DISPUTED CLAIMS

You, the Insured, will be notified in writing by us if a claim or any part of a claim is denied. The notice will include the specific reason or reasons for the denial and the reference to the pertinent plan provision(s) on which the denial was based.

If you have a complaint about your claim denial, you may call our Member Services telephone number 1-800-953-1801 for further explanation to informally resolve your complaint. If you are not satisfied with our explanation of why the claim was denied, you, your authorized representative or provider may request an internal review of the claim denial.

RIGHT TO EXTERNAL CLAIMS

If, through the Company's internal appeal process, the Insured or any Authorized Representative acting on behalf of the Insured with the Insured's consent, has exhausted the internal mechanism for appealing a denial of benefits based on Medical Necessity or has been determined to be an investigational service, the Insured or Authorized Representative may file a written request for an external review and, in certain circumstances, expedited external review with the Director of the Idaho Department of Insurance.

When filing a request for external review, an Insured will be required to authorize the release of any medical records that may be required for the purpose of reaching a decision. This plan is not subject to ERISA; as a result, the external review decision of the independent review organization shall be final and binding on both the Insured and the Company as provided in section 41-5910 of the Idaho Insurance Code,

For further information about the External Review or to request an external review, contact the Idaho Department of Insurance in writing at P.O. Box 83720 ; Boise, ID 83720-0433 or by telephone at 1-800-721-3272.

FrontierMEDEX: Global Emergency Services

If you are a student insured with this insurance plan, you and your insured spouse and minor child(ren) are eligible for FrontierMEDEX. The requirements to receive these services are as follows:

International Students, insured spouse, and insured minor child(ren): You are eligible to receive FrontierMEDEX services worldwide, except in your home country.

Domestic Students, insured spouse, and insured minor child(ren): You are eligible for FrontierMEDEX 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.

FrontierMEDEX 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 services must be arranged and provided by FrontierMEDEX; any services not arranged by FrontierMEDEX will not be considered for payment.

Key Services Include:

- Transfer of Insurance Information to Medical Providers
- Transfer of Medical Records
- Worldwide Medical and Dental Referrals
- Emergency Medical Evacuation
- Transportation to Join a Hospitalized Participant
- Replacement of Corrective Lenses and Medical Devices
- Hotel Arrangements for Convalescence
- Return of Dependent Children
- Legal Referrals
- Message Transmittals
- Monitoring of Treatment
- Medication, Vaccine and Blood Transfers
- Dispatch of Doctors/Specialists
- Facilitation of Hospital Admission Payments
- Transportation After Stabilization
- Emergency Travel Arrangements
- Continuous Updates to Family and Home Physician
- Replacement of Lost or Stolen Travel Documents
- Repatriation of Mortal Remains
- Transfer of Funds
- Translation Services

Please visit www.uhcsr.com/frontiermedex for the FrontierMEDEX brochure which includes service descriptions and program exclusions and limitations.

To access services please call:
(800) 527-0218 Toll-free within the United States
(410) 453-6330 Collect outside the United States

Services are also accessible via e-mail at operations@frontiermedex.com.

When calling the FrontierMEDEX 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 FrontierMEDEX ID Number as listed on your Medical ID Card;
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

FrontierMEDEX 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 FrontierMEDEX. Claims for reimbursement of services not provided by FrontierMEDEX will not be accepted. Please refer to the FrontierMEDEX information at www.uhcsr.com/frontiermedex for additional information, including limitations and exclusions.

CLAIMS PROCEDURES

Send Medical and Out-of-Network Prescription Rx Claims to:
AmeriBen

P.O. Box 7186

Boise, ID 83707

1-800-953-1801

Group #0805014

https://services.ameriben.com

Send In-Network Prescription Rx claims to:

Express Scripts, Inc.

P.O. Box 2872

Clinton, IA 52733-2872

Attn: Commercial Claims

--Group # AM2A

1-888-201-5853

See **www.uidaho.edu/ship** for claim forms and instructions on how to file.

Send Mail Order Home Delivery Prescriptions to:

Express Scripts, Inc.

P.O. Box 52123

Phoenix, AZ 85072-2123

1-888-201-5853

OFF-CAMPUS CLAIMS, ELIGIBILITY AND BENEFITS QUESTIONS

AmeriBen

1-800-953-1801

Group #080514

http://myameriben.com

PREFERRED PROVIDER ORGANIZATION

PHCS PPO Network

Toll-free Number for PPO Provider Information 1-888-636-7427

www.multiplan.com/search

Student Injury and Sickness Insurance Plan underwritten by United-Healthcare Insurance Company, Policy Number 2013-353-1.

PROOF OF INSURANCE CARDS

The Student Health Insurance Program does not issue health insurance cards. A proof of insurance card will be e-mailed to your official University e-mail account when requested through the link at **www.uidaho.edu/ship.**

University of Idaho

Student Health Services

875 Perimeter Drive MS 4201

Moscow ID 83844-4201

www.uidaho.edu/studenthealth

PRSRT
STANDARD
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