



## DEFINITIONS

**Pre-existing Condition** means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Insured's Effective Date under the policy.

**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 a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

## PRE-ADMISSION NOTIFICATION

Value Check should be notified of all Hospital Confinements prior to admission.

- PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:** The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.
- NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:** The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide the notification of any admission due to Medical Emergency.

Value Check is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m. C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

**IMPORTANT:** Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

## CONTINUATION PRIVILEGE

All Insured Persons who have been continuously insured under the school's regular Policy for at least six (6) consecutive months and who no longer meet the Eligibility requirements under the Policy are eligible to continue their coverage for a period of not more than six (6) months under the school's policy in effect at the time of such continuation. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that policy year. Please contact the Student Health Insurance Office for more information.

## ALTERNATIVE COVERAGE

If you do not meet the eligibility requirements of this policy, please call 1-800-406-2338 for information on alternative coverage. This information can also be accessed at our website: [www.SR-STM.com](http://www.SR-STM.com) under Products & Services, then short term medical.

## 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:

- Acne; allergy, including allergy testing;
- Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency, except at the Student Health Center;
- Assistant Surgeon Fees;
- Learning disabilities;
- Biofeedback;
- Durable Medical Equipment;
- Circumcision;
- Congenital conditions, except as specifically provided for Newborn or adopted Infants;
- Cosmetic procedures for cosmetic reasons only (covered if removed to rule out disease process), except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
- Dental treatment, except as specifically provided in the Schedule of Benefits;
- Elective Surgery or Elective Treatment;
- Eye examinations, 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 disease process;
- Foot care including: care of corns, bunions (except capsular or bone surgery), calluses, unless related to a covered disease process, except at the Student Health Center;
- Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
- Hirsutism; alopecia;
- Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
- Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
- Injury sustained while (a) participating in any interscholastic, 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;
- Organ transplants, including organ donation;
- Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation. If referred by the SHC, a surgery or Hospital Confinement is not required;
- Participation in a riot or civil disorder; commission of or attempt to commit a felony;
- Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy;

## EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 12 months after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

## EXCESS PROVISION

Even if you have other insurance, the Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other insurance. Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectible insurance or under an automobile insurance policy.

However, this Excess Provision will not be applied to the first \$100 of medical expenses incurred.

Covered Medical Expenses exclude amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with policy provisions or requirements.

**Important:** The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

## PREMIUM RATES

UAF	Domestic or International	Spouse	Each Child	All Children
Annual	800.00	2719.00	1166.00	2331.00
Fall	300.00	1019.00	437.00	874.00
Spring	300.00	1019.00	437.00	874.00
Spring/Summer	500.00	1701.00	730.00	1460.00
Summer	200.00	682.00	293.00	586.00

UAF Optional Major Medical \$240.00 (Per Insured, Per Policy Year), \$480.00 (All Children, Per Policy Year)

UAA & UAS	Domestic	Spouse	Each Child	All Children
Annual	728.00	2548.00	1092.00	2184.00
Fall	275.00	963.00	413.00	826.00
Spring	270.00	943.00	404.00	808.00
Spring/Summer	453.00	1585.00	679.00	1358.00
Summer	183.00	642.00	275.00	550.00

UAA & UAS Domestic Optional Major Medical \$240.00 (Per Insured, Per Policy Year), \$480.00 (All Children, Per Policy Year)

UAA & UAS	*International	*Spouse	*Each Child	*All Children
Annual	828.00	2648.00	1192.00	2384.00
Fall	313.00	1001.00	451.00	901.00
Spring	306.00	979.00	441.00	882.00
Spring/Summer	515.00	1647.00	741.00	1483.00
Summer	209.00	667.00	300.00	601.00

\*UAA and UAS International rates include Optional Major Medical.

## Exclusion and Limitations Continued:

- Prescription Drugs, services or supplies as follows:
  - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use (except as specifically provided in the Benefits for Treatment of Diabetes);
  - Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use; except when services are received at the Student Health Center;
  - Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
  - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
  - Products used for cosmetic purposes;
  - Drugs used to treat or cure baldness; anabolic steroids used for body building;
  - Anorectics - drugs used for the purpose of weight control;
  - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
  - Growth hormones; or
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
- Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
- Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
- 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;
- Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
- Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except treatment of chronic purulent sinusitis;
- Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping;
- Sleep disorders, except at the Student Health Center;
- Supplies, except as specifically provided in the policy and at the Student Health Center;
- Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
- Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
- War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
- Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia, except as specifically provided in the policy. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

## BENEFITS FOR MAMMOGRAPHY

Benefits will be paid the same as any other Sickness for screening mammography to identify breast cancer if the Policy covers mastectomies and prosthetic devices and reconstructive surgery incident to mastectomies according to the following guidelines:

- A baseline mammogram for women age 35 to age 39;
- One mammogram every two years for women age 40 to 49 every 2 years, or more frequently if recommended by a physician; and
- An annual mammogram for women age 50 and over;
- A mammogram at any age for a covered Insured with a history of breast cancer or whose parent or sibling has a history of breast cancer, upon referral by a Physician.

"Low-dose Mammography Screening" and "Mammogram" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including x-ray tube, filter, compression device, screens, films, and cassettes, with an average radiation exposure to deliver less than one rad mid-breast, with two views for each breast.

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

## BENEFITS FOR CERVICAL CANCER SCREENING

Benefits will be paid the same as any other Sickness for the cost of cervical cancer screening test commonly known as a "Pap" smear. Benefits will be provided for an annual pap smear cancer screening test for an Insured Person who is 18 or more years of age.

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

## ADDITIONAL BENEFITS

Benefits are provided as mandated by the State of Alaska such as Benefits for Prostate Cancer Screening and Initial Prosthetic Device and Reconstructive Surgery. A detail of these benefits may be found in the Master Policy on file at the University.

## NURSELINE

Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 1-866-HLTH-ZON or 1-866-458-4966. The NurseLine is staffed by Registered Nurses who can help students determine if they need to seek medical care, understand their medications or medical procedures, or learn ways to stay healthy. Additional resources include an audio library of pre-recorded health topics and online health information at [www.intellinurse.com](http://www.intellinurse.com).

## MATERNITY TESTING

This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-767-0700.

## BENEFITS FOR DIABETES TREATMENT

Benefits will be paid the same as any other prescription or pharmacy services for the treatment of diabetes. Benefits shall include medication, equipment, and supplies when prescribed by a Physician.

"Diabetes" includes insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin-using diabetes.

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

## BENEFITS FOR DIABETES OUTPATIENT SELF-MANAGEMENT BENEFIT

Benefits will be paid the same as any other Sickness for outpatient self-management training or education and medical nutrition therapy for the treatment of diabetes if diabetes treatment is prescribed by a Physician. Diabetes outpatient self-management training or education and medical nutrition therapy must be provided by a Physician with training in the treatment of diabetes.

"Diabetes" includes insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin-using diabetes.

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

## BENEFITS FOR PHENYLKETONURIA

Benefits will be paid the same as any other Sickness for the formulas necessary for the treatment of Phenylketonuria, when under the supervision of a Physician and are special dietary formulas which are medically necessary for the therapeutic treatment of Phenylketonuria.

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

## OPTIONAL MAJOR MEDICAL BENEFIT \$50,000 MAXIMUM BENEFIT (INCLUDED FOR INTERNATIONAL STUDENTS OF UAA & UAS)

This optional benefit is subject to payment of an additional premium as specified on the enrollment card. Optional benefits may only be purchased at the time of initial enrollment in the Plan and may not be added later.

The Major Medical Benefit begins payment after the Basic Maximum Benefit of \$50,000 has been paid by the Company. The Company will pay 80% for additional, Covered Medical Expenses incurred up to the Major Medical maximum of \$50,000. The total benefit payable under Major Medical is \$100,000 minus the Basic Benefits already paid.

No benefits will be paid under Major Medical for: 1) Room and Board expenses which exceed the \$1,800 aggregate maximum per day; 2) Intensive Care/Hospital Miscellaneous expenses which exceed the \$1,800 aggregate maximum per day; 3) Dental treatment; 4) Psychotherapy; 5) Outpatient Physiotherapy; 6) Services designated as "No Benefits" in the Basic Medical Expense Benefits Schedule of Benefits; 7) Any condition which originates (including the existence of symptoms); is diagnosed; treated or recommended for treatment within the 12 months immediately prior to the Insured's Effective Date under Optional Major Medical coverage; except for individuals who have been continuously insured under Optional Major Medical coverage for at least 12 consecutive months; and 8) Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury.