

Student Injury and Sickness Insurance Plan for Missouri Community Colleges Domestic Student Plan 2011-2012



The Missouri Community College Association is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All domestic students enrolled for 6 or more credit hours at a community college are eligible to enroll in the plan on a voluntary basis. Eligible Dependents of students enrolled in the plan may participate in the plan on a voluntary basis.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources are:

- Up to \$50,000 per each Injury or Sickness Basic Maximum Benefit for Covered Medical Expenses.
- \$200 deductible Per Insured Person, Per Policy Year.
- Covered Medical Expenses for Preferred Providers are payable at 80% of Preferred Allowance and Out of Network benefits are payable at 60% of Usual and Customary charges (all benefits are subject to satisfaction of the deductible, specific benefit limitations, maximums and copays as described in the policy).
- Prescription Drug Benefits: 50% of Usual and Customary Charges up to a \$500 maximum per policy year.
- Coverage available for eligible dependents.
- Scholastic Emergency Services – Domestic Students are covered when 100 miles or more away from their campus or home address. International Students are covered worldwide except in their home country.
- MyAccount, available through www.UHCSR.com, allows insured students access 24/7 to check their claim status, search for network providers, print ID cards, enter accident details, view EOBs and enter additional insurance information online.
- Included with every policy, the UnitedHealth Allies® discount program provides 5% to 50% savings on dental and vision services, fitness clothing and equipment, and textbooks from McGraw-Hill Professional. The UnitedHealth Allies program is not insurance and is offered by UnitedHealth Allies, a UnitedHealth Group company.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2011-202001-1.

Please read the Certificate of coverage to determine whether this plan is right for you before you enroll. The Certificate of coverage provides details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force. Copies of the Certificate are available from the Colleges, or may be viewed and downloaded at www.UHCSR.com.

If you have any questions, please contact Customer Service at 800-767-0700 or customerservice@uhcsr.com.

The Policy is a Non-Renewable One-Year Term Policy.

For online enrollment visit our website at www.UHCSR.com, click on "Find My School's Plan" link and follow the online instructions or call 800-767-0700

Rates	Annual	Fall	Spring	Spring/Summer	Summer
	8/1/11 - 7/31/12	8/1/11 - 12/31/11	1/1/12 - 5/31/12	1/1/12 - 7/31/12	6/1/12 - 7/31/12
Student	\$872	\$373	\$368	\$517	\$149
Student + Child	\$2,181	\$933	\$920	\$1,292	\$372
Student + Spouse	\$1,119	\$478	\$472	\$663	\$191

Pre-Existing Condition means any condition which is diagnosed, treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under the policy.

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:

1. Acne; acupuncture; allergy, including allergy testing;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Assistant Surgeon Fees;
4. Biofeedback;
5. Durable Medical Equipment;
6. Circumcision;
7. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
8. Cosmetic procedures, 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;
9. Dental treatment, except as specifically provided in Benefits for Dental General Anesthesia or for accidental Injury to Sound, Natural Teeth;
10. Elective Surgery or Elective Treatment;
11. Elective abortion, unless elected by the Policyholder and an additional premium charged;
12. 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 disease process;
13. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
14. Unless coverage is elected by the Policyholder, hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as specifically provided in Benefits for Newborn Hearing Screening. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
15. Hirsutism; alopecia;
16. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
17. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. Injury sustained while (a) participating in any interscholastic, club, 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;
19. Lipectomy;
20. Organ transplants, including organ donation;
21. Marital or family counseling;
22. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
23. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 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;
24. 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;
 - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs, except as specifically provided in Benefits for Clinical Trial for Cancer Treatment;
 - 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 or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
25. 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;
26. 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; except as specifically provided in the policy;
27. 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;
28. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
29. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
30. Sleep disorders;
31. Unless coverage is elected by the Policyholder, speech therapy; naturopathic services;
32. Supplies, except as specifically provided in the policy;
33. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
34. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
35. 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
36. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.