

# 2018–2019 Domestic Students Injury and Sickness Insurance Plan for **MIDDLESEX SCHOOL**



Available through the CAA Trust.

## Eligibility

All Domestic students attending a private secondary school registered for credit courses are eligible to enroll in this insurance Plan. Students must actively attend classes for at least the first 31 days and/or actively attend a school sponsored camp or program after the date for which coverage is purchased. The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is refund of premium.

## Effective and Termination Dates

This insurance Plan becomes effective at 12:01 am on August 15, 2018

This insurance Plan terminates at 11:59 pm on December 31, 2018

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

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	Unlimited	
Plan Deductible	\$0	\$0
Coinsurance <i>All benefits are subject to specific benefit limitations, maximums and Copays as described in the plan brochure.</i>	100% of Preferred Allowance for Covered Medical Expenses	80% of Usual and Customary Charges for Covered Medical Expenses (Usual and Customary Charges are based on data provided by Fair Health, Inc. using the 90 <sup>th</sup> percentile based on location of provider.)
Prescription Drugs	\$0 copay for Tier 1 \$0 copay for Tier 2 \$0 copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	No Benefits
Outpatient Physiotherapy <i>60 visits maximum (Per Policy Year)</i>	100% of Preferred Allowance	80% of Usual and Customary Charges
Surgeon's Fees <i>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% of the second procedure and 50% of all subsequent procedures.</i>	100% of Preferred Allowance	80% of Usual and Customary Charges
Assistant Surgeon	30% of surgery allowance	30% of surgery allowance
Preventive Care Services <i>Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations. Please see <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for complete details of the services provided for specific age and risk groups.</i>	100% of Preferred Allowance (No Deductible, Copays or Coinsurance will be applied when the services are received from a Preferred Provider.)	80% of Usual and Customary Charges
The following services are also included <i>This list is not all inclusive. Please read the plan brochure for complete listing of benefits and any individual benefit maximums or limitations.</i>	<ul style="list-style-type: none"> <li>▶ Physician's Visits</li> <li>▶ Acne Treatment</li> <li>▶ Diabetes Services</li> <li>▶ Allergy Treatment</li> <li>▶ Medical Emergency</li> <li>▶ In-Patient and Out-Patient Mental Illness Treatment</li> <li>▶ Dental Treatment – Injury to Natural Teeth only</li> </ul>	<ul style="list-style-type: none"> <li>▶ Interscholastic Sports Injuries</li> <li>▶ Hospital Room and Board</li> <li>▶ Out-Patient Lab and X-rays</li> <li>▶ Urgent Care Fees</li> <li>▶ Durable Medical Equipment</li> </ul>
UnitedHealthcare Global Repatriation/Medical Evacuation	Domestic Students are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address.	

This Plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2018-202893-15.

The Policy is a Non-Renewable Term Policy.

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

If you have questions please contact Customer Service at 1-888-455-9402 or customerservice@uhcsr.com.

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

The plan brochure provides more detail of the coverage including benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Please contact the school for copies of the plan brochure.

## Exclusions and Limitations:

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

1. Illness, accident, treatment or medical condition arising out of:
  - a. war or act of war (whether declared or undeclared); participation in a felony, riot or insurrection; service in the armed forces or units auxiliary thereto,
  - b. aviation,
  - c. Intercollegiate sports;
2. Cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part;
3. Care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion, or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of, or in the vertebral column;
4. Treatment provided in a governmental hospital (except a hospital confinement policy); benefits provided under Medicare or other governmental program (except Medicaid), any state or federal workmen's compensation, employers liability or occupational disease law, any motor vehicle no-fault law; services rendered by employees of hospitals, laboratories or other institutions; services performed by a member of the covered person's immediate family; and services for which no charge is normally made in the absence of insurance;
5. Dental care or treatment;
6. Eye glasses, hearing aids and examination for the prescription or fitting thereof;
7. Rest cures, custodial care, transportation and routine physical examinations; and
8. Territorial limitations.