

**2007 - 2008**

**STUDENT INJURY AND  
SICKNESS  
INSURANCE PLAN**



**Seattle Pacific**  
**UNIVERSITY**

Engaging the culture, changing the world®

*Designed Especially for  
the Students of*

**SEATTLE PACIFIC UNIVERSITY**

## Table of Contents

---

Privacy Policy .....	1
Eligibility .....	1
Effective and Termination Dates .....	1
Extension of Benefits After Termination .....	2
Definitions .....	2
Maternity Testing .....	2
Mandated Benefits .....	3
Reconstructive Surgery Benefit .....	3
Diabetes Benefit .....	3
Mammography Benefit .....	3
Phenylketonuria Treatment Benefit .....	3
Schedule of Basic Medical Expense Benefits .....	4
Major Medical Benefit .....	7
Pre-admission Notification .....	7
Excess Provision .....	7
Exclusions and Limitations .....	8
Online Access To Account Information .....	11
Claim Procedure .....	11

---

---

## Privacy Policy

---

---

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic 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 nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-800-767-0700 or by visiting us at [www.uhcsr.com](http://www.uhcsr.com).

---

---

## Eligibility

---

---

All registered domestic students are eligible to enroll in this insurance plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet, and television (TV) courses do not fulfill the eligibility requirements that the student actively attend classes. 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 to refund premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student.

---

---

## Effective and Termination Dates

---

---

The Master Policy on file at the University becomes effective on September 24, 2007. Coverage becomes effective on the first day of the period for which premium is paid or the date enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates on September 23, 2008. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

If paying premiums by semester, coverage expires as follows:

Fall	01-02-08
Winter	03-25-08
Spring/Summer	09-23-08

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the coverage expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

**Refunds of premiums are allowed only upon entry into the armed forces.** The Policy is a Non-Renewable One Year Term Policy.

---

### **Extension of Benefits After Termination**

---

The coverage provided under this 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 365 days 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.

If the Insured is also an Insured under the succeeding policy issued to the Policyholder; this "Extension of Benefits" provision will not apply.

---

### **Definitions**

---

**INJURY** means bodily injury which is: 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 one year 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.

**PRE-EXISTING CONDITION** means 1) the existence of symptoms within the 3 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which is diagnosed, treated or recommended for treatment within the 3 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.

**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.

---

### **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.

## **MANDATED BENEFITS**

---

### ***RECONSTRUCTIVE SURGERY BENEFIT***

Benefits will be paid for reconstructive breast surgery (including prosthesis) resulting from a mastectomy which resulted from disease, illness, or Injury; regardless of when the mastectomy or the condition which made the mastectomy necessary was covered by this policy. Benefits will be paid for all stages of one reconstructive breast reduction on the nondiseased breast to make it equal in size to the diseased breast after definitive reconstructive surgery on the diseased breast has been performed. Benefits for Reconstructive Breast Surgery shall be commensurate with the Hospital and surgical benefits otherwise provided by this policy. Benefits shall be limited by any maximum amounts specified in the Schedule of Benefits, any Deductible and any coinsurance provision.

### ***DIABETES BENEFIT***

Benefits will be paid in the same basis as any other Sickness for the following services and supplies for persons with diabetes:

- (1) Medically Necessary equipment and supplies, as prescribed by a Physician, including but not limited to insulin, syringes, injection aids, blood glucose monitors, test strips for blood glucose monitors, visual reading and urine test strips, insulin pumps and accessories to the pumps, insulin infusion devices, prescriptive oral agents for controlling blood sugar levels, foot care appliances for prevention of complications associated with diabetes, and glucagon emergency kits; and
- (2) Outpatient self-management training and education, including medical nutrition therapy, as ordered by the Physician. Diabetes outpatient self-management training and education must be provided by Physicians with expertise in diabetes.

Benefits shall be subject to all Deductibles, coinsurance, limitations and provisions of the Policy.

### ***MAMMOGRAPHY BENEFIT***

Benefits will be paid on the same basis as any other Sickness for screening or diagnostic mammography when recommended by a Physician.

Benefits shall be subject to all Deductibles, coinsurance, limitations and provisions of the Policy.

### ***PHENYLKETONURIA TREATMENT BENEFIT***

Benefits shall be provided on the same basis as any other Sickness for the mineral and vitamin-enriched formulas necessary for the treatment of phenylketonuria for the Insured.

Benefits shall be subject to all Deductible, coinsurance, limitations and any provisions of the Policy.

**Schedule of Basic Medical Expense Benefits**  
**Up To \$1,500 Maximum Benefit Paid as Specified Below**  
**(For Each Injury or Sickness)**  
**\$25 Outpatient Deductible (For Each Injury)**

The Policy provides benefits for 100% of the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$1,500 for each Injury or Sickness.

Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

<b>U&amp;C = Usual &amp; Customary Charges</b>	<b>Injury</b>	<b>Sickness</b>
<b>INPATIENT</b>		
<b>Room &amp; Board Expense</b> , daily semi-private room rate and general nursing care provided by the Hospital.	100% of U&C	80% of U&C
<b>Hospital Miscellaneous Expense</b> , 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.	80% of U&C	80% of U&C
<b>Intensive Care</b>	Paid under Room & Board	Paid under Room & Board
<b>Physiotherapy</b>	Paid under Hospital Misc.	100% of U&C
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix. 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 25% of all subsequent procedures.	80% of U&C	80% of U&C
<b>Assistant Surgeon</b>	100% of U&C	Paid under Surgery
<b>Anesthetist</b> , professional services administered in connection with inpatient surgery.	100% of U&C	Paid under Surgery

	Injury	Sickness
<b>INPATIENT CONTINUED</b>		
<b>Registered Nurse's Services</b> , private duty nursing care.	100% of U&C	Paid under Room & Board
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.	80% of U&C	100% of U&C / \$35 per visit
<b>Pre-Admission Testing</b> , payable within 3 working days prior to admission.	Paid under Hospital Misc.	Paid under Hospital Misc.
<b>Psychotherapy</b> , Benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	No Benefits	80% of U&C
<b>OUTPATIENT</b>		
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix. 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 25% of all subsequent procedures.	100% of U&C	80% of U&C / \$1,400 maximum
<b>Day Surgery Miscellaneous</b> , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	100% of U&C	100% of U&C / \$500 maximum
<b>Assistant Surgeon</b>	100% of U&C	Paid under Surgery
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	100% of U&C	Paid under Surgery
<b>Physician's Visits</b> , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or physiotherapy.	80% of U&C / \$15 Deductible per visit	80% of U&C / \$15 Deductible per visit
<b>Medical Emergency Expenses</b> , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	100% of U&C / \$150 maximum	100% of U&C / \$150 maximum
<b>Physiotherapy</b> , benefits are limited to one visit per day.	100% of U&C	Paid under Physician's Visits
<b>Diagnostic X-ray and Laboratory Services</b>	100% of U&C	80% of U&C / \$1,000 maximum

	Injury	Sickness
<b>OUTPATIENT CONTINUED</b>		
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement.	No Benefits	100% of U&C
<b>Tests &amp; Procedures</b> , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-Rays and Lab Procedures.	100% of U&C	Paid under X-rays & Lab
<b>Chemotherapy &amp; Radiation Therapy</b>	No Benefits	100% of U&C
<b>Prescription Drugs</b> , contraceptives are payable under this benefit. Each prescription drug and each refill are limited to a 30-day supply.	100% of U&C/\$10 Deductible for generic/\$20 copay for brand name per prescription	100% of U&C/\$600 maximum/\$10 Deductible for generic/\$20 copay for brand name per prescription
<b>Psychotherapy</b> , benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of Mental & Nervous Disorder. Prescription Drugs for Psychotherapy are paid under the Prescription Drug benefit.	No Benefits	80% of U&C / \$15 Deductible per visit
<b>OTHER</b>		
<b>Ambulance Services</b>	100% of U&C	100% of U&C / \$150 maximum
<b>Braces and Appliances</b> , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	100% of U&C	100% of U&C
<b>Consultant Physician Fees</b> , when requested and approved by the attending physician.	100% of U&C	100% of U&C / \$50 maximum
<b>Dental Treatment</b> , made necessary by Injury to Sound, Natural Teeth.	100% of U&C	No Benefits
<b>Maternity / Complications of Pregnancy</b>	No Benefits	Paid as any other Sickness
<b>Routine Well-baby Care</b> , while Hospital Confined; and routine nursery care provided immediately after birth.	No Benefits	Paid as any other Sickness / 21 days Hospital Confinement expense maximum
<b>Alcoholism/Chemical Dependency</b>	No Benefits	Paid as any other Sickness / \$13,500 maximum per any consecutive 24 month period
<b>Repatriation / Medical Evacuation</b>	Benefits provided by Scholastic Emergency Services, Inc.	Benefits provided by Scholastic Emergency Services, Inc.

**Major Medical Benefit**  
**\$48,500 Maximum Benefit (For Each Injury or Sickness)**

---

The Major Medical Benefit begins payment after the Basic Maximum Benefit of \$1,500 has been paid by the Company.

The Company will pay 80% for additional Covered Medical Expenses incurred up to the Major Medical Maximum of \$48,500. The total benefit payable under Major Medical is \$50,000 minus the Basic Benefits already paid.

No benefits will be paid under Major Medical for:

1. Room & Board expenses which exceed the semi-private room rate;
2. Dental treatment;
3. Psychotherapy in excess of \$1,000 maximum;
4. Outpatient Physiotherapy; and
5. Services designated as “No Benefits” in the Basic Medical Expense Benefits Schedule of Benefits.

**Pre-admission Notification**

---

Avidyn should be notified of all Hospital Confinements prior to admission.

1. 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.
2. 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 notification of any admission due to Medical Emergency.

IMPORTANT: Pre-notification is not a guarantee that benefits will be paid.

Avidyn is open for Pre-Admission Notification calls from 7:00 a.m. to 4:00 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.

**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 excludes amounts not covered by the primary carrier due to penalties imposed as a result of the Insured’s failure 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.

## **Exclusions and Limitations**

---

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Addiction and Codependency - services and supplies related to: (a) nicotine addiction, caffeine addiction and non-chemical addictions such as gambling, sexual, spending, shopping, working and religious; and (b) treatment for codependency;
2. Biofeedback - services and supplies related to biofeedback;
3. Congenital conditions, except as specifically provided for Newborn or adopted Infants; circumcision;
4. 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; hirsutism; nonmalignant warts, moles and lesions;
5. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
6. Elective Surgery and Elective Treatment; elective abortion;
7. Injury sustained while (a) participating in any 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;
8. 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;
9. Immunizations services and supplies related to immunizations, except as specifically provided in a benefit section; preventive medicines or vaccines, except where required for treatment of a covered Injury;
10. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
11. Lipectomy services and supplies related to surgical or suction-assisted lipectomy;
12. Mental and Behavioral Problems - services and supplies for conditions related to autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation;
13. Organ transplants;
14. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
15. Pre-existing Conditions for a 3 month period, except for individuals who have been insured under another similar health plan for at least 3 months immediately prior to becoming insured under this Policy. Credit will be given for the period of time an Insured was covered under the immediately preceding health plan for periods less than the 3 month period;

***EXCLUSIONS AND LIMITATIONS (Continued)***

16. Prescription Drug Services - no benefits will be payable for:
  - 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;
  - d) Products used for unapproved cosmetic indications;
  - e) Drugs used to treat or cure baldness, and 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.
17. Reproductive/Infertility services including but not limited to: birth control; family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproductive ability; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery;
18. Research for examinations relating 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;
19. 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;
20. Services or supplies for foot care including flat foot conditions, supportive devices for the foot, the treatment of 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;
21. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
22. Services, supplies and/or treatment for acne; acupuncture; allergy, including allergy testing; alopecia;
23. 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;
24. Bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;

***EXCLUSIONS AND LIMITATIONS (Continued)***

25. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
26. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; other than as specifically provided in the Policy;
27. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; or snowmobile skiing scuba diving, surfing, roller skating, riding in a rodeo;
28. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
29. Vision services and supplies related to eye refractions or eye examinations, eyeglasses or contact lenses or prescriptions or fitting of eyeglasses, and radial keratotomy, keratomileusis or excimer laser photo refractive keratectomy or similar type procedures or service except when due to a disease process;
30. 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
31. Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, treatment for obesity, surgery for removal of excess skin or fat and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

---

---

## Online Access To Account Information

---

---

UnitedHealthcare **StudentResources** insureds have online access to claims status, EOBs, correspondence and coverage information via My Account at [www.uhcsr.com](http://www.uhcsr.com). Insureds can also print a temporary ID card, request a replacement ID card and locate network providers from My Account.

If you don't already have an online account, simply select the "Create an Account" link from the home page at [www.uhcsr.com](http://www.uhcsr.com). Follow the simple, onscreen directions to establish an online account in minutes. Note that you will need your 7-digit insurance ID number to create an online account. If you already have an online account, just log in from [www.uhcsr.com](http://www.uhcsr.com) to access your account information.

---

---

## Claim Procedure

---

---

In the event of Injury or Sickness, students should:

1. Report to Student Health Center or if closed then to their Physician or Hospital in case of emergency.
2. Mail to the address below all medical and hospital bills, along with the patient's name and Insured Student's name, address, social security number and the name of the school under which the student is insured. A Company claim form is not required for filing a claim.
3. File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

### **This Plan Is Underwritten By:**

The MEGA Life and Health Insurance Company

### **Submit all Claims or Inquiries to:**

UnitedHealthcare **StudentResources**

P.O. Box 809025

Dallas, Texas 75380-9025

1-800-767-0700

[customerservice@uhcsr.com](mailto:customerservice@uhcsr.com)

[claims@uhcsr.com](mailto:claims@uhcsr.com)

**ONLINE SERVICES:** Please visit our Website at [www.uhcsr.com](http://www.uhcsr.com) for brochures, Enrollment Cards (printable using Adobe Acrobat), Coverage Receipts, ID Cards, Claims Status and other services.

Please keep this brochure as a general summary of the insurance. The Master Policy on file at the University 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 the payment of benefits.