
Student Health Insurance Plan 2017-2018

Please read the brochure to understand your coverage.



**THE UNIVERSITY
OF THE ARTS**

Philadelphia, PA



Through:
Independence 
Independence Administrators

Policy Number: 104060-17

ahp | **Academic
HealthPlans™**

Benefits are underwritten by QCC Insurance Company.
Administrative services performed by Independence Administrators.

AHP-BRO(16) IA-UARTS

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Please Note: We have capitalized certain terms that have specific, detailed meanings, which are important to help you understand your Policy. Please review the meaning of the capitalized terms in the Definitions section.

Student Health Services

On-campus health services are provided by a nurse who is available Monday through Friday 9:00 a.m. to 5:00 p.m., during the school year and while Summer Pre-College Programs are in session. Some of the services available to students include Self-Help Station for cold symptoms/headaches, First Aid for minor accidents, Treatment of minor illnesses, and Health Maintenance.

TELEPHONE: 215-717-6652

Eligibility

All registered undergraduate students and graduate students taking six (6) or more credit hours are required to participate in the Student Health Insurance Plan unless a waiver form is completed online at <http://myuarts.uarts.edu/ahpins> by **August 01, 2017** for fall and **January 01, 2018** for spring.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence and television courses do not fulfill the eligibility requirements that the students actively attend classes. The Company maintains the right to investigate student status and attendance records to verify that the eligibility requirements have not been met, its only obligation is to refund premium.

A newborn child will automatically be covered for the first 31 days following the child's birth. Newborn children are covered for any Injury or Illness including the necessary care and treatment of medically diagnosed congenital anomaly and birth abnormalities for the first 31 days following the child's birth.

Qualifying Event: Eligible students who have a change in status and lose coverage under another Health Care Plan are eligible to enroll for coverage under the Policy provided, within 31 days of the qualifying event, students should send a copy of the Certificate of Creditable Coverage, the Qualifying Events Form and letter of ineligibility to Academic HealthPlans. A change in status due to a qualifying event includes, but is not limited to, loss of a spouse, whether by death, divorce, annulment or legal separation. The premium will be the same as it would have been at the beginning of the semester. However, the effective date will be the later of the date the student enrolls for coverage under the Policy and pays the required premium, or the day after the prior coverage ends. You may download a form from uarts.myahpcare.com.

Effective and Termination Dates

Coverage becomes effective at 12:01 a.m. at the University's address the later of the following dates:

- The effective date of the contract or policy, **August 15, 2017**; or
- The date the premium is received by Academic HealthPlans or its authorized representative.

Effective and Termination Dates

All Students	From	Through
Annual	08/15/17	08/14/18
Spring/Summer	01/01/18	08/14/18

Open Enrollment Periods

The open enrollment periods during which students may apply for, or change, coverage for themselves, and/or their eligible spouses and/or dependents, is as follows:

Domestic and International Students	From	Through
Annual <i>The Annual rate is \$1,563</i>	07/01/17 (12:01 a.m.)	09/12/17 (11:59 p.m.)
Spring/Summer <i>The Spring/Summer rate is \$968</i>	12/01/17 (12:01 a.m.)	02/06/18 (11:59 p.m.)

The plan covers Injuries sustained and Sickness contracted and causing loss commencing during the covered period.

The coverage provided with respect to the Named Insured shall terminate at 11:59 p.m. on the earliest of the following dates:

- The last day of the period through which the premium is paid;
- August 14, 2018;
- The date the eligibility requirements are not met; or
- The date the Subscriber enters full time active duty in the Armed Forces.

Refunds of premium are allowed only upon entry into the Armed Forces, and the plan receives proof of active duty. Otherwise, all premiums received by the plan will be considered fully earned and non-refundable.

The contract issued to the University is a Non-Renewable, One-Year Term contract. It is the Subscriber's responsibility to enroll for coverage each year in order to maintain continuity of coverage.

Alternative Coverage: If you no longer meet the eligibility requirements contact Academic HealthPlans at 1-855-856-3141 prior to your termination date.

Extension of Benefits After Termination

If an Insured Person is confined to a Hospital on the date his or her insurance terminates, charges incurred during the continuation of that Hospital Confinement shall also be included in the term "Expense", but only while they are incurred during the 90 day period following such termination of insurance.

Excess Provision

No benefit under this Policy is payable for any Expense incurred for Injury or Sickness which is paid or payable by: 1) other valid and collectible medical, health or Accident insurance in excess of \$100 per Injury or Sickness; or 2) under an automobile insurance policy. Covered Medical Expenses excluded amounts not covered by the primary carrier due to penalties imposed on the Insured Person for failing to comply with policy provisions or requirements.

Mandated Benefits

Benefits are provided as mandated by the Pennsylvania Department of Insurance.

Outpatient Prescription Drug Benefit

Outpatient prescription drugs are provided through a prescription drug program managed by FutureScripts®.

For Retail, there is a \$10 copayment for each generic prescription drug, a \$20 Copayment for brand name prescription drugs and a \$40 Copayment for Non-Preferred prescription drugs up to a 34 day supply. **For Mail-Order**, there is a \$20 Copayment for each generic prescription drug, a \$40 Copayment for brand name prescription drugs and a \$80 Copayment for Non-Preferred prescription drugs up to a 90 day supply.

In order to access this program, go to a pharmacy within the FutureScripts network. Present your insurance ID card to the pharmacy to identify yourself as a participant in this Plan. Eligibility status will be on-line at the pharmacy. You can locate a participating pharmacy by calling (888) 678-7013 or visit the website at uarts.myahpcare.com ("Find a Pharmacy" Link under Benefits).

Coordination of Benefits

If a Covered Person is eligible for benefits under this insurance Plan and any other group or blanket plans, the Company will coordinate the benefits payable under this Plan with the benefits payable under the other group or blanket plans.

Preferred Provider Benefits

Preferred Providers allow the Subscriber to maximize the benefits offered under this program. You should seek treatment from preferred health care providers, which include hospitals, doctors, ancillary, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates.

Home or away, you'll have access to preferred doctors and hospitals through the BlueCard® program. BlueCard gives you access to the preferred health care providers of independent Blue Cross® and Blue Shield® plans across the country. For a list of providers go to uarts.myahpcare.com ("Find a Doctor or Hospital" link under Benefits) or you may call 1-888-547-5080.

Under the BlueCard® Program, you may obtain covered services from either Preferred or Non-Preferred health care providers. Some Non-Preferred providers have agreed to accept contracted rates as payment in full and will not balance bill you.

When you obtain health care services through the BlueCard program outside the Independence Administrators network, the amount you pay for covered services is calculated on the lower of: the billed charges for your covered services, or the negotiated price established by the local Blue Cross or Blue Shield plan with which the provider has made this arrangement.

Conversion of Coverage

- If an individual ceases to be a Subscriber under the Contract, the individual is eligible for coverage under an individual conversion contract then available from the Carrier. The coverage may be different from the coverage provided under the Contract. Evidence of insurability is not required. This option is not available to Subscribers who have been covered under the Educational Institution's plan for less than three months, to Subscribers whose termination of coverage under the group contract was for failure to pay any required contribution, or to Subscribers who obtain replacement group coverage within 31 days.
- The Educational Institution will give a Subscriber written notice of the privilege of conversion to a conversion contract and its duration within fifteen (15) days before or after the date of termination of coverage under the Contract.
- Direct payment for coverage under the conversion contract must be made from the date the person ceases to be a Subscriber under the Contract.
- The conversion contract will be effective on the date of termination of the Subscriber's coverage under the Contract.
- Written application for the conversion contract must be made to the Carrier no later than 31 days after termination under the Contract.
- If the Subscriber is eligible for another health insurance plan which is available to the Educational Institution where the Subscriber is employed or with which the Subscriber is affiliated, a conversion contract will not be available.
- The conversion contract will not be available to any Subscriber where the Educational Institution terminates the Contract in favor of group coverage by another organization or where the Educational Institution terminates the Subscriber in anticipation of terminating the Contract in favor of group coverage by another organization.

Schedule of Medical Expense Benefits Injury and Illness

This Schedule of Benefits describes benefits, maximums, and allowances of the coverage provided in the Contract for each Subscriber.

Subject to the exclusions, conditions and limitations of this Plan, a Subscriber is entitled to benefits for the Covered Services described in this *Schedule of Benefits* during a Benefit Period, subject to any Copayment, Deductible, Coinsurance, Out-of-Pocket Limit or Lifetime Maximum. The percentages for Coinsurance and Covered Services shown in this *Schedule of Benefits* are not always calculated on actual charges.

NOTICE: This Plan contains Patient Care Management provisions for all inpatient admissions and certain outpatient procedures. If you do not comply with these provisions, benefits may be reduced or considered not eligible. Please read the section entitled Patient Care Management carefully. The number to call for Patient Care Management is 1-877-385-6243.

Service	Preferred Provider or a BlueCard Provider	Non-Preferred Provider
Benefit Period	Plan Year	
Annual Maximum	Unlimited per person combined Preferred and Non-Preferred	
Lifetime Maximum	Unlimited	
Deductible (Subscriber's Responsibility)	\$100	\$500
Maximum Out-of-Pocket Expense (per Plan Year—includes deductible) Per Subscriber	\$2,000	\$3,000
Maximum Prescription Out-of-Pocket Expense (per plan year-excludes deductible)	\$4,600	\$4,600
Service	If the Subscriber uses a Preferred Provider or a BlueCard Provider, the Plan will pay:	If the Subscriber uses a Non-Preferred Provider, the Plan will pay:
Primary and Preventative Care		
Office Visits		
Preventive Visit	100%	60% after deductible
Primary Care Visit	100% after a Copayment of \$10 per visit	60% after deductible
Adult Preventive Care	100%	60% after deductible
Routine Gynecological Examination, Pap Smear (Limit 1 per plan year)	100%	60% after deductible
Mammograms (Limit 1 per plan year)	100%	60% after deductible
Hospital Services Precertification required for all Inpatient admissions other than an admission for Emergency Care or Maternity Care.	100% after a Copayment of \$500 per admission Benefit Period Maximum: 365 Inpatient days	60% after deductible Benefit Period Maximum: 70 Inpatient days. This maximum is part of, not separate from, Preferred days maximum.

Service	If the Subscriber uses a Preferred Provider or a BlueCard Provider, the Plan will pay:	If the Subscriber uses a Non-Preferred Provider, the Plan will pay:
Medical Care		
Skilled Nursing Care Facility Maximum of 120 Inpatient days per Benefit Period. Precertification required for all Skilled Nursing Care Facility Inpatient admissions.	80% after deductible	60% after deductible
Inpatient/Outpatient Benefits		
Hospice Services Respite Care: Limited to a maximum of 10 days every plan year, Inpatient respite care in a Hospice for up to five consecutive days.	80% after deductible	60% after deductible
Maternity/Ob-Gyn/Family Services Professional Service Facility Service	100% after a Copayment of \$10 for the first visit Subsequent visits at 100% 80% after deductible	60% after deductible 60% after deductible
Mental Health / Psychiatric Care Inpatient Treatment for Mental Illness and Serious Mental Illness Physician Facility Outpatient Treatment for Mental Illness and Serious Mental Illness Outpatient visits Physician Facility Precertification required for all Intensive Outpatient Program and Partial Hospitalization Program services	80% after deductible 80% after deductible 100% after a Copayment of \$10 per visit 100% after a Copayment of \$500 per admission	60% after deductible 60% after deductible 60% after deductible 60% after deductible
Treatment of Alcohol or Drug Abuse and Dependency Inpatient Hospital Detoxification and Rehabilitation Physician Facility Hospital and Non-Hospital Residential Care Treatment of Alcohol or Drug Abuse and Dependency Outpatient Treatment	80% after deductible 100% after a Copayment of \$500 per admission 100% after a Copayment of \$500 per admission 100% after a Copayment of \$10 per visit	60% after deductible 60% after deductible 60% after deductible 60% after deductible

Service	If the Subscriber uses a Preferred Provider or a BlueCard Provider, the Plan will pay:	If the Subscriber uses a Non-Preferred Provider, the Plan will pay:
Inpatient/Outpatient Benefits		
Treatment of Alcohol or Drug Abuse and Dependency		
Inpatient Hospital Detoxification and Rehabilitation Physician	80% after deductible	60% after deductible
Facility	100% after a Copayment of \$500 per admission	60% after deductible
Hospital and Non-Hospital Residential Care	100% after a Copayment of \$500 per admission	60% after deductible
Treatment of Alcohol or Drug Abuse and Dependency		
Outpatient Treatment	100% after a Copayment of \$10 per visit	60% after deductible
Surgical Services		
Facility Charges	80% after deductible	60% after deductible
Professional Charges	80% after deductible	60% after deductible
Anesthesia	80% after deductible	60% after deductible
Second Surgical Opinion	80% after deductible	60% after deductible
Transplant Services		
Inpatient Facility Charges	80% after deductible	60% after deductible
Outpatient Facility Charges	80% after deductible	60% after deductible
Outpatient Benefits		
Ambulance Services		
Emergency services	80% after deductible	80% after deductible
Non-Emergency services	80% after deductible	60% after deductible
Autism Spectrum Disorders		
Benefit Period Maximums and visit limits do not apply.	Same cost-sharing as any other medical service within the applicable medical service (e.g. Therapy Services, Diagnostic Services, etc.)	Same cost-sharing as any other medical service within the applicable medical service (e.g. Therapy Services, Diagnostic Services, etc.)
Diabetic Education Program		
Copayments, Deductibles and Maximum amounts do not apply to this benefit.	100%	0% Benefits for Non-Preferred services are not available.

Service	If the Subscriber uses a Preferred Provider or a BlueCard Provider, the Plan will pay:	If the Subscriber uses a Non-Preferred Provider, the Plan will pay:
Outpatient Benefits		
Diabetic Equipment and Supplies	80% after deductible	60% after deductible Benefit Period Maximum: \$2,500 of Non-Preferred Diabetic Equipment and Supplies
Diagnostic Services Diagnostic/Radiology Services (including MRI/MRA, CT scans, PET scans)	100% after a Copayment of \$30 per visit	60% after deductible
Laboratory and Pathology Tests	100% after a Copayment of \$30 per visit	60% after deductible
Lab work for sexually transmitted disease testing	100%	60% after deductible
Durable Medical Equipment Precertification of Non-Preferred supplies is required for items with a billed amount that exceeds \$250 (includes replacements and repairs).	80% after deductible	60% after deductible Benefit Period Maximum: \$2,500 of Non-Preferred Durable Medical Equipment
Emergency Care Services	80% after deductible	80% after deductible
Urgent Care Services	100% after a Copayment of \$30 per visit	60% after deductible
Home Health Care (120 days per Plan year maximum)	80% after deductible	60% after deductible
Injectable Medications Biotech / Specialty Injectables Standard Injectables	80% after deductible 80% after deductible	60% after deductible 60% after deductible
Medical Foods and Nutritional Formulas	80% after deductible	60% after deductible
Non-Surgical Dental Services (Dental Services as a result of Accidental Injury)	80% after deductible	60% after deductible
Orthotics	80% after deductible	60% after deductible Precertification of Non-Preferred supplies is required for items with a billed amount that exceeds \$500 (including replacement and repairs)
Podiatric Care	100% after a Copayment of \$30 per visit	60% after deductible
Private Duty Nursing Services Benefit Period Maximum: 360 hours Preferred/Non-Preferred	80% after deductible	60% after deductible
Prosthetic Devices	80% after deductible	60% after deductible

Service	If the Subscriber uses a Preferred Provider or a BlueCard Provider, the Plan will pay:	If the Subscriber uses a Non-Preferred Provider, the Plan will pay:
Outpatient Benefits		
Specialist Office Visits	100% after a Copayment of \$30 per visit	60% after deductible
Chiropractic Care and Spinal Manipulation Services Benefit Period Maximum: 20 Preferred/Non-Preferred visits	100% after a Copayment of \$30 per visit	60% after deductible
THERAPY SERVICES		
Allergen immunotherapy	80% after deductible	60% after deductible
Cardiac Rehabilitation Therapy Benefit Period Maximum: 36 Preferred/Non-Preferred sessions	80% after deductible	60% after deductible
Chemotherapy	80% after deductible	60% after deductible
Dialysis	80% after deductible	60% after deductible
Infusion Therapy	80% after deductible	60% after deductible
Orthoptic / Pleoptic Therapy Lifetime Maximum: 8 Preferred/Non-Preferred sessions	80% after deductible	60% after deductible
Pulmonary Rehabilitation Therapy Benefit Period Maximum: 36 Preferred/Non-Preferred sessions	80% after deductible	60% after deductible
Physical Therapy / Occupational Therapy Benefit Period Maximum: 36 Preferred/Non-Preferred sessions of Physical Therapy / Occupational Therapy combined Benefit Period Maximum amounts that apply to Physical Therapy do not apply to the treatment of lymphedema related to mastectomy.	80% after deductible	60% after deductible
Radiation Therapy	80% after deductible	60% after deductible
Respiratory Therapy	80% after deductible	60% after deductible
Speech Therapy Benefit Period Maximum: 20 Preferred/Non-Preferred sessions	80% after deductible	60% after deductible
Prescription Drug Benefit Administered by FutureScripts	Copayment Per Prescription or Refill: Pharmacy – \$10 Generic/\$20 Brand/\$40 Non-Preferred (provides up to a 30 day supply) Mail Order – \$20 Generic /\$40 Brand/\$80 Non-Preferred (provides up to a 90 day supply) <i>Plan Covers: Oral Contraceptives, Insulin, Needles and Syringes</i>	

Pediatric Dental Services

Ages 0-18

Administered by United Concordia

Benefits available through United Concordia. For more information, please contact United Concordia at (866) 568-5994.

Pediatric Vision Benefits

Ages 0-18

Eye Examination *(including dilation)*

Preferred/Non-Preferred Benefit

100% for Preferred Provider/100% Non-Preferred Provider

Period Maximum: 1 examination

Spectacle Lenses

(includes oversize lenses, tinting of plastic lenses, scratch resistant coating, polycarbonate lenses)

Preferred/Non-Preferred Benefit

Period Maximum: 1 set

- Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses

Frames

Benefit Period Maximum: 1 set

Preferred/Non-Preferred

Medically Necessary Contact Lenses *(with prior authorization)*

- Materials, Evaluation, Fitting & Follow-Up Care

While the PPO Plan has an extensive network, it may not contain every provider that a Subscriber elects to see. To receive the maximum benefits available under this program, a Subscriber must obtain Covered Services from Preferred Providers that participate in the PPO Network or is a Blue Card PPO Provider. A Subscriber may obtain Covered Services from Participating Professional Providers who are not part of the PPO Network but have agreed to accept contracted rates as payment in full and will not balance bill you. However, a Subscriber will be subject to Non-Preferred "Out-of-Network" Coinsurance and Deductibles.

In addition, this PPO Plan allows a Subscriber to obtain Covered Services from Non-Preferred Providers. If a Subscriber uses a Non-Preferred Provider he or she will be reimbursed for Covered Services but will incur significantly higher out-of-pocket expenses including Deductibles, Coinsurance. In certain instances, the Non-Preferred Provider also may charge a Subscriber for the balance of the provider's bill. This is true whether a Subscriber uses a Non-Preferred Provider by choice, for level of expertise, for convenience, for location, because of the nature of the services or based on the recommendation of a provider. For payment of Covered Services provided by a Non-Preferred Provider, please refer to the definition of Covered Expense.

All Pennsylvania state mandated benefits will be provided to all Covered Students.

Cost Of The Insurance

You will be informed of the amount of your contribution when you are asked to enroll.

Services that require precertification

This applies to elective, nonemergency services.

Some services or supplies in this list may not be covered by your benefits plan. Please check your benefit plan documents.

Inpatient services

- Acute rehabilitation admissions
- Elective surgical and nonsurgical inpatient admissions
- Inpatient hospice admissions
- Long term acute care (LTAC) facility admissions
- Skilled nursing facility admissions

Procedures

- Carticel (ACI), osteochondral allograft, and autograft transplantations
- Cochlear implant surgery and associated supplies/ bone-anchored (osseointegrated) hearing aids, implantable bone conduction hearing aids
- Obesity surgery
- Uvulopalatopharyngoplasty (UPPP), including laser-assisted

Reconstructive procedures and potentially cosmetic procedures

- Panniculectomy
- Abdominoplasty
- Blepharoplasty/blepharoptosis repair
- Bone graft, genioplasty, and mentoplasty
- Breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, insertion and removal of breast implants
- Canthopexy/canthoplasty
- Cervicoplasty
- Chemical peels
- Dermabrasion
- Excision of excessive skin and/or subcutaneous tissue

Reconstructive procedures and potentially cosmetic procedures (continued)

- Genetically and bio-engineered skin substitutes for wound care
- Hair transplant
- Injectable dermal fillers
- Keloid removal
- Lipectomy, liposuction, or any other excess fat-removal procedure (such as panniculectomy and abdominoplasty)
- Otoplasty
- Rhinoplasty
- Rhytidectomy
- Scar revision
- Skin closures including:
 - Skin grafts
 - Skin flaps
 - Tissue grafts
- Sex reassignment surgery
- Surgery for varicose veins, including perforators and sclerotherapy

Any procedure, device, or service that may be considered experimental or investigational including:

New emerging technology/procedures, as well as existing technology and procedures applied for new uses and treatments

Elective (nonemergency) ground, air, and sea ambulance transportation

Outpatient private-duty nursing

Day rehabilitation programs

Radiology

- Cardiac blood pool imaging or MUGA-resting or exercise
- Computed tomography (CT), cardiac
- Computed tomography (CT), coronaries
- Computed tomography angiogram (CTA), coronaries
- Magnetic resonance angiography (MRA), cardiac
- Magnetic resonance imaging (MRI), cardiac
- Myocardial perfusion imaging
- Positron emission tomography (PET) scan/positron emission transverse tomography (PETT) scan
- Single photon emission computerized tomography (SPECT), technetium or thallium

All home-care services (including infusion therapy in the home)

Prosthetics/orthoses including:

- Custom ankle-foot orthoses
- Custom knee-ankle-foot orthoses
- Custom knee braces
- Custom limb prosthetics including accessories/components

Selected durable medical equipment (DME)

- Bone growth stimulators
- Bone-anchored hearing aids
- Continuous positive airway pressure (CPAP) devices, bi-level (Bi-PAP) devices, and all supplies
- Dynamic adjustable and static progressive stretching devices (excludes CPMs)
- Electric, power, and motorized wheelchairs including custom accessories
- External defibrillator and associated accessories
- High frequency chest wall oscillation generator system
- Manual wheelchairs unless they are rented
- Negative pressure wound therapy
- Neuromuscular stimulators
- Power operated vehicles (POV)

Selected DME (continued)

- Pressure reducing support surfaces including:
 - Air fluidized bed
 - Non powered advanced pressure reducing mattress
 - Powered air flotation bed (low air loss therapy)
 - Powered pressure reducing mattress
- Push rim activated power assist devices
- Repair or replacement of all DME items, and orthoses and prosthetics that require precertification
- Speech generating devices

Medical foods

Hyperbaric oxygen therapy

Proton beam therapy

Sleep studies (facility based)

All transplant procedures, with the exception of corneal transplants

Mental health/serious mental illness/substance abuse

- Mental health and serious mental illness treatment (inpatient/partial hospitalization programs/intensive outpatient programs)
- Repetitive transcranial magnetic stimulation (RTMS)
- Substance abuse treatment (inpatient/partial hospitalization programs/intensive outpatient programs)

Autism spectrum disorders

Applied behavioral analysis

Chemotherapy

End stage renal disease/dialysis services

Services for outpatient dialysis require notification as soon as the needs for services are known.

Maternity services

Call as soon as the doctor confirms the pregnancy and after delivery.

Specialty drugs that require precertification

All listed brands and their generic equivalents require precertification. This list is subject to change.

Infusion therapy drugs

Antineoplastic agents

- Abraxane[®]
- Adcetris[®]
- Alimta[®]
- Avastin[®] (except for ophthalmological conditions)
- Beleodaq[®]
- Blnicyto[®] (blinatumomab)
- Cyramza[®] (ramucirumab)
- Erbitux[®]
- Folutyn[®]
- Halaven[®]
- Herceptin[®]
- Imlygic[™] (talimogene laherparepvec)
- Istodax[®]
- Jevtana[®]
- Kadcyca[®]
- Kyprolis[®]
- Perjeta[®]
- Provenge[®]
- Rituxan[®]
- Xofigo[®]
- Yervoy[™]

Anti-PD1 human monoclonal antibodies*

- Keytruda[™]
- Opdivo[®]

Cardiovascular agents

- Flolan[®]
- Remodulin[®]
- Veletri[®]

Enzyme replacement agents*

- Adagen[®] (pegademase bovine)
- Aldurazyme[®]
- Cerezyme[®]
- Elaprase[®]
- Elelyso[®]
- Fabrazyme[®]
- Kanuma[™] (sebelipase alfa)[†]
- Lumizyme[®]
- Myozyme[®]
- Naglazyme[®]
- Replagal^{®†}
- Vimizim[™]
- VPRIV[®]

Hereditary angioedema agents*

- Berinert[®]
- Cinryze[®]

Immunological agents

- Actemra[®]
- Benlysta[®]
- Entyvio[™]
- Orencia[®]
- Remicade^{®**}
- Simponi[®] Aria
- Tysabri[®]

Intravenous immune globulin/subcutaneous immune globulin (IVIg/SCIG)*

Miscellaneous therapeutic agents

- Ampligen^{®†}
- Mepolizumab[†]
- Soliris[®]
- Sylvant[™]

Respiratory enzymes (Alpha-1 antitrypsin)*

- Aralast
- Glassia[™]
- Prolastin[®]
- Zemaira[®]

Medical injectable drugs

Antineoplastic agents

Synribo[™]

Medical injectable drugs (continued)

Botulinum toxin agents

Botox[®]

Endocrine/metabolic agents

- H.P. Acthar[®]
- Makena[®]

Hemophilia factors*

Hereditary angioedema agents*

- Kalbitor[®]
- Ruconest[®]

Hyaluronate acid products

- Euflexxa[™]
- Gel-One[®]
- Hyalgan[®]
- Monovisc[®]
- Supartz[®]

Immunological agents

- Lemtrada[®] (alemtuzumab)
- Prolia[®]
- Stelara[®]
- Xgeva[®]

Respiratory agents

- Synagis[®]
- Xolair[®]

Independence 
Independence Administrators

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*All drugs that can be classified under this header require precertification. This includes any unlisted brand or generic names, as well as new drugs that are approved by the FDA for that indication during the course of the benefit year.

** Precertification approval is required for all FDA-approved biosimilars to Remicade (infliximab).

[†]Pending FDA approval.

Colorectal Cancer Screening Coverage

Coverage for colorectal cancer screening is as shown in the Schedule of Benefits under Preventive Care for Adults.

Symptomatic individuals;

- Colonoscopy
- Sigmoidoscopy
- Colorectal Screening Tests (any combination thereof as determined by the treating Physician)

Non-symptomatic individuals covered over age 50;

- Annual Fecal Occult Blood Test
- Sigmoidoscopy – a screening barium enema test once every five years
- Colonoscopy once every 10 years
- Colon Cancer test at least once every 5 years

Non-symptomatic coverage for individuals at high or increased risk of colorectal cancer under age 50;

- Colonoscopy
- Any combination of colorectal cancer screening tests.

Continuation of Coverage

All Insureds who have been continuously Insured under the school's regular student Policy for at least **six (6) consecutive months** and who no longer meet the eligibility requirements under the Policy are eligible to continue their existing coverage for a period of not more than **six (6) months** under the school's Policy in effect at the time of such continuation.

Premium rates for continuation of coverage are higher than rates for students at UARTS. Application must be made and applicable premium must be paid directly to Academic HealthPlans and be received prior to the expiration date of your student coverage. For more information on the Continuation of Coverage, please contact Academic HealthPlans at 1-855-856-3141.

Definitions

Covered Expense means expenses actually incurred by or on behalf of a Subscriber for treatment, services and supplies not excluded or limited by the contract. Coverage under the contract must remain continuously in force from the date of the Covered Accident or Illness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge was rendered or obtained.

Doctor means a health care provider acting within the scope of his or her license and rendering care or treatment to a Subscriber that is appropriate for the conditions and locality. It will not include a Subscriber or a member of the Subscriber's immediate family or household.

Illness means sickness, disease or condition of the Subscriber that causes a loss for which a Subscriber incurs medical expenses while covered under the contract. All related conditions and recurrent symptoms of the same or similar condition will be considered one Illness.

Injury means bodily harm sustained by a Subscriber that results directly and independently from all other causes from a covered accident. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

(Definitions Continued)

Medical Necessity means a treatment, service or supply that is: 1) required to treat a covered Injury or Illness; 2) prescribed or ordered by a Doctor or furnished by a hospital; 3) performed in the least costly setting required by the Subscriber's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. The cost of the alternative to be the Covered Expense must be approved by Independence Administrators.

Subscriber means a person in a class of Eligible Persons who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person.

Certificate of Creditable Coverage

Your coverage under this health plan is "creditable coverage" under Federal Law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this Plan. You may need such a certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health Plan terminates. A Certificate of Creditable Coverage may be requested in writing from Academic HealthPlans.

Exclusions and Limitations

This is a list of the exclusions included in the Independence Administrators Student Health Benefits program. The full list of exclusions also appears in the benefit booklet.

Except as specifically provided in the plan, no benefits will be provided for services, supplies or charges.

- for any service, treatment, Surgery, Supply, drug or medicine that:
 - is not Medically Necessary for the care or treatment of an Accidental Injury or Illness; or
 - is not recommended by a Doctor; or
 - are Experimental/Investigational, except, as approved by Independence Administrators, Routine Costs Associated with a Qualifying Clinical Trial that meets the definition of a Qualifying Clinical Trial under the Contract;
- incurred prior to the effective date of coverage under the Contract;
- incurred on or after the date coverage terminates under the Contract, except as provided in Termination of Coverage;
- for routine physicals, immunizations and screening (except for mandated benefits as provided herein), premarital or pre-employment examinations, rest cures, research studies or any other services or Supplies which are not necessary for the diagnosis, care or treatment of an Illness or Accidental Injury unless specifically included herein;
- for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form;
- for Custodial Care, Maintenance Care or palliative care or treatment, unless specifically included herein;
- for developmental delays or learning disabilities not related to an organic origin;
- for professional services for weight control programs or diet centers unless it is an essential part of the treatment for an Illness or injury covered by the Contract;
- for blood, blood components or blood plasma that is donated or otherwise replaced;
- for medical or surgical Supplies, except as specifically provided herein;

(Exclusions and Limitations continued)

- for personal hygiene, convenience items and non-medical items such as, but not limited to, air conditioners, humidifiers, physical fitness equipment, television, beauty/barber shop services or guest tray, whether or not recommended by a Doctor;
- for orthodontics (or braces) or any other dental services, treatment, surgery or Supplies, except as specifically provided herein;
- for treatment of temporomandibular joint syndrome with intra-oral devices, or other method to alter vertical dimension;
- for hearing aids or examinations for the prescription or fitting of hearing aids;
- for local infiltration anesthesia when billed separately;
- for eye examinations, eyeglasses, sunglasses (including cataract sunglasses), safety glasses, and examinations for the fitting or prescription thereof;
- for correction of myopia or hyperopia by means of corneal microsurgery, such as keratomileusis, keratophakia, and radial keratotomy and all related services;
- for routine foot care, for treatment of bunions (except capsular or bone surgery), toenails (except surgery for ingrown toenails), corns, calluses, fallen arches, flat feet, weak feet, chronic foot strain, symptomatic complaints of the feet, or non-rigid foot orthotics;
- for Cosmetic Surgery except those performed to correct a condition resulting from an accident or illness which occurs while covered under the Contract;
- for the treatment of infertility, including drugs or medication other than those services necessary to diagnose the cause of infertility and surgical correction;
- for the reversal of elective sterilization;
- for any treatment leading to or in connection with transsexual surgery;
- for artificial insemination;
- for in-vitro fertilization or in-vivo fertilization;
- for treatment of sexual dysfunction not related to organic disease;
- for any service, treatment, Surgery, Supply, drug or medicine furnished by a spouse, parent or child of a Subscriber for whom the charge is being made;
- for any service, treatment, Surgery, Supply or drug and medicine furnished for the care of any Accidental Injury or Illness which is covered by Workers' Compensation or Occupational Disease Law;
- for any service, treatment, Surgery, Supply, drug or medicine furnished for the treatment of an Accidental Injury or Illness due to an act of war, declared or undeclared, participation in a riot or illegal occupation, commission of or attempt to commit a felony;
- for volunteer services;
- for services of which there is no legal obligation to pay;
- for any service, treatment, Surgery, Supply, drug or medicine that a Subscriber is eligible to receive from the Veterans Administration Hospital for which the Subscriber has no legal obligation to pay or the Department of Defense for active military personnel for which a Subscriber is eligible. This exclusion applies even if the Subscriber has not taken the necessary action to obtain such benefits;
- for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid under a plan or policy of motor vehicle insurance, including a certified self-insured plan, or payable in any manner under the Pennsylvania Motor Vehicle Financial Responsibility law;
- for payment made under Medicare when Medicare is primary or would have been made if the Subscriber had been enrolled for Medicare and claimed Medicare benefits, however, this exclusion shall not apply when the Educational Institution is obligated by law to offer the Subscriber all the benefits of the Contract and the Subscriber so elects this coverage as primary;

(Exclusions and Limitations continued)

- for well baby care, unless specifically included in this book;
- for expenses incurred for services or Supplies provided by the Educational Institution's health service, infirmary or hospital, or by health care providers employed by the Educational Institution;
- for expenses incurred as a result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, (except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route); or skydiving;
- for expenses incurred for voluntary or elective abortions unless specifically included in this book;
- for expenses incurred for Accidental Injury resulting from the travel to, or play or practice of interscholastic, intercollegiate or professional sports activity unless specifically included in this book;
- for services for Autism Spectrum Disorders that exceed the Annual Benefit Maximum shown in the Schedule of Benefits;
- for expenses related to organ donation for member-recipients;
- for self-injectible drugs;
- for cranial prostheses including wigs to replace hair;
- for music therapy, equestrian therapy, and hippotherapy;
- for alternative therapies/complementary medicine.

Academic Emergency Services

These services are not part of the Independence Administrators health insurance plan.

To ensure immediate access to assistance if you experience a crisis while traveling over 100 miles from home, or outside your home country, Academic HealthPlans has included Academic Emergency Services (AES) benefits in your student health plan coverage. AES offers a wide range of services and benefits to provide everything you need to prepare for your international experience, as well as get the help or information you need in a crisis, no matter how large or small.

The following services and benefits are available to you 24 hours a day, 7 days a week:

Medical Assistance: Pre-travel information; physician referrals; medical monitoring to ensure adequate care; 24/7 Nurse Help Line; prescription assistance or medicine dispatch.

Emergency Medical Evacuation and Repatriation: Unlimited benefit for evacuation from inadequate facility to a higher level of care facility, repatriation home for continued care if medically necessary, or recovery and repatriation of deceased remains.

Accidental Death and Dismemberment: \$25,000 benefit

Emergency Family Assistance: Benefits for visit of a family member or friend if hospitalized for 3 or more days, return of children if left unattended, bereavement reunion, emergency return home in the event a participant's family member suffers life threatening illness or death and return of participant's personal belongings in the event of evacuation or death.

Travel, Legal and Security Assistance: Pre-travel destination information or security advice; assistance locating lost luggage; passport replacement assistance; emergency travel arrangements; translation assistance; interpreter referral; legal consultation and referral; emergency message forwarding.

**Preparing for your time away from home is easy, simply visit
the Academic Emergency Services portal:**

aes.myahpcare.com

**To obtain additional pre-travel information or advice, or in the event of a medical,
travel or security crisis, call Academic Emergency Services immediately.**

1-855-873-3555 call toll free from the US

1-410-0453-6354 call collect from anywhere

Email: assistance@ahpcare.com

This provides you with a brief outline of the services available to you. Terms, conditions, limitations and exclusions apply. All services must be arranged and paid for through the AES service provider, UnitedHealthcare Global. There is no claim process for reimbursement of self-paid expenses unless specifically described in the service plan.

Academic Emergency Services (AES) is a global emergency services product. These services are provided by a separate and independent company from AES or Academic HealthPlans. AES provides medical, security and natural disaster evacuation services, repatriation of remains, emergency medical and travel assistance, travel information and other services for Academic HealthPlans.

Claim Procedure

In the event of Injury or Sickness, the student should:

- 1) Contact Student Health Services for treatment or referral; or when not in school, contact your private healthcare provider or hospital.

**IN AN EMERGENCY, REPORT DIRECTLY TO THE
NEAREST EMERGENCY ROOM FOR TREATMENT.**

- 2) Mail to the address below all medical and hospital bills along with Subscriber's name, address, social security number and name of University. Written notice must be given within 60 days after expenses are incurred for Covered Expenses.
- 3) Save all Itemized Bills, including those being accumulated to satisfy the Deductible. An Itemized Bill from a Doctor or a Hospital must include:
 - a. the name of the health care provider;
 - b. the name of the patient who received services or supplies;
 - c. the date(s) services or supplies were provided;
 - d. each charge, service, supply;
 - e. a description of the services or supplies; and
 - f. diagnosis or illness.

Medical Providers:

Submit Independence Administrators or Personal Choice® network area claims to:
Independence Administrators
c/o Processing Center
P.O. Box 21974 • Eagan, MN 55121
Payer ID #54763

Medical Providers outside the Independence Administrators and Personal Choice Networks:

File claims with your local Blue Cross and Blue Shield licensee.

Medical Providers Call: 1-888-547-5080

All Other Calls: 1-855-856-3141

Plan Administered by:
Academic HealthPlans, Inc.
P.O. Box 1605
Colleyville, Texas 76034-1605
1-855-856-3141
Fax 1-855-858-1964
www.ahpcare.com



BlueCard and the Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Benefits underwritten by QCC insurance company and administered by Independence Administrators — independent licensees of the Blue Cross and Blue Shield Association.

For more information about this Plan, please visit:
uarts.myahpcare.com

Important Notice

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the contract or Policy issued in the state in which the contract or Policy was delivered. Complete details may be found in the contract or Policy on file at your school's office. The contract and Policy are subject to the laws of the state in which they were issued. Please keep this information as a reference.

Privacy Disclosure

Under HIPAA's Privacy Rule, we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You will receive a copy of Independence Administrators' HIPAA Privacy Notice upon request. Please write to Academic HealthPlans, Inc., P.O. Box 1605, Colleyville, TX 76034-1605 or call 1-855-856-3141. You may also view and download a copy from the website at uarts.myahpcare.com.

