Maryland Institute College of Art is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. **Eligibility Statement:** All students enrolled for a minimum of 9 credit hours (at least 7 credit hours for a student with a documented disability) are required to purchase this plan unless proof of comparable coverage is furnished. International students will be automatically enrolled in this plan at registration. Eligible Dependents of enrolled students may participate in the plan on a voluntary basis.

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

- There is no overall maximum dollar limit on the policy.
- $150 Deductible for Out-of-Network Providers Per Insured Person, Per Policy Year.
- Covered Medical Expenses for Preferred Providers are payable at 100% of Preferred Allowance and Out-of-Network benefits are payable at 80% 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).
- Preferred Provider Out-of-Pocket Maximum of $6,350 Per Insured Person, Per Policy Year and $12,700 for all Insureds in a Family, Per Policy Year. After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.
- Prescription Drug Benefits: $10 Copay for Tier 1 / $20 Copay for Tier 2 up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP). Mail order through UHCP at 2.5 times the retail copay, up to a 90-day supply. 80% of Usual and Customary Charges / $10 deductible for generic drugs / $20 deductible for brand name, up to a 31-day supply per prescription at an Out-of-Network pharmacy.
- Refer to Plan certificate for details about pediatric dental and vision benefits. (Age limits apply.)
- Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations, are covered at 100% with no copay or deductible only when the services are received from a Preferred Provider. Please see [www.healthcare.gov](http://www.healthcare.gov) for complete details of the services provided for specific age and risk groups.
- The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link, [www.firststudent.com](http://www.firststudent.com).
- FrontierMEDEX: – Domestic Students are eligible for FrontierMEDEX services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address. International Students are covered worldwide except in their home country.
- Online Services: UnitedHealthcare StudentResources Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at [www.firststudent.com](http://www.firststudent.com). To create an online account, select the “My Account” link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and Apple’s App Store.
- **Enrollment Deadline:**

  If you wish to enroll in the school sponsored plan, you must complete the enrollment process by September 30, 2014 to be covered for the full year. New incoming spring students may enroll with an effective date of January 1, 2015. To be eligible for coverage in the Spring/Summer 2015 semester, you must complete the enrollment process with Hulse/QM® no later than February 28, 2015.

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual</th>
<th>Spring / Summer</th>
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<tbody>
<tr>
<td></td>
<td>8/1/14 - 7/31/15</td>
<td>1/1/15 - 7/31/15</td>
</tr>
<tr>
<td>Student</td>
<td>$1,618</td>
<td>$1,008</td>
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<tr>
<td>Spouse</td>
<td>$4,090</td>
<td>$2,450</td>
</tr>
<tr>
<td>All Children</td>
<td>$2,674</td>
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</tbody>
</table>

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2014-33-91.

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 coverage may be continued in force. Copies of the certificate are available from the College, or may be viewed and downloaded at [www.firststudent.com](http://www.firststudent.com).

If you have any questions, please contact Healthcare Advocates at Hulse/QM at 1-800-398-8441 or [university@hulseqm.com](mailto:university@hulseqm.com). The Policy is a Non-Renewable One-Year Term Policy.

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**Rates**

- **Student**
  - $1,618
  - $1,008

- **Spouse**
  - $4,090
  - $2,450

- **All Children**
  - $2,674
  - $1,624
Exclusions and Limitations

No benefits will be paid for:

1. Acne.
2. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
   - This exclusion does not apply to benefits specifically provided in Benefits for Treatment of Mental Illness and Substance Use Disorder.
3. Learning disabilities.
5. Circumcision.
6. Congenital Conditions, except as specifically provided for:
   - Habilitative Services.
   - Newborn or adopted infants.
   - This exclusion does not apply to benefits specifically provided in Benefits for Treatment of Cleft Lip and Cleft Palate, Benefits for Amino-Acid Based Elemental Formula, or Benefits for Medical Foods and Modified Food Products.
7. Cosmetic procedures, except reconstructive procedures to:
   - Correct an injury or treat a Sickness for which benefits are otherwise payable under this policy, as determined by the treating Physician. The primary result of the procedure is not a changed or improved physical appearance.
   - Treat or correct Congenital Conditions of a Newborn or adopted Infant.
8. Custodial Care.
   - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
   - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
9. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As specifically provided in the Benefits for Anesthesia for Dental Care.
   - This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
10. Elective Surgery or Elective Treatment.
11. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
12. Foot care for the following:
   - Flat foot conditions.
   - Supportive devices for the foot.
   - Fallen arches.
   - Weak feet.
   - Chronic foot strain.
   - Routine foot care including the cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).
   - This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
13. Health spa or similar facilities. Strengthening program.
14. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. “Hearing defects” means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
   - This exclusion does not apply to:
     - Hearing defects or hearing loss as a result of an injury or Injury, except as specifically provided in the Benefits for Minor Child Hearing Aid.
17. Immunizations, except as specifically provided in the policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy.
18. Loss scheduled in the Accidental Death and Dismemberment benefit and sustained in consequence of the Insured’s being intoxicated or under the influence of any narcotic.
19. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, of similar legislation.
20. Injury sustained while:
   - Participating in any intercollegiate or professional sport, contest or competition.
   - Traveling to or from such sport, contest or competition as a participant.
   - Participating in any practice or conditioning program for such sport, contest or competition.
21. Investigational services.
22. Liposuction, except as specifically provided in Benefits for Morbid Obesity.
23. 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 policy.
   - Immunization agents, except as specifically provided in the policy.
   - Biological sera.
   - Drugs labeled “Caution - limited by federal law to investigational use” or experimental drugs, except for Phase I, II, III or IV clinical trials for cancer, AIDS or other life-threatening conditions.
   - 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 Parlodol, Pergonal, Clomid, Proflasi, Metrodin, Serophene, or Viagra, except as specifically provided in the Benefits for In-Vitro Fertilization.
   - Growth hormones.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
24. Reproductive services including but not limited to the following, except as specifically provided in the Benefits for In-Vitro Fertilization:
   - Procreative counseling.
   - Genetic counseling and genetic testing.
   - Cryopreservation of reproductive materials. Storage of reproductive materials.
   - Premarital examinations.
   - Impotence, organic or otherwise.
   - Reversal of sterilization procedures.
   - Sexual reassignment surgery.
25. Research or 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, except as specifically provided in the policy.
   - This exclusion does not apply as follows:
     - When due to a covered Injury or disease process.
     - To benefits specifically provided in Pediatric Vision Services.
     - Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
   - Preventive care services, except as specifically provided in the policy, including:
     - Routine physical examinations and routine testing.
     - Preventive testing or treatment.
     - Screening exams or testing in the absence of Injury or Sickness.
   - Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
27. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Temporomandibular joint dysfunction, except surgery to treat joint abnormalities due to Injury and Sickness.
   - Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury.
28. Skydiving.
29. Sleep disorders.
30. Speech therapy, except as specifically provided in the Benefits for Habilitative Services for Children and Benefits for Cleft Lip and Cleft Palate or except as specifically provided in the policy. Naturopathic services.
31. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.
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 Benefits for Reconstructive Breast Surgery Following a Mastectomy.
34. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment except for institutions or Hospitals of the State of Maryland or any county or municipality thereof, whether such institutions or Hospital be deemed charitable, or otherwise.
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).
36. Weight management. Weight reduction. Nutrition programs, except for professional nutrition counseling and medical nutrition therapy provided for an Insured at risk due to nutritional history, current dietary intake, medication use or chronic illness or condition. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to Benefits for Morbid Obesity and Benefits for Child Wellness.

UnitedHealthcare StudentResources