



2022 – 2023 STUDENT HEALTH INSURANCE PLAN

Kansas Board of Regents University Students

Eligibility:

Domestic undergraduate degree seeking students who are enrolled during Fall and/or Spring Semester taking 6 or more credit hours (3 or more credit hours during the summer semester) or on a school approved/sponsored internship are eligible to enroll in this insurance plan.

Health Profession students, if applicable at the university, are required to have health insurance and are eligible to enroll in this plan or show proof of health insurance coverage in an alternative plan.

Graduate Programs - Masters Students taking a minimum of 3hrs/semester; participants in a school approved/sponsored internship; Doctoral Students; and Post-Doctoral Fellows are eligible to enroll in this insurance plan.

F-1 International students and J-1 Exchange Visitors are required to maintain health insurance and are eligible to enroll in this plan or show proof of comparable health insurance coverage in an alternative plan that meets their university's requirements. International students on Optional Practical Training or Academic Training are also eligible to enroll in this insurance plan.

Eligible Dependents (legal spouses and children under 26 years of age) of plan enrollees may enroll in the plan on a voluntary basis.

Students must actively participate in classes for at least the first 31 days after the start date of the policy.

If you have any questions, please contact United Healthcare Student Resources Customer Service at 1-888-344-6104, or visit our website at www.uhcsr.com/kbor. 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 may be viewed and downloaded at www.uhcsr.com/kbor.

This Policy is a Non-Renewable One-Year Term Policy

August 1, 2022 through July 31, 2023

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

[Refer to Plan in which you will be enrolling for Benefit Deductibles, Specific Limitations, Maximums and Copays.](#)

- There is no overall maximum dollar limit on the policy.
- \$250 Copay per visit for Outpatient Emergency Room treatment (Medical Emergency Expenses), after Deductible has been met. Copay waived if admitted. 25% Coinsurance applies to these expenses/treatments.
- \$250 Copay on Room and Board per Hospital confinement.
- After the Out-of-Pocket Maximums are satisfied, Covered Medical Expenses paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to plan certificate for details for how the Out-of-Pocket Maximum applies.
- Refer to Plan for details about pediatric dental and vision benefits. (Age limits apply.)
- Preventive Care Services which include, but are not limited to, annual physicals, gynecological 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 <https://www.healthcare.gov/preventive-care-benefits/> for complete details of the services provided for specific age and risk groups.
- Coverage is available for eligible Dependents.
- The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link, <http://www.uhcsr.com/lookupredirect.aspx?delsys=52>
- UHC Global – Domestic Students are eligible for services when 100 miles or more away from campus address and 100 miles or more away from your permanent home address, or while participating in a study abroad program. International Students are covered worldwide except in their home country. Insured spouse, and insured minor child(ren) are eligible.
- Online Services: UnitedHealthcare StudentResources provides online access to claims status, explanation of benefits, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at www.uhcsr.com/myaccount. To create an online account, select the “Create 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.

Premiums – Sum of Selected Coverage

| Plan 01 • Undergraduate Students • Graduate Students* | Annual Aug 1 – Jul 31 | Fall Aug 1 – Dec 31 | Spring Jan 1 – May 31 | Spring/Summer Jan 1 – July 31 | Summer Jun 1 – July 31 | Summer 1 May 15 – July 31 |
|--|---------------------------------|-------------------------------|---------------------------------|---|----------------------------------|-------------------------------------|
| Student | \$4,998.00 | \$2,081.50 | \$2,081.50 | \$2,916.50 | \$835.00 | \$1,068.00 |

* All Graduate Students who do not hold a 50% or greater employment appointment as a Graduate Teaching Assistant (GTA), Graduate Research Assistant (GRA), or Graduate Assistant (GA)

| Plan 02 - Health Profession Students** Plan 04 - International Students | Annual Aug 1 – Jul 31 | Fall Aug 1 – Dec 31 | Spring Jan 1 – May 31 | Spring/Summer Jan 1 – July 31 | Summer Jun 1 – July 31 | Summer 1 May 15 – July 31 |
|--|---------------------------------|-------------------------------|---------------------------------|---|----------------------------------|-------------------------------------|
| Student | \$2,658.00 | \$1,107.00 | \$1,107.00 | \$1,551.00 | \$444.00 | \$568.00 |
| Student and Spouse | \$5,316.00 | \$2,214.00 | \$2,214.00 | \$3,102.00 | \$888.00 | \$1,136.00 |
| Student and One Child | \$5,316.00 | \$2,214.00 | \$2,214.00 | \$3,102.00 | \$888.00 | \$1,136.00 |
| Student and Two or More Children | \$7,974.00 | \$3,321.00 | \$3,321.00 | \$4,653.00 | \$1,332.00 | \$1,704.00 |
| Student, Spouse, and One Child | \$7,974.00 | \$3,321.00 | \$3,321.00 | \$4,653.00 | \$1,332.00 | \$1,704.00 |
| Student, Spouse, and Two or More Children | \$10,632.00 | \$4,428.00 | \$4,428.00 | \$6,204.00 | \$1,776.00 | \$2,272.00 |

**** Eligibility for plan must be verified by University for students in one of the following health profession programs: ESU School of Nursing; FHSU College of Health and Behavioral Sciences; KSU Physician Assistant Program; KSU College of Veterinary Medicine; KU School of Pharmacy and Intercampus Communicative Disorders Program; KU Medical Center Schools of Health Professions, Medicine, and Nursing; PSU School of Nursing; WSU College of Health Professions; WSU Athletic Training**

| • Plan 03 - GTA/GRA/GA Students (With a 50% or greater university appointment) – Fort Hays not applicable | Fall Aug 1 – Dec 31 | Spring Jan 1 – May 31 | Summer Jun 1 – July 31 |
|--|--------------------------------|----------------------------------|-----------------------------------|
| Student | \$276.75 | \$276.75 | \$111.00 |
| Student and Spouse | \$1,383.75 | \$1,383.75 | \$555.00 |
| Student and One Child | \$1,383.75 | \$1,383.75 | \$555.00 |
| Student and Two or More Children | \$2,490.75 | \$2,490.75 | \$999.00 |
| Student, Spouse, and One Child | \$2,490.75 | \$2,490.75 | \$999.00 |
| Student, Spouse, and Two or More Children | \$3,597.75 | \$3,597.75 | \$1,443.00 |

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. Acupuncture.
2. Learning disabilities.
3. Biofeedback, except:
 - To treat urinary incontinence in adults 18 years and older.
4. Cosmetic procedures, or related services including:
 - Circumcision.
 - Lipectomy.
 - Surgical breast reduction, breast augmentation, breast implants, or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
 - Hirsutism.
 - Alopecia.

This exclusion does not apply to reconstructive procedures to:

 - Correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
 - Improve or restore impairments of bodily function resulting from Congenital Conditions or developmental anomalies, such as webbed or supernumerary fingers or toes, cleft lip or palate, or birthmarks on head or neck.
5. 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.
6. Dental treatment, except:
 - For accidental Injury to Sound, Natural Teeth.
 - As described under Dental Treatment in the Policy.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment.
8. Elective abortion.
9. Individualized, custom fabricated shoe insert orthotic devices and appliances. This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
10. Commercial foot devices available over-the-counter.
11. Routine 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 infection or Injury.
 - A bone anchored hearing aid for an Insured Person with: a) craniofacial anomalies whose abnormal or

absent ear canals preclude the use of a wearable hearing aid; or b) hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid.

12. 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.
13. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation. COL-17-KS (PY22) CERT (118-1) 21
14. Injury arising out of a motor vehicle accident to the extent that benefits are payable under any medical expense payment provision of an automobile insurance policy, including such benefits mandated by law.
15. Non-medical services, such as but not limited to, legal services, social rehabilitation, educational services, vocational rehabilitation, or job placement services.
16. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
17. Prescription Drugs, services or supplies as follows, except as specifically provided in the Policy:
 - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other nonmedical substances, regardless of intended use, except as specifically provided in the Policy.
 - Immunization agents, except as specifically provided in the Policy.
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs. This exclusion does not apply to drugs for the treatment of cancer that have not been approved by the federal Food and Drug Administration for that indication, if the drug has been prescribed for an Insured Person who has been diagnosed with cancer, provided the drug is recognized for treatment of the specific type of cancer for which the drug has been prescribed and is recognized in substantially accepted peer-reviewed medical literature or in one of the following established reference compendia: 1) The U.S. Pharmacopeia Drug Information Guide for the Health Care Professional (USPDI); 2) The American Medical Association's Drug Evaluations (AMADE) I; or 3) The American Society of Hospital Pharmacists' American Hospital Formulary Service Drug Information (AHFS-DI). This exception does not provide coverage for any experimental or investigational drugs or any drug which the federal Food and Drug Administration has determined to be contraindicated for treatment of the specific type of cancer for which the drug has been prescribed.
 - Products used for cosmetic purposes.
 - Drugs used to treat or cure baldness or for the stimulation of hair growth. Anabolic steroids used for body building.
 - Anorectics - drugs used for the purpose of weight control.
 - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
18. Reproductive services for the following, except as specifically provided in the Policy:
 - Procreative counseling.
 - Genetic counseling and genetic testing.
 - Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Fertility tests.
 - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except to diagnose or treat the underlying cause of the infertility.
 - Premarital examinations.
 - Impotence, organic or otherwise, except as specifically provided in the Policy for penile prosthesis for physiological impotence.
 - Reversal of sterilization procedures.
19. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems. This exclusion does not apply as follows:
 - When due to a covered Injury or disease process.
 - To benefits specifically provided in Pediatric Vision Services.
 - The initial pair of eyeglasses or contact lenses following cataract surgery, aphakia, pseudophakia, or Medically Necessary procedures associated with severe anisometropia.
 - To an Insured Person under age 12 for the subsequent eyeglasses or contact lenses following cataract surgery when there is a diopter change of .25 diopter.
 - To benefits specifically provided in the Policy.
20. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.

21. Preventive care services, which are not specifically provided in the Policy, including:
 - Routine physical examinations and routine testing.
 - Preventive testing or treatment. COL-17-KS (PY22) CERT (118-1) 22
 - Screening exams or testing in the absence of Injury or Sickness.
22. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.
23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
24. 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).
25. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.

This plan is underwritten by UnitedHealthcare Insurance Company