



**The University of Georgia**

®

**These policies will cover Pre-Existing Conditions.**

**2011-2012**

**Mandatory Student Health Insurance Plan**



**Important Note**

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policies. If any discrepancy exists between this Brochure and the Policies, the Master Policies will govern and control the payment of benefits.

**Group #**

203116-F  
203116-S  
203116-SU

**These Policies are Issued by:**  
Pan-American Life Insurance Company  
(hereinafter "Company")  
601 Poydras Street  
New Orleans, Louisiana 70130

**Group Policy # 203116**

**Administered by:**  
GM-Southwest, Inc.

**Toll-Free Number for Inquiries:**  
1-855-837-3895

**For more information visit:**  
[www.ugastudentinsurance.com](http://www.ugastudentinsurance.com)

## Privacy Policy Notice

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GM-Southwest, Inc. considers non public personal member information confidential and has policies and procedures in place to protect the information against unlawful use and disclosure. When necessary for your care or treatment, the operation of your health plan, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to health care providers (doctors, dentists, Pharmacies, hospitals, and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law. Participating Network/Preferred Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. By enrolling in these Plans, you permit us to use and disclose this information as described above on behalf of yourself and your dependents. To obtain a copy of our Notice of Privacy Practices describing in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Customer Service number on your ID card or visit our website at [www.gmsouthwest.com](http://www.gmsouthwest.com).

## University Health Center (UHC)

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### Location and Hours

55 Carlton Street, Athens, GA 30602  
1-706-542-1162

University Health Center

8:00 a.m. to 5:00 p.m. Monday through Friday

Visit the website at [www.uhs.uga.edu](http://www.uhs.uga.edu) for summer hours.

### Urgent Care Clinic:

5:00 p.m. to 8:00 p.m. Monday through Friday, and 10:00 a.m. to 5:00 p.m. Saturday and Sunday

Under the Mandatory Student Health Insurance Plan, the University Health Center is an in-network provider.

## Where to Find Help

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### GM-Southwest, Inc. Customer Service

Contact us at 1-855-837-3895 or use the “Live Chat” option on our website at [www.ugastudentinsurance.com](http://www.ugastudentinsurance.com) for information about:

- Student Insurance Plan Benefits and Premium Rates
- Enrollment/Waiver Process
- Claims Processing
- WellDyneRx Prescription Benefits
- Preferred Providers

As a GM-Southwest, Inc. Student Health Insurance Plan member, you have access to a secure member website, personalized benefits and health information. You can take full advantage of our interactive website to complete a variety of self-service transactions online. By logging into [www.ugastudentinsurance.com](http://www.ugastudentinsurance.com), you can:

- Review coverage information
- Request member ID cards or print a temporary ID card
- View Claim Explanation of Benefits (EOB) statements
- Find health care professionals and facilities that participate in your Mandatory Student Health Insurance Plan
- Send an e-mail to GM-Southwest, Inc. Customer Service
- Utilize our “Live Chat” option to chat online with a customer service representative
- Print a Personalized Health Ticket (see page 7)

### UGA Human Resources

Students who have questions about their mandatory status, payroll deductions, or student account charges should contact HR at the following email address: [gshiplan@uga.edu](mailto:gshiplan@uga.edu) or visit the website at [www.hr.uga.edu](http://www.hr.uga.edu), then select Student Health Insurance.

### Office hours and location:

Monday-Friday, 8:00 a.m.-5:00 p.m.

Human Resources Building

215 South Jackson St.

Athens, GA 30602-4135

1-706-542-2222

## Eligibility and Enrollment

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The following groups of UGA students are required to have health insurance and will be automatically enrolled each semester in the mandatory plan unless the student has an approved waiver:

- Undergraduate and Graduate International Students holding “F” or “J” visa status
- Undergraduate domestic students whose program requires health insurance (currently, Doctor of Pharmacy students only)
- Graduate students receiving Qualified Graduate Assistantships
- Graduate students receiving Qualified Fellowships (must be paid through UGA Payroll)
- Graduate students receiving Qualified Training Grants (must be paid through UGA Payroll)

The following individuals may voluntarily purchase the mandatory plan:

- Post doctoral research fellows
- Post doctoral research fellow adjuncts
- Visiting scholars
- Non-qualified national fellowship recipients – student must be the recipient of a national fellowship with a stipend of at least \$15,000. Receipt of this fellowship must be verified by The Graduate School
- Optional Practical Training (OPT) – international students with OPT permission can purchase coverage for up to twelve months

If you are a post doctoral research fellow, a post doctoral research fellow adjunct, a visiting scholar, a non-qualified fellowship recipient, or have OPT permission, you may enroll in the Mandatory Student Health Insurance Plan on a voluntary basis. You must pay GM-Southwest, Inc. directly when you enroll on their Web site at [www.ugastudentinsurance.com](http://www.ugastudentinsurance.com). At the end of the enrollment/waiver period, your status with the University will be confirmed to ensure you are eligible for this plan. If you are not eligible to enroll, your premium will be refunded and your coverage will be cancelled.

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 (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.

**Students with a qualified Graduate Assistantship, Fellowship, or Training Grant** who lose their assistantship or stipend after the fall semester but are enrolled in classes during spring semester, can enroll in the Mandatory Student Health Insurance Plan for the spring/summer coverage period and pay the full premium directly with GM-Southwest, Inc.

**Dependents** of Covered Students are also eligible for coverage under these policies. Eligible Dependents are the spouse or domestic partner of the Covered Student or any dependent, child of the Covered Student (a) under age 26; or (b) 26 or more years of age and primarily supported by the Covered Student and incapable of self-sustaining employment by reason of mental or physical handicap. Coverage for an adopted child shall be effective from the date of the final decree of adoption. A child shall cease to be a dependent upon the occurrence of the child’s attainment of the limiting age. Except as noted under Termination or as specifically provided under the Extension of Benefits, after Termination, Dependent coverage expires concurrently with that of the Covered Student. Dependent coverage is paid directly to GM-Southwest, Inc.

## Effective and Termination Dates

These Policies on file at the University become effective 12:01 a.m. on August 1, 2011 and terminates 11:59 p.m. July 31, 2012. Coverage for students automatically enrolled through UGA will be effective on the Effective Date of the Coverage Period enrolled. Coverage for newly enrolling spouses and dependent children will be effective on the Effective Date of the Coverage Period elected and premium is due at the time of enrollment. A student covering a spouse and/or dependent children through the Termination Date of the 2010-11 Academic Year under the University System of Georgia Insurance Plan will have until the end of the enrollment period for Fall 2011 (i.e. September 2, 2011) to re-enroll a spouse and/or dependent children in order to maintain continuous coverage.

## Premium Rates

	Fall 8/1/2011 to 12/31/2011	Spring/Summer 1/01/2012 to 7/31/2012	Summer 5/1/2012 to 7/31/2012
Student Only	\$569.00	\$732.00	\$325.00
Spouse only	\$1,560.00	\$2,061.00	\$905.00
One Child	\$800.00	\$1,053.00	\$463.00
Two or More Children	\$1,559.00	\$2,060.00	\$904.00
Optional Supplemental Buy-Up* (Students Only \$250,000)	\$275.00	\$161.00	N/A

\*Optional Buy-Up may only be purchased at the time of initial enrollment in the Basic plan and may not be added later during the current Academic Year.

### UGA Premium Contribution

UGA may provide a contribution toward the premium for the following students to help offset the cost of the premium:

- Graduate students receiving Qualified Graduate Assistantships
- Graduate students receiving Qualified Fellowships (must be paid through UGA Payroll)
- Graduate students receiving Qualified Training Grants (must be paid through UGA Payroll)

Please see the Human Resources website at <http://www.hr.uga.edu>, then select Student Health Insurance for UGA premium contribution amounts.

### Summer-Only Coverage:

#### Students with qualified Graduate Assistantship, Fellowship or Training Grant

- There is no UGA contribution toward the summer-only premium
- Students starting in the summer who have a qualified graduate assistantship, fellowship, or training grant must pay the summer-only premium amount in full directly to GM-Southwest, Inc.

#### Doctor of Pharmacy Students

Doctor of Pharmacy students who desire summer-only coverage must pay the full premium directly to GM-Southwest, Inc. (Summer-only premiums are not added to student tuition accounts).

## Open Enrollment/Waiver Period

Enrollment and Waivers in the Student Insurance Plan are only allowed during Open/Waiver Enrollment Periods as stated below at [www.ugastudentinsurance.com](http://www.ugastudentinsurance.com).

	Open Enrollment Period	Waiver Period
Fall Only	7/1/2011 to 9/2/2011	7/1/2011 to 9/2/2011 A waiver will be granted for the full Academic year with re-verification at the beginning of spring/summer coverage period.
Spring/Summer	11/1/2011 to 2/3/2012	11/1/2011 to 2/3/2012 Newly mandated students only.
Summer Only	5/1/2012 to 6/1/2012	5/1/2012 to 6/1/2012 Newly mandated students only.

### Enrollment and Waiver Instructions

To Enroll or Waive coverage, go to [www.ugastudentinsurance.com](http://www.ugastudentinsurance.com). Once there, click on **Login** or **Register**.

- *First time users* will need to register with the website. This is setting up a username and password and will require your UGA CAN (8-10) number.
- *Returning users* will login with the user name and password they established.
- If you experience difficulties logging in contact GM Southwest, Inc. at 1-855-837-3895.

Students and Dependents of insured students who are eligible to purchase this plan on a Voluntary basis only, may enroll by going to [www.ugastudentinsurance.net](http://www.ugastudentinsurance.net).

### Waiver Option

Students may request to waive out of the mandatory student health insurance plan if they can demonstrate they have a qualifying health insurance plan while attending UGA. Waivers received during the Fall semester will apply for the full Academic Year and be re-verified at the beginning of the Spring semester. Students newly mandated during the spring or summer semesters, must submit a waiver request during the applicable waiver period.

Waiver submissions will be audited by GM-Southwest Inc. You may be required to provide, upon request, any coverage documents and/or records demonstrating that you meet the school's requirements for waiving the student insurance plan. By submitting the waiver request, you agree that your current insurance plan may be contacted for confirmation that your coverage is in force for the applicable Academic Year and that it meets the school's waiver requirements.

### To waive out of the Mandatory Student Health Insurance plan:

1. Go to [www.ugastudentinsurance.com](http://www.ugastudentinsurance.com)
2. Login or Register, then click on Waiver.
3. Review the waiver guidelines carefully and check the agreement box at the bottom of the screen.
4. Verify your personal information, select your Student Category.
5. Complete the required information regarding your current health provider. You can find the address and phone number of your current provider on your health insurance card.
6. **Please provide complete and accurate information as your coverage will be verified with your carrier.** If your coverage is not comparable to the coverage provided through the University sponsored program or does not provide for doctors in the local area your waiver will not be approved. Failure to provide accurate information will result in a delay in processing and may result in your waiver being rejected.
7. Once you have completed the waiver request, you will receive a confirmation email. You will receive notification if the waiver is denied or if the waiver cannot be processed. If GM-Southwest, Inc. is unable to process your waiver, you will be contacted by email requesting any additional information required to process the waiver. If your coverage is audited and verified by GM-Southwest, Inc., you will receive an email confirming the approval of your waiver request. Any premium charges, either on your student account or payroll, will be removed.

In the event that you do not complete the online waiver by the deadline you will be enrolled in the Student Insurance Plan. There will be no exceptions to this deadline.

### Waiver Appeal Process

If a student waiver is denied, the student will have 10 business days from the date of denial notification to submit an appeal for further review. The Appeal must be submitted in writing and include additional information that needs to be reviewed that may qualify for a waiver. The additional information will be reviewed and a written response will be submitted to the student within 7 business days. Appeals can be submitted by mail, fax, or by email to [waiver@gmsouthwest.com](mailto:waiver@gmsouthwest.com).

### Enrollment due to a Qualifying Event

The only exceptions to enroll after the Open Enrollment Period are the following Qualifying Events with appropriate documentation: a. Adding a new Spouse or Dependent Child (within 31 days of marriage, birth or adoption). b. Enrolling as a new or transfer Student (within 31 days of date of enrollment at the Institution) c. Ineligibility under another creditable plan (within 31 days of loss of coverage). d. Change of Status at the Institution for a student moving into one of the Mandatory Programs (within 31 days of Change of Status) and e. For International Students, arrival of an eligible spouse or dependent child from their home country to UGA (within 31 days of arrival). **For enrollment and a pro-rated premium from the date of coverage will be provided by contacting GM-Southwest, Inc. at 1-855-837-3895.**

## Refund Policy

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If you withdraw from school within the first 31 days of a coverage period, you will not be covered under these Policies and any premium paid will be refunded (this refund policy will not apply if you withdraw due to a covered Accident or Sickness). If you withdraw from school after 31 days, you will be covered for the full period and you will be required to pay the full premium. No refund will be allowed. If you are paying premiums through payroll deductions, you are required to pay the required premium in full. Exception: A Covered Person entering the armed forces of any country will not be covered under these Policies as of the date of such entry. In this case, a pro-rata refund of premium will be made for any such person and any covered dependents upon written request received by GM-Southwest, Inc. within 90 days of withdrawal from school.

## Extension of Benefits after Termination

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If an Insured is hospital confined on the termination date of the policy due to a covered injury or Sickness for which benefits were payable before the termination date, covered medical expenses for the hospital confinement will continue to be paid as long as the condition continues but not to exceed 90 days after the termination date. In addition, medical evacuation and repatriation will be extended for same 90 day period after the termination of the policy. Benefits will be extended for covered expenses in connection with a pregnancy which commenced while the Policy was in effect for the period of that pregnancy. Any Benefits payable under this provision will not exceed the benefit maximums shown in the Plan Summary.

## UHC Referral Requirement (Student and Spouses)

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University Health Center referral is required except:

1. Medical Emergencies (follow-up treatment requires UHC referral)
2. Student Health Services is Closed
3. Treatment is received more than 40 miles from Campus
4. The Covered Person is not eligible for care at University Health Center
5. The Covered Person requires treatment for Maternity
6. Dependent Children and Visiting Scholars, Post-Doctoral Fellows and Adjuncts

Individuals not eligible for care at the University Health Center include but are not limited to dependent children, visiting scholars, post doctoral research fellows, and post doctoral research fellow adjuncts.

Deductibles and co-pays apply to all exceptions to the Referral Requirement, and when referred. **Plan benefits will be paid at the out-of-network level without a required referral.**

## Referral Process/Health Ticket

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*What is the Health Ticket and how does it work?*

*To maximize benefits students must obtain a referral from the UHC and may be referred to a SuperMed participating provider. UHC utilizes the Health Ticket as part of the Online Referral process. The Health Center will enter a Health Ticket for each referral that will be provided to a participating provider. GM-Southwest, Inc. will also receive a copy of the referral so that claims will be processed accordingly.*

The Health Ticket works similar to an airline e-ticket and is easy to obtain. Students can receive a Health Ticket by going to [www.ugastudentinsurance.com](http://www.ugastudentinsurance.com). Click on the "Health Ticket" link. Students simply input their name and date of birth.

The student selects from a list of doctors and hospitals and prints the Health Ticket. The Health Ticket provides benefit information such as deductibles and co-pays. The Health Ticket also indicates whether the doctor or hospital selected is an in or out-of-network provider.

**Please note that a health ticket does not take the place of a referral from UHC. Student's must obtain a referral from UHC or will be covered at the out-of-network level of benefits.** Please refer to the UHC Referral exceptions to this requirement.

## Preferred Provider Network

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GM-Southwest, Inc. has arranged for you to access a Preferred Provider Network in your local community. Health care providers, facilities and mental health networks are available nationally if you require acute care or hospitalization outside the immediate area of the University of Georgia campus.

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider. It is to your advantage to use a Preferred Provider because savings may be achieved from the Allowable Charges these providers have agreed to accept as payment for their services. Preferred Providers are independent contractors, and are neither employees nor agents of University of Georgia, GM-Southwest, Inc. or Pan-American Life Insurance Company.

You may obtain information regarding Preferred Providers by contacting GM-Southwest, Inc. at 1-855-837-3895, by accessing the HealthTicket at [www.ugastudentinsurance.com](http://www.ugastudentinsurance.com) or <http://www.supermednetwork.com> and selecting "Find a Provider".

2011-2012 STUDENT INSURANCE PLAN SUMMARY OF MEDICAL EXPENSE BENEFITS				
Benefit Category	University Health Center (UHC) AC – Allowable Charges	In-Network MMO SuperMed+ Network AC – Allowable Charges	Out-of-Network UC – Usual & Customary	
<b>Lifetime Maximum per Covered Person</b> (all conditions)	\$500,000			
<b>Maximum per Covered Person</b> Per Accident or Sickness (Academic Year)	Per Student: \$250,000/Per Dependent: \$50,000			
<b>Deductible per Covered Person</b> Per Academic Year	None	\$300	\$500	
<b>Deductible per Family</b> per Academic Year (In-Network and Out-of-Network Deductibles apply separately)	None	\$750	\$900* *Balance billing will not apply towards satisfying the Deductible.	
<b>Out-of-Pocket Maximum per Covered Person</b> per Academic Year (excluding Deductible)	Per Student: \$4,500 Per Dependent: \$9,000	Per Student: \$4,500 Per Dependent: \$9,000	Per Student: \$7,500 Per Dependent: \$15,000	
<b>Out-of-Pocket Maximum per Family</b> per Academic Year. (excluding Deductible) (In-Network & Out-of-Network Out-of-Pocket Maximums apply separately)	\$24,000	\$24,000	\$36,500* *Balance billing will not apply towards satisfying the Deductible.	
<b>INPATIENT</b> Pre-Certification Required	<b>Room and Board</b> except Intensive Care	Not Applicable	80% of AC up to the Semi-Private Room Rate	
	<b>Hospital Miscellaneous</b> except Intensive Care Miscellaneous	Not Applicable	80% of AC	
	<b>Intensive Care/Intensive Care Miscellaneous</b>	Not Applicable	80% of AC	
	<b>Physiotherapy:</b> Maximum of 10 visits per Academic Year	Not Applicable	80% of AC	
	<b>Surgery:</b> For multiple surgical procedures performed by a single doctor during a single admission, the most costly procedure will be covered at the full value of allowable benefits. The second procedure will be covered at 50% of the full value of allowable benefits.	Not Applicable	80% of AC	50% of U&C
	<b>Assistant Surgeon and Anesthesia</b>	Not Applicable	80% of AC	50% of U&C
	<b>Registered Nurse</b>	Not Applicable	80% of AC	50% of U&C
	<b>Doctor's Visits</b>	Not Applicable	80% of AC	50% of U&C
	<b>Psychotherapy/Alcoholism and Substance Abuse</b> (while confined in a hospital or for partial confinement in a hospital or treatment facility): Maximum of 30 days per Academic Year for psychotherapy, alcoholism and substance abuse combined.	Not Applicable	80% of AC after an additional \$50 deductible per confinement	50% of U&C after an additional \$50 deductible per confinement
	<b>Pre-Admission Testing</b>	Not Applicable	80% of AC	50% of U&C

Benefit Category	University Health Center (UHC) AC – Allowable Charges	In-Network MMO SuperMed+ Network AC – Allowable Charges	Out-of-Network UC – Usual & Customary	
<b>OUTPATIENT</b> UHC Referral Required	<b>Surgery:</b> For multiple surgical procedures performed by a single doctor during a single admission, the most costly procedure will be covered at the full value of allowable benefits. The second procedure will be covered at 50% of the full value of allowable benefits.	Not Applicable	80% of AC	50% of U&C
	<b>Day Surgery Misc.</b>	Not Applicable	80% of AC	50% of U&C
	<b>Anesthesia</b>	Not Applicable	80% of AC	50% of U&C
	<b>Doctor's Visits and Consultant Visits</b>	Covered under the Student Health Fee	80% of AC	50% of U&C
	<b>Physiotherapy</b> Maximum of 30 visits per Academic Year. (Benefits are limited to one visit per day.)	80% of AC	80% of AC	50% of U&C
	<b>Emergency Room</b> Co-payment reduced \$50 if admitted to the hospital within 24 hours	Not Applicable	80% of AC after a \$150 co-payment per visit.	80% of U&C after a \$150 co-payment per visit.
	<b>X-Rays, Laboratory, Tests and Procedures</b>	80% of AC	80% of AC	50% of U&C
	<b>Chemotherapy/Radiation Therapy</b>	Not Applicable	80% of AC	50% of U&C
	<b>Injections</b> (Includes contraceptives)	80% of AC	80% of AC	50% of U&C
	<b>Outpatient Prescription Drugs,</b> Up to a cumulative maximum of \$1,600 (UHC Pharmacy and WellDyneRx) Per Academic Year. (Includes contraceptives)	No co-pay for Generics/ \$10 Preferred Brand/ \$20 Name Brand co-pay per prescription up to \$1,600	A \$15 Generic/\$30 Preferred Brand/\$45 Name Brand co-pay per prescription within WellDyne's Network of Participating Pharmacies up to a maximum of \$1,500 (a 31-day supply per prescription). Mail order Rx drugs are available at 2.5 times the co-pay up to a 90 day supply, prior authorization required.	
	<b>Psychotherapy/Alcoholism and Substance Abuse</b> Maximum of 30 visits per Academic Year for psychotherapy, alcoholism and substance abuse combined. Additional outpatient visits may be provided in lieu of inpatient hospital stays. Screenings are covered with a diagnosis and when medically necessary.  Nutritionist Visits not covered.	100% with no co-payments at CAPS  Testing for ADHD is covered at CAPS only at 80% of AC.	With referral from UGA Counseling Center, after a \$50 co-pay per condition per Academic year, benefits will be paid at 90% first 5 visits, then 80% thereafter up to a combined 30 visits maximum (includes UGA, In-network and Out-of-Network visits). Benefits will be paid at 50% without a referral.	50% of U&C Same limits apply
	<b>Wellness Benefits,</b> Includes routine physical exams, GYN exam with labs, age appropriate screenings and immunizations (travel vaccines are not covered). Benefits limited to \$300 per Academic Year per covered insured person (except dependent children under 12 months of age, refer to the Well Child Visits up to age 12 months)	100% with no co-payment or deductible.	80% of AC Upon referral and outside UHC paid as any other sickness.	50% of U&C Upon referral and outside UHC paid as any other sickness.

Benefit Category	University Health Center (UHC) AC – Allowable Charges	In-Network MMO SuperMed+ Network AC – Allowable Charges	Out-of-Network UC – Usual & Customary	
<b>OTHER SERVICES</b>	<b>Durable Medical Equipment</b> (For rental or purchase when prescribed by the attending Doctor) Prosthetic Devices: Up to \$10,000 Lifetime Maximum Benefit. All other Durable Medical Equipment: Up to \$5,000 Lifetime Maximum	80% of AC	80% of AC	50% of U&C
	<b>Ambulance</b> (for Emergency Medical Condition only) Land Ambulance: Up to \$500 maximum per trip. Air Ambulance: Up to \$1,000 maximum per trip.	No Benefits	70% of AC	70% of U&C
	<b>Dental Treatment</b> (for Injury to Sound Natural Teeth and removal of full bony impacted wisdom teeth only)	No Benefits	80% of AC	50% of U&C
	<b>Well Child Visits</b> up to age 12 months	No Benefits	80% of AC	50% of U&C
	<b>Vision Benefits</b> (Includes exam and appliances)	Up to \$50 per Academic year per covered insured person		
	<b>Maternity, Complications of Pregnancy and Routine Newborn Care</b>	Paid as any other Sickness. Maternity expense and routine newborn care, including 48 hours care in a Hospital or birthing facility following a normal vaginal delivery and a minimum 96 hours following a cesarean section. If a mother and new born are discharged prior to the postpartum inpatient length of stay, coverage includes up to 2 Post-Partum Visits, provided that the first such visit shall occur within 48 hours of discharge.		
	<b>Needle Stick/Blood &amp; Body Fluid and Infectious Disease Exposure</b>	Paid as any other Injury		
	<b>Accidental Death &amp; Dismemberment</b>	\$10,000 Principal Life Sum Both Hands, Both Feet or Sight of Both Eyes: \$10,000 One Hand and One Foot \$10,000 Either One Hand or One Foot and Sight of One Eye \$10,000 One Hand or One Foot or Sight of One Eye \$5,000  Loss shall mean with regard to hands and feet, dismemberment by severance at or above the wrist or angle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid. If such Injury shall independently of all other causes and within 180 days from the date of Injury.		

## Optional Major Medical – Buy Up (Student Only)

Additional \$250,000 Maximum Benefit (For each Injury or Sickness)

This optional benefit is subject to payment of additional premium. Optional benefits may only be purchased at the time of initial enrollment in the Basic plan and may not be added later during the current academic year.

The Optional Major Medical Benefit begins payment after the Basic Maximum Benefit of \$250,000 has been paid by the Company. The Company will pay 80% of AC In-Network and 50% of U&C Out-of-Network of additional Covered Medical Expenses incurred up to the Major Medical Maximum of \$250,000. Payment will not exceed a combined Basic plus Major Medical Maximum of \$500,000 lifetime maximum for all conditions.

## Prescription Drug Benefit

Prescriptions dispensed by the UGA UHC Pharmacy under this Mandatory Student Health Insurance Plan are covered up to a cumulative maximum of **\$1,600 per Academic Year** (combined UHC Pharmacy and prescriptions dispensed under WellDyneRx). At the UGA UHC Pharmacy, there is no co-pay for generic drugs, a \$10 co-pay for Preferred Brand and a \$20 co-pay for Non-Preferred, for a 31 day supply per prescription.

The Mandatory Student Health Insurance Plan offers a prescription drug card through WellDyneRx that is tailored to the prescription drug needs of the University of Georgia student. WellDyneRx is a nationwide prescription drug card service. The prescription drug card allows the insured individual immediate access to prescription coverage. Each insured student receives a GM Southwest, Inc. Identification Card with a WellDyneRx logo, allowing access to thousands of participating pharmacies throughout the United States. Your identification card will include your WellDyneRx identification number and group number. Simply present your ID card at a participating pharmacy to obtain your prescription drugs.

For prescriptions filled at a participating WellDyneRx pharmacy, there is a \$15 co-pay for generic drugs, a \$30 co-pay for Formulary Brand drugs and a \$45 co-pay for Non-Formulary Brand, for a 31 day supply per prescription. **Covered Medical Expenses for Prescription Drugs are payable up to a maximum of \$1,500 per Academic Year outside of the UHC Pharmacy.**

Medications not covered by this benefit include, but are not limited to, drugs whose sole purpose is to promote or to stimulate hair growth; appetite suppressants; and smoking deterrents.

### Mail-Order Drug Program Expenses

Your health plan has partnered with WellDyneRx to provide you with mail order pharmacy services. Mail order Rx drugs are available at 2.5 times the co-pay up to a 90 day supply with prior authorization. WellDyneRx mail order pharmacy provides you with a convenient, cost and time-saving option to obtain your long-term and maintenance medications. To realize your cost and maximize the benefits of mail order service, use WellDyneRx mail order pharmacy to fill your prescriptions for long-term and maintenance medications. When you take advantage of mail order pharmacy services, you are sent up to a three-month supply and at a co-pay that may save you money over your retail benefit.

If you would like to learn more about WellDyneRx and mail order please call 1-888-479-2000.

## 24/7 Nurseline

The 24/7 Nurseline is an added benefit for all students at no additional charge. Students can contact the Nurseline at any time and are encouraged to do so when the Student Health Center is closed or not accessible to the student. The Nurseline can provide students with information for participating providers, answer general medical questions and advise students if they should seek immediate medical attention. The Nurseline is a national hotline and is available toll-free at 1-866-751-2723.

With your authorization, a follow up call report may be forwarded to the UGA University Health Center.

## Pre-Certification Requirement

Pre-Certification simply means calling Managed Care Concepts prior to treatment to obtain approval for a medical procedure or service. Pre-Certification may be done by the patient, your doctor or a hospital administrator. All requests for Pre-Certification must be obtained by contacting Managed Care Concepts at 1-866-750-2723.

The following inpatient and outpatient services or supplies require Pre-Certification:

- All inpatient admissions, including length of stay, to a hospital, convalescent facility, skilled nursing facility, a facility established primarily for the treatment of substance abuse, or a residential treatment facility.
- All inpatient maternity care, after the initial 48/96 hours.
- All partial hospitalization in a hospital, outpatient therapies and outpatient surgery, residential treatment facility, or facility established primarily for the treatment of substance abuse.

- Pre-Certification does not guarantee the payment of benefits for your inpatient admission. Each claim is subject to medical policy review, in accordance with the exclusions and limitations contained in these policies, as well as a review of eligibility, adherence to notification guidelines, and benefit coverage under the student Accident and Sickness Plan.

**Pre-Certification of Non-Emergency Inpatient Admissions, Partial Hospitalization, Outpatient Therapies and Surgery Services and Home Health Services:** The patient, Physician or hospital must telephone at least three (3) business days prior to the planned admission or prior to the date the services are scheduled to begin.

**Notification of Emergency Admissions:** The patient, patient's representative, Physician or hospital must telephone within one (1) business day following inpatient (or partial hospitalization) admission.

**Failure to obtain pre-certification will result in claims being paid under the out-of-network benefits.**

## Coordination of Benefits

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If the Covered Person is insured under more than one health plan, the benefits of the plan that covers the insured student will be used before those of a plan that provides coverage as a dependent. When both parents have health plans that provide coverage as a dependent, the benefits of the plan of the parent whose birth date falls earlier in the year will be used first. The benefits available under these Policies may be coordinated with other benefits available to the Covered Person under any auto insurance, Workers' Compensation, Medicare, or other coverage. These Plans pay in accordance with the rules set forth in these Policies.

## Mandated Benefits

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Benefits are provided as mandated by the state of Georgia under the Student Health Insurance Plan, to be paid as any other Sickness subject to deductible, co-payment, coinsurance, limitations and any other provisions of this policy for Mammography, Pap Smears, Chlamydia Screening, Mastectomy, Bone Mass Measurement, Colorectal Cancer Screening, Dental Anesthesia, Diabetes, Surveillance Tests for Ovarian Cancer, Telemedicine, Drug Treatment of Children's Cancer, Bone Marrow Transplants, Prostate-Specific Antigens (PSA) tests and Prescribed Contraceptives and Treatment of Temporomandibular Joint Dysfunction. Details of these benefits may be found in the Master Policies on file at the University.

## Definitions

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**"Academic Year"** is the effective date of coverage of August 1, 2011 through July 31, 2012

**"Elective Treatment"** means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body, occurring after the Covered Person's effective date of coverage.

**"Eligible Expense"** means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any and (d) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits Provision.

**"Injury"** means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person's effective date of coverage; and (c) occurs while coverage is in force.

**"Medical Necessity/Medically Necessary"** means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided. A service or supply will not be considered as Medically Necessary if: (a) it is provided only as a convenience to the Covered Person or provider; or (b) it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or (c) it exceeds (in scope, duration or intensity) that level of care which is

needed to provide safe, adequate and appropriate diagnosis or treatment; or (d) it is Experimental/Investigational or for research purposes; or (e) could have been omitted without adversely affecting the patient's condition or the quality of medical care; or (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or (g) involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment. The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

**"Sickness"** means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. Sickness also includes pregnancy and Complications of Pregnancy.

**"Usual and Customary"** means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

## Exclusions and Limitations

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The Company will not pay benefits for Loss or Expense incurred:

1. as a result of dental treatment, or dental x-rays except for treatment resulting from Injury to Sound, Natural Teeth or for extraction of impacted wisdom teeth.
2. for services normally provided without charge by the Policyholder's Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder or services covered by the Student Health Service fee.
3. for eye examinations, eyeglasses, contact lenses, replacement of eyeglasses or prescription for such, **except as specifically provided in these Policies**; radial keratotomy; treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process. Eye refraction is not covered except when due to a disease process.
4. 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 commercial scheduled airline maintaining regular published schedules on a regularly established route.
5. for Injury or Sickness resulting from war or act of war, declared or undeclared.
6. as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
7. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
8. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
9. for cosmetic surgery except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent newborn child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.
10. for preventive medicines; serums; vaccines; except as specifically provided in these Policies.
11. as a result of committing or attempting to commit an assault or felony or participation in a riot, illegal occupation or insurrection.
12. for Elective Treatment or elective surgery unless otherwise provided in these Policies.
13. for any services rendered by a Covered Person's Immediate Family Member.
14. for a treatment, service or supply which is not Medically Necessary.
15. as a result of suicide or any attempt at suicide, including drug overdose or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted injury. This exclusion does not apply to the Medical Evacuation or Repatriation of Remains Benefit.
16. for Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Doctor. This exclusion does not apply to the Medical Evacuation or Repatriation of Remains Benefit.

17. for surgery and/or treatment of: acne; acupuncture; gynecomastia; allergy testing; biofeed back-type services; circumcision; corns, calluses and bunions, except capsular or bone surgery; deviated nasal septum, including submucous resection and/or other surgical correction thereof; hair growth or removal, hair transplants; impotence, organic or otherwise; nonmalignant warts, moles and lesions; premarital examinations; sexual reassignment surgery; sleep disorders, including supplies, treatment and testing thereof; tubal ligation; vasectomy; alopecia; and weight reduction.
18. for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purposes of removing nerve interference as a result of or related to distortion, misalignment or subluxation of or in the vertebral column except as specifically provided in these policies.
19. for addiction and co-dependency services and supplies related to nicotine addiction.
20. for patient controlled analgesia (PCA).
21. for treatment of infertility (male or female), including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception, elective sterilization or its reversal, artificial insemination or in vitro fertilization.
22. for organ transplants.
23. for Injury resulting from: the practicing for, participating in, or traveling as a team member to and from intercollegiate and professional contest, competition or activity, including travel to and from the activity and practice, sporting events, racing or speed contests; while participating in any practice or conditioning program for such sport, contest or competition; hang gliding; parasailing; sky diving; glider flying; sail planing; parachuting; or bungee jumping.
24. for hospice.
25. for weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, treatment of obesity, surgery for removal of excess skin or fat.
26. for breast reconstruction and implantation or removal of breast prostheses unless such care and services are performed solely and directly as a result of a Medically Necessary mastectomy.
27. for treatment, services, drugs, device, procedures or supplies that are Experimental or Investigational.
28. for hormone treatment or hormone therapy not related to the treatment of Sickness.
29. for routine physical examinations and routine testing, health examinations or preschool physical examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, **except as specifically provided for in these Policies.**

## Mondial Services/Emergency Travel Assistance Services

These services are designed to protect University of Georgia students and/or eligible dependents anywhere in the world. If you experience a medical emergency, you have access to a comprehensive package of emergency services provided by Mondial Assistance. Eligible participants have immediate access to doctors, hospitals, pharmacies, and other services by simply calling the Mondial Assistance team 24 hours a day, 365 days a year. Mondial Assistance's worldwide services include medical consultations and referrals, domestic and international hospital admission guarantees, emergency medical transportation, prescription assistance, lost luggage assistance, legal and interpreter assistance, and travel information such as visa and passport requirements, travel advisories. You may reach Mondial Assistance at 1-800-929-1612 or collect at 1-804-965-8076. Please contact GM-Southwest, Inc. at 1-855-837-3895 with any questions or visit [www.ugastudentinsurance.com](http://www.ugastudentinsurance.com).

## Repatriation/Medical Evacuation Benefit

**Repatriation Benefits** - If the Insured dies while insured under these Policies, the following benefits will be paid for preparing and transporting the remains of the deceased's body to his home country. Repatriation requires prior approval of the Claims Office 1-855-837-3895

- Unlimited Repatriation (while traveling or on campus)
- Unlimited Return of Mortal Remains (while traveling or on campus)
- Return of Traveling Companion

**Medical Evacuation Benefit** - When hospital confined for at least five consecutive days, and recommended and approved by the attending physician, the following benefits will be paid for the evacuation of the insured to his natural country.

All services must be necessary for the care and treatment of the insured. Any expenses for Medical Evacuation require prior approval of the Claims Office.

- Unlimited Emergency Medical Evacuation
- Return of Traveling Companion

## Continuation Privilege

All those insured under the Mandatory Student Health Insurance Plan who have been continuously insured under the school's regular student Policies for at least 3 consecutive months and who no longer meet the Eligibility requirements under these Policies are eligible to continue their coverage for a period of not more than six months under the school policies in effect at the time of such continuation. The continuation plan maximum is \$12,500 ((except for J1 Visa students who are required to carry at least \$50,000 while in the U.S. and continue to be sponsored by the University). You must apply within 14 days of termination. To enroll please call GM-Southwest, Inc. toll-free at 1-855-837-3895 for additional information regarding the Continuation Plans.

## Claim Procedure

On occasion, the claims investigation process will require additional information in order to properly adjudicate the claim. This investigation will be handled directly by GM-Southwest, Inc.

**SuperMed PPO Providers, mail claims to:**  
**P.O. Box 94648**  
**Cleveland, OH 44101-4648**  
**Payer ID 29076**  
**Provider Services: 1-800-601-9208**

**All Other Providers, mail claims to:**  
**GM-Southwest, Inc.**  
**P.O. Box 6000**  
**Frisco, TX 75034**  
**Payer ID Medical Claims 75246**  
**Provider Services: 1-855-837-3895**

1. Bills must be submitted within 90 days from the date of treatment.
2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.
3. Any itemized medical bills should include the student ID number, date of service, name of provider, CPT code, diagnosis code, and should be mailed promptly to the above address. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to GM-Southwest, Inc. within 60 days from the date appearing on the Explanation of Benefits.

## Claims Appeals Procedure

Insured have one (1) year from the date of the Explanation of Benefits to file an appeal to the claims office. The appeal must be in writing and include:

1. The claims information in question,
2. A statement of why the claimant fees the denial or reduced payment was not correct
3. The name of the health care provider or hospital
4. The date of service
5. The place of service
6. A description of the service and
7. The charge

A written response will be sent to the Insured within 15 calendar days of receipt. In the event a Covered Person disagrees with how a claim was processed, he/she may request a review of the decision. Please submit all requests to:

**GM-Southwest, Inc.**  
 Attn: Appeals Department  
 P.O. Box 6000,  
 Frisco, TX 75034

These Policies are issued by:



*24 Hour Nurse Help Line 1-866-751-2723*

**Plan Administrator  
GM-Southwest, Inc.**

P.O. Box 6000 ■ Frisco, TX 75034-8060  
Toll Free: 1-855-837-3895

Customer Service Representatives are available 8:30 a.m. to 5:00 p.m., Monday through Friday (EST) for any questions.

These policies have exclusions, limitations, reduction of benefits and benefit maximums. For cost and details of the coverage, call GM-Southwest, Inc.

## Live Chat

To better serve students using [www.ugastudentinsurance.com](http://www.ugastudentinsurance.com) we offer Live-Chat. Live Chat is an innovative, award winning, customer service program that allows students to chat with members of our staff. This online option allows students to get answers to their questions quickly. The system records the student's information before they speak to a staff member allowing our staff to have the account open and ready to answer any questions.