

SUMMARY OF BENEFITS

Excellus BlueCross BlueShield Health Insurance

for Full-Time University of Rochester Students

Group # 1401-001-1

Excellus BlueCross BlueShield,
Rochester Region

(585) 325-3630

ELIGIBILITY

This booklet describes the insurance for individual full-time University of Rochester students through Excellus BlueCross BlueShield, Rochester Region (Excellus BCBS). Full-time students are required to participate in this plan unless they complete the Health Insurance Options process indicating they are waiving the insurance plan because they have other insurance.

- **Length of Coverage:** Coverage is from September 1 through August 31 as long as the student remains a full-time student at the University of Rochester. Students who graduate in May or June are covered until August 31 unless they notify UHS they wish to cancel their coverage before that date. For students graduating mid-year, call the UHS Insurance Advisor at (585) 275-2637 for information about coverage termination.
- **Termination of Coverage:** Students who cease to be active, full-time students are automatically disenrolled from the insurance plan on the first of the month following receipt of the notification by UHS. See *Guaranteed Conversion* in the column on the right for information about arranging for continuing coverage through Excellus BCBS.
- **Insurance for Spouses, Domestic Partners, and Dependents:** A two-person contract is available for students who would like to enroll their spouse/domestic partner¹ spouse/domestic partner in the BCBS insurance. Specific eligibility guidelines apply for the domestic partner. The spouse/domestic partner must pay the mandatory health fee and will receive the benefits covered by that fee in addition to the services covered by BC/BS. The Aetna University Quality Care Plan is available for students with dependent children. For more information, check the UHS web site at www.rochester.edu/uhs or contact the UHS Insurance Advisor. (See *contact information on page 4.*)

PRIOR AUTHORIZATION

This contract requires prior authorization from UHS for certain services. Please pay particular attention to the services requiring a prior referral or approval from UHS (e.g., visits to the emergency room for non-emergency care, referrals to specialists, etc.). The services requiring a prior referral or approval are noted with ****NEED PRIOR REFERRAL****. Talk with your primary care provider or the UHS Insurance Advisor if you have questions.

¹ Domestic partner is a person living with the student as a domestic partner with whom the student cannot legally marry, e.g., partner of the same sex. For more information, contact the UHS Insurance Advisor at (585) 275-2637.

GUARANTEED CONVERSION

Students who are disenrolled from the University's Excellus BlueCross BlueShield, Rochester Region (Excellus BCBS) student insurance have the option of purchasing health insurance coverage directly with Excellus BCBS. Students are notified at the last known home address of this option within 90 days of disenrollment. If the student pays the premium included with that notification within 30 days, enrollment in the direct Excellus BCBS contract is automatic without medical review, additional waiting periods, or application procedures. If a student is no longer in the Rochester area, Excellus BCBS will advise the student about procedures for transferring coverage to his/her local BCBS carrier. Benefits and premiums will differ from the University of Rochester student contract. Call BCBS at 585-325-3630 for assistance.

COORDINATION OF BENEFITS

When students are covered by two health insurance plans that provide similar benefits, benefit payments will be coordinated with payment made under the other plan. One company will pay its full benefit as the primary plan. The other company will pay secondary benefits if necessary to cover all or some of the remaining expenses, preventing duplicate payments and overpayments. Individuals will not be reimbursed for claims in excess of 100% of the expenses incurred.

PAYMENT FOR BENEFITS AND SERVICES

Most physicians in the area served by the Excellus BCBS have signed a contract to accept allowances in accordance with the Blue Shield Fee Schedule. These physicians are called *participating physicians*. For Rochester area physicians who do not participate in Blue Shield (*non-participating physicians*), the fees are covered up to 50% of the Blue Shield Schedule of Allowances.

If you receive services outside the Excellus BCBS service area, you may find that the physician's charge is higher than is allowed on the BlueCross BlueShield Fee Schedule. For benefits that are covered "up to the rate on the Excellus BCBS or Blue Shield Fee Schedule" this means you are financially responsible for paying the remaining balance.

IMPORTANT NOTES ABOUT COVERAGE

- Benefits requiring a prior referral are noted.
- Please note the copayments for visits to specialists and emergency room services.

INPATIENT BENEFITS

HOSPITALIZATION: Full coverage is provided for hospital charges for semi-private room and all other customary in-patient services (ancillary services) in a member hospital up to 120 days. Stays in hospitals outside the U.S. are paid the same as a member hospital. The majority of hospitals in the U.S. are in the category of member hospitals. In a non-member hospital, the allowance is \$20 per day toward the room charge plus 80% of the ancillary charges. (The 120 maximum for hospitalization includes care in medical, psychiatric, and medical rehabilitation facilities.)

Benefits are provided for the following types of admissions:

- Diagnostic
- Maternity
- Mental/nervous
- Other medically necessary
- Alcoholism/drug abuse

DOCTORS' FEES: The doctor's fees for inpatient consultations and daily visits, surgery, and anesthesia are covered up to the rate on the Blue Shield Fee Schedule. For Rochester physicians who do not participate in Blue Shield, the fees are covered up to 50% of the Schedule. (See also, "Psychiatric Benefits" for doctors' fees for hospitalization.)

PRE-ADMISSION TESTING: Pre-admission testing is covered in full within 48 hours of inpatient admission.

Waiting Period for Hospitalization Coverage

There is a 12- month waiting period for hospitalization coverage of pre-existing conditions. The waiting period will be waived if the student signs up at the first time of eligibility which is:

- During the first month of full-time matriculation.
- Upon transfer from another Blue Cross and Blue Shield contract where waiting periods have been fulfilled.
- Within 30 days after becoming ineligible for coverage under parental contract due to age.
- Under the family contract within 30 days of marriage when the student has already fulfilled this waiting period.

SURGICAL PROCEDURES: For physicians who participate in Excellus BlueCross BlueShield, Rochester Region (Excellus BCBS) and out-of-the-county physicians, the fee is covered up to 100% of the Blue Shield Fee Schedule.

For physicians who do not participate with Excellus BCBS, the fee is covered up to 50% of the rate on the Blue Shield Fee Schedule. This benefit applies to surgical procedures performed in an inpatient setting, an outpatient setting, or in a physician's office.

- **Cosmetic surgery** is limited to repair due to accidental injury occurring while covered by the contract.
- **Extraction of wisdom teeth** is not covered under this contract.
- **Surgical second opinions** are covered up to the rate on the Blue Shield Fee Schedule. The bill must say "Surgical Second Opinion" to be covered.

A separate dental insurance policy is available for students. Call (585) 275-5000 for information.

MEDICAL REHABILITATION SERVICES: Services provided in an extended care facility for medically necessary confinement for rehabilitation are covered up to 120 days. (The 120 day maximum for hospitalization includes care in medical, psychiatric, and medical rehabilitation facilities.) Substance abuse rehabilitation and custodial care are not covered.

OUTPATIENT BENEFITS (AMBULATORY CARE)

EMERGENCY CONDITION CARE:

Call UHS first, 275-2662.

- **Emergency Care – Facility.** \$50 copayment for all services and supplies provided for the treatment of an Emergency Condition* in and out of Monroe County rendered in a hospital emergency room, an outpatient department of a hospital, or an ambulatory surgical center.
- **Emergency Care – Professional.** Full coverage is provided for physician services for the treatment of an Emergency Condition in the emergency room, an outpatient department of a hospital, an ambulatory surgical center, or physician's office.

* An Emergency Condition is a life-threatening or disabling condition requiring immediate medical attention. Examples include: heart attacks, severe abdominal pain, poisoning, accidental injuries, and multiple trauma. Examples of conditions not ordinarily considered to be Emergency Conditions are head colds, flu, minor cuts and bruises, muscle strain, postcoital contraception, and rashes.

NON-EMERGENCY CONDITION CARE:

(i.e., medical conditions that are not life-threatening.)

Within Monroe County: **NEED PRIOR REFERRAL**

- **Non-Emergency Condition Care – Facility.** \$50 copayment. Care rendered in a hospital emergency department is covered **only if** the student received a referral from UHS **before** the visit. Call UHS at 275-2662.
- **Non-Emergency Condition Care – Professional.** Physician visits in an emergency room are covered **only if** the student received a referral from UHS before the visit.

Outside Monroe County:

- Outpatient visits to a hospital clinic, a hospital emergency department, or an Urgent Care Center for non-emergency care are covered up to \$125 per visit. The associated physician-billed services in a hospital clinic or a hospital emergency department are **not** covered. UHS referral is **not** necessary. Coverage is not provided for visits to a physician's office.

Reminder: Whenever UHS offices are closed, UHS has a physician on-call and available by phone for urgent concerns that cannot wait until the offices re-open. Call UHS at 275-2662 to reach the physician on-call.

QUESTION ABOUT A CLAIM? Call Excellus BCBS at 325-3630.
2 **Your group # is 1401-001-1.**

ADDITIONAL OUTPATIENT BENEFITS

AMBULANCE CHARGES: Covered in full when medically necessary. No UHS referral is required.

CHEMOTHERAPY, DIALYSIS, & RADIATION THERAPY: Coverage is 100% of the BCBS Fee Schedule for the treatment fee and the clinic/visit fee to receive these services. Please let your primary care provider at UHS know when you are receiving these services. The number to call is (585) 275-2662.

CHIROPRACTORS: ****NEED PRIOR REFERRAL****

Subject to a \$10 co-payment per visit, visits are covered up to \$500 with prior referral from UHS.

DENTAL (Accident-Related only): Coverage is limited to services and care for treatment of sound, natural teeth provided within twelve (12) months of an accidental injury. (The student must be enrolled in this insurance plan at the time of the accidental injury.) Benefits in these cases are provided as a total benefit for both hospital and doctor's bills. Extraction of wisdom teeth is not covered by this contract.

(A separate dental insurance plan is available for students through the Eastman Dental Center. For information, call 275-5000.)

DIABETES SERVICES:

- *Insulin and Diabetic Supplies:* Covered in full up to \$125 per 30 day supply.
- *Diabetic Durable Medical Equipment:* Covered in full.
- *Diabetic Education:* Covered in full up to \$125 per visit with no limit on the number of visits.

HOME HEALTH CARE: Home care provided by a home care agency under contract with Blue Cross is covered for up to 200 visits in a 365 day period, beginning with the date of the first visit. The first 90 visits are paid in full; the remaining 110 days are paid at 50% of the billing. Multiple health services must be required in order to qualify for this benefit.

LABORATORY TESTS AND X-RAYS

Diagnostic Laboratory Tests

- 100% of the Blue Cross rate schedule for diagnostic (medically necessary) laboratory tests when billed by a hospital, UHS, or independent lab.
- 80% of the Blue Shield rate schedule for physician billed services that are medically necessary.

X-Rays

- 100% of the Blue Cross rate schedule for accident-related conditions and for non-accident but medically necessary conditions when billed by a hospital.
- 80% of the Blue Shield rate schedule for medically necessary or accident-related x-rays when billed by a physician's office.

Non-Diagnostic Laboratory Tests & X-Rays

- 100% coverage for an annual pap smear.
- No coverage for routine labs or x-rays (e.g., for a physical).

PHYSICAL THERAPY: Up to 12 visits per calendar year covered in full. UHS referral not required. *(LIMITED # OF VISITS)*

PROSTHETIC DEVICES: Custom made internal and external prosthetic devices are covered 100% of the BCBS Fee Schedule when ordered by the patient's physician and accompanied by a prescription. Included are replacements required by a change in the patient's physical condition and charges for repair but not replacement due to loss.

REFERRALS TO SPECIALISTS ****NEED PRIOR REFERRAL****

▪ **Within Monroe County:** Consultations (office visits) are covered up to \$500 per specialty per calendar year with a \$10 co-payment per visit. A written referral must be made by a UHS physician or nurse practitioner prior to the initial consultation with a specialist. Procedures ordered by a specialist (e.g., allergy testing) may not be covered. Call BCBS at 325-3630 to confirm in advance. *(A new referral is needed at the beginning of each calendar year.)*

▪ **Outside Monroe County:** Not covered.

SPEECH THERAPY: Up to 6 visits per calendar year covered in full. UHS referral is not required. *(LIMITED # OF VISITS)*

PREVENTIVE & PRIMARY CARE SERVICES

VACCINATION: Annual influenza (flu) vaccination is covered. *(Note: This benefit was added for the 07-08 year.)*

WELL CHILD VISIT: For students *under* age 19, the following services are covered when provided as part of a *Well Child Visit*:

- Complete medical history
- Complete physical examination
- Routine laboratory tests
- The following immunizations: Diphtheria, Pertussis, Tetanus, Polio, Measles, Rubella, Mumps, Hepatitis B, and Meningitis. *(Note: Meningitis vaccine does not need to be part of a well child visit and is available to those 19 and under.)*

OUTPATIENT ALCOHOL & SUBSTANCE ABUSE CARE

Coverage in full up to 60 visits per calendar year for services rendered by an approved provider. If you have a primary care provider at UHS, please let that person know when you are receiving these services; the number to call is (585) 275-2662.

A separate dental insurance policy is available for students. Call (585) 275-5000 for information.

QUESTION ABOUT A CLAIM? Call Excellus BCBS at 325-3630.
3 **Your group # is 1401-001-1.**

PSYCHIATRIC CARE

INPATIENT PSYCHIATRIC CARE:

- *Hospitalization:* 120 days of semi-private room and all medically necessary services for acute care (or partial hospitalization with 2 partial days equaling 1 inpatient day) are covered in full when billed by a hospital. A private room is covered when medically necessary. (The 120 maximum for hospitalization includes care in medical, psychiatric, and medical rehabilitation facilities.)
- *Physician's Charges:* The physician's charges during an inpatient hospital stay are covered up to the rate on the Blue Shield Fee Schedule.

OUTPATIENT PSYCHIATRIC CARE:

**** NEED PRIOR REFERRAL ****

Covers up to 20 visits per year with a participating provider. Subject to a \$10 co-pay per visit.

GYNECOLOGICAL & MATERNITY BENEFITS

ANNUAL GYNECOLOGICAL EXAMINATIONS: The cost of the office visit for an annual gynecological (GYN) examination performed at UHS is covered in full by the mandatory health fee. The cost of the Pap smear is covered in full by Blue Cross. The cost of the office visit for a routine annual examination performed outside UHS is not covered; the cost of the Pap smear is covered.

PRENATAL AND POSTNATAL CARE: Benefits provided for normal delivery, including prenatal and postnatal care, delivery by cesarean section, procedures connected with tubal pregnancies, and abortions, up to the rate on the Blue Shield Fee Schedule.

HOSPITAL CHARGES FOR THE MOTHER: Covered in full for semi-private room rates for normal obstetrical care, ectopic pregnancy, cesarean, abortion, and miscarriage. The number of days is included in the 120 days of hospital care.

NURSERY CARE: The initial and one subsequent examination when performed by a physician between the date of birth and the newborn's discharge from the hospital covered in full. Coverage for intensive care or specialty care nursery is available under the University High Deductible family insurance plan for full-time students if the parent changes to the family plan within 30 days of birth and the newborn is added to the contract.

FAMILY CENTERED CARE (Home care after delivery)
Covered in full up to three days.

EXCLUSIONS

This contract requires prior authorization from UHS for certain services. Pay particular attention to services requiring a prior referral or approval. In addition to the exclusions and restrictions listed under specific sections in this summary, the following services are NOT COVERED by this BlueCross BlueShield insurance:

- Emergency room fees *unless* accident-related, life threatening, or approved prior to the visit by a UHS health care provider. (See page 2.)
- Office visits outside UHS except within Monroe County with a prior referral from UHS. (See "Referrals to Specialists" on page 3.)
- Over-the-counter and prescription medications.
- Allergy testing and serum.
- Routine or periodic physical exams if other than covered under *Preventive and Primary Care Services*. (See page 3.)
- Injections/immunizations if other than those covered under *Preventive and Primary Care Services*. (See page 3.)
- Any dental care not related to an accidental injury. (See page 3.)
- Exams for the purpose of prescribing or fitting eye glasses or hearing aids.
- Cosmetic surgery.
- Hospital private room, TV, telephone, discharge prescriptions.
- Substance abuse rehabilitation and custodial care.
- Acupuncture.
- Services covered under Workers' Compensation.
- Equipment and appliances, including crutches.
- Pre-existing conditions, unless the student was enrolled at his/her first time of eligibility.

IMPORTANT PHONE NUMBERS

**Excelsus BlueCross BlueShield,
Rochester Region** (585) 325-3630
165 Court St., Rochester, NY 14647

TTY Hearing Impaired (585) 454-2845
Toll-free outside New York State (800) 847-1200

To request a new card or to change your address with BCBS:
BC/BS Express # (585) 454-5010
BC/BS Web site: www.excellusbcbcs.com

UHS Insurance Advisor..... (585) 275-2637
insurance@uhs.rochester.edu (Fax: 585-756-0263)
Room 204, UHS Building, UR River Campus
Box 270617, University Health Service, Rochester, NY 14627

This Summary of Benefits is available on the
UHS web site at www.rochester.edu/uhs
in "Health Insurance for Full-time Students."

Revised July 2009