



# SHIP Student Health Insurance Plan

## Plan Summary 2014–2015

### INFORMATION ABOUT THE STUDENT HEALTH INSURANCE PLAN

The Student Health Insurance Plan (“the Plan”) is administered on behalf of La Sierra University and La Sierra University Student Health Services. The Plan Sponsor is responsible for the proper administration of the Plan according to the terms of the Description of Benefits. For questions, contact La Sierra University Student Health Services at **1-951-785-2200**.

This Plan has an Aggregate Annual Maximum Benefit of \$50,000 for all conditions combined.

### ELIGIBILITY AND ENROLLMENT

All domestic graduate and all undergraduate Students enrolled in six (6) or more credit hours and all degree-seeking Students at La Sierra University are required to purchase and be covered under the Plan. Students enrolled in off-campus programs are excluded from eligibility in the Plan, except for degree-seeking criminal justice Students.

Eligible Students are automatically enrolled in the Plan at registration. Students must actively attend classes for at least the first 31 days after the date for which coverage under the Plan is purchased.

Dependents (spouse/children) are not eligible to enroll in the Plan.

### COVERAGE PERIODS

Fall	September 17, 2014 – January 4, 2015
Winter	January 5, 2015 – March 29, 2015
Spring/Summer	March 30, 2015 – September 21, 2015
Summer	June 15, 2015 – September 21, 2015

*Premiums will not be pro-rated if the Student enrolls past the first date of the Coverage Period for which he or she is applying.*

### WHERE TO OBTAIN TREATMENT

This Plan is an Exclusive Provider Organization (EPO) Plan. An EPO Plan allows the Student to receive Eligible Health Care Services only from approved medical providers participating in the Plan’s EPO. The Plan’s EPO includes physicians, hospitals, and other medical providers, that have agreed to become part of the EPO and provide Eligible Health Care Services to Students covered under the Plan at a lower negotiated rate. If the Student uses approved EPO providers, coverage will be provided as listed in the Plan Benefits Section of this summary, and the Student’s out-of-pocket expenses will be lower. If the Student does not use an approved EPO provider, they will not be eligible for benefits under the Plan. **In other words, the Plan does not provide coverage for health care services received from providers that are not members of the Plan’s EPO.** La Sierra University’s Student Health Plan EPO consists of:

#### La Sierra University Student Health Services (SHS)

Students must use the resources of La Sierra University Student Health Services first when receiving Eligible Health Care Services under the Plan. Student Health Services will provide Eligible Health Care Services whenever possible. If Student Health Services is unable to provide Eligible Health Care Services under the Plan, it will issue a referral to an approved EPO provider and coordinate necessary follow-up care. Other Eligible Health Care Services under the Plan also require a referral from Student Health Services. Eligible Health Care Services requiring a Student Health Services referral are identified in the Plan Benefits Section of this summary. Expenses incurred for Eligible Health Care Services received outside of Student Health Services for which no Student Health Services referral was obtained may be excluded from benefits and coverage under the Plan. Referrals issued by Student Health Services must be documented and on file with Student Health Services or accompany the Student’s claim when submitted.

A Student Health Services referral for Eligible Health Care Services received outside of Student Health Services is not required under the following conditions:

- Medical Emergency. In the case of a Medical Emergency, call 911 or go to the nearest Emergency Room. However, the Student must contact Student Health Services within 24 hours from the date of receiving Emergency Health Services and/or being discharged from a hospital emergency room or facility. The Student may also be required to return to Student Health Services for necessary follow-up care within 72 hours from the date of receiving Emergency Health Services and/or being discharged from a hospital emergency room or facility;
- When Student Health Services is closed. However, the Student must first contact Campus Security at **1-951-785-2222** whenever reasonably possible before accessing Eligible Health Care Services outside of Student Health Services’ normal operating hours;
- Eligible Health Care Services received from another provider or at another health care facility during break or vacation periods;
- Primary Care services for Students residing or traveling outside a 50-mile radius of Student Health Services. However, in the event that a Student requires additional Eligible Health Care Services requiring a referral under the Plan, such as a specialist, they must first contact the SHS and obtain the necessary referral before receiving those services in order for benefits to be payable under the Plan.
- Ob-gyn care; or
- Maternity care.

Students residing or traveling outside of a 50-mile radius of Student Health Services are not required to use the resources of Student Health Services first when receiving Primary Care services. In these instances, Students can access Primary Care services through the Plan’s other approved EPO providers on the First Health Network. However, in the event that the Student requires additional Eligible Health Care Services requiring a referral under the Plan, such as a specialist, they must first contact Student Health Services and obtain the necessary referral before receiving those services in order for benefits to be payable under the Plan.

<i>Student Health Services is located at:</i>	11498 Pierce Street, Suite A
<i>To make an appointment, call:</i>	<b>1-951-785-2200</b> (for the Counseling Center, call <b>1-951-785-2011</b> )
<i>Hours:</i>	Monday–Thursday, 8:00 a.m. to 5:00 p.m.; Friday, 8:00 a.m. to 12:00 p.m.
<i>On-call staff are available all hours the SHS is closed, including weekends and holidays. Contact Campus Security at <b>1-951-785-2222</b> for assistance.</i>	

### Other EPO Plan Providers

The Plan also provides coverage for Eligible Health Care Services received by other EPO providers outside of Student Health Services. The Plan's EPO includes physicians, hospitals, and other medical facilities. In the event that a Student requires Eligible Health Care Services outside of Student Health Services, the Student is required to use an approved EPO provider. An approved EPO provider under the Plan is defined as any provider that is contracted as a preferred provider on the First Health Network at the time that services are received. For a list of approved EPO providers, please visit [www.myfirsthealth.com](http://www.myfirsthealth.com), or contact Student Health Services.

### Emergency Room vs. Urgent Care Center

In the case of a Medical Emergency, call 911 or go to the nearest Emergency Room (ER). If you need immediate attention but the illness or injury is NOT life-threatening, and SHS is closed or you are more than 50 miles away from SHS, you should try to visit an EPO urgent care center instead of a hospital emergency room. These facilities are often open evenings and weekends, and you will usually pay less money out-of-pocket than you would at an ER. Also, if you go to an ER, you will be charged a higher copay. You can find an urgent care center near you on the First Health website, including those listed below. *Always contact the facility prior to your visit to confirm their hours and membership in the network.*

Parkview Outpatient Medical Group	DV Urgent Care Medical
9041 Magnolia Ave., Ste. 107 Riverside, CA 92503-3900 1-951-353-1021	6080 Hamner Ave., Ste. 100 Eastvale, CA 91752-3662 1-951-361-0104

### Prescriptions

You MUST fill your prescriptions at an Express Scripts pharmacy or they will not be covered by the Plan. Some local Express Scripts pharmacies include CVS, Vons, Rite Aid, Target, and Walmart. Simply present your ID card to the pharmacist and pay the applicable copay at time of pickup. To locate additional Express Scripts pharmacies, call **1-800-447-9638** or visit [www.express-scripts.com](http://www.express-scripts.com).

### USING THE PLAN AND GETTING YOUR BILLS PAID

Please note these important instructions on how to use the Plan and make sure the treatment or services you receive will be covered:

1. You can download your Plan ID card at [www.lasierra.edu/health](http://www.lasierra.edu/health) once you are enrolled in the Plan. Carry it with you at all times. If you go to a doctor's office, urgent care center, hospital, or pharmacy, show them your ID card. They may call Personal Insurance Administrators, Inc., at the number on the back to verify your coverage.
2. When you visit an EPO doctor, you may be charged the required copay at time of service, so be sure to bring cash or a credit card with you.
3. Except as otherwise noted, you must visit SHS first for a referral before seeking treatment elsewhere. If a referral is required but not obtained, the Plan will NOT pay for your treatment and you will be responsible for all charges.
4. Except in the case of an emergency, if you obtain treatment by a provider or facility that is not part of the EPO, the Plan will NOT pay for your treatment and you will be responsible for all charges.
5. If you visit an emergency room or urgent care center, you must contact Student Health Services within 24 hours from the date of receiving services and/or being discharged from a hospital emergency room or facility. You may also be required to return to Student Health Services for necessary follow-up care within 72 hours from the date of receiving urgent care services and/or being discharged from a hospital emergency room or facility.
6. As indicated, certain Eligible Health Care Services and prescription drugs covered under the Plan require prior authorization in order for benefits to be payable. If prior authorization is required but not obtained, benefits may NOT be payable for those services under the Plan. Contact the Utilization Review Organization at **1-888-638-5706** to obtain authorization **prior to** receiving treatment, or Express Scripts at **1-800-451-6245** to obtain authorization **prior to** filling a prescription. See the Description of Benefits for specific requirements and time frames.
7. After you receive treatment, you will be charged the deductible first before the company will begin paying benefits (except as otherwise noted).
8. After you receive treatment at an EPO provider, the provider may submit the charges directly to the claims administrator for you. In this case, you will receive an Explanation of Benefits indicating what the Plan covered, and then the provider will bill you for any remaining charges. If the provider does not submit the charges directly, YOU will be responsible for filing a claim. In this case, you must complete the claim form and, within 180 days of treatment, send it along with any itemized hospital and medical bills to:  
**Personal Insurance Administrators, Inc.**  
**P.O. Box 6040**  
**Agoura Hills, CA 91376-6040**
9. If you have questions about the status of your claim after it has been submitted or for any questions about benefits, please call Personal Insurance Administrators, Inc., at **1-800-468-4343**, Monday–Friday from 8:00 a.m. to 5:00 p.m. (4:00 p.m. on Fridays) PT. **Always keep a copy of all documents submitted for claims.**

This document is only a brief summary of the Student Health Plan. La Sierra University reserves the right, in its sole discretion at any time, to make any change, amendment, or modification to the Plan, including this description. You will be notified in writing of any changes. For complete provisions of the Plan, including benefits, limitations, exclusions, definitions, and claim procedure, please review the Description of Benefits carefully, available at [www.lasierra.edu/health](http://www.lasierra.edu/health). **If there is any discrepancy between this summary and the Description of Benefits, the Description of Benefits will govern.**

**2014–2015 SCHEDULE OF BENEFITS**

Following is a brief description of the benefits of the Plan. Please see the Description of Benefits for a complete explanation of benefits and limitations.

PAID BY STUDENT	SHS	EPO
Your Deductible (must be satisfied before benefits are paid, except as noted below)	\$100 per plan year per Student	
Your Office Visit Copay (copays for ER and prescriptions also apply—see below)	none	\$20 per visit
Your Coinsurance Amount (for most services, except as noted below)	0%	20%

PAID BY PLAN		
<b>AGGREGATE ANNUAL MAXIMUM BENEFIT</b>	\$50,000 per Student per plan year (for all conditions combined)	
<b>ELIGIBLE EXPENSES</b> include the following	up to the maximum benefit indicated above or as specified below	
<b>PREVENTIVE HEALTH SERVICES*</b>	<b>SHS</b>	<b>EPO</b>
<b>Routine Physical Exam*</b> includes screening for certain conditions such as: cancer, high cholesterol, depression, diabetes, obesity, and certain sexually transmitted diseases, as included in the Grade A and B recommendations of the U.S. Preventive Services Task Force (USPSTF), and women’s wellness exam	100% of eligible expenses <b>DEDUCTIBLE WAIVED</b>	100% of eligible expenses <b>DEDUCTIBLE &amp; COPAY WAIVED</b>
<b>Immunizations*</b> includes but not limited to: flu shot, tetanus, diphtheria, pertussis, Tdap, measles-mumps-rubella, hepatitis A, hepatitis B, HPV, pneumonia, varicella, meningococcal; only as recommended by the U.S. Centers for Disease Control and Prevention	100% of eligible expenses <b>DEDUCTIBLE WAIVED</b>	100% of eligible expenses <b>DEDUCTIBLE &amp; COPAY WAIVED</b>
<b>Contraceptives</b> FDA-approved contraceptive methods, as prescribed by a doctor; contraceptives obtained through a pharmacy must be purchased at an Express Scripts pharmacy	100% of eligible expenses <b>DEDUCTIBLE WAIVED</b>	100% of eligible expenses <b>DEDUCTIBLE &amp; COPAY WAIVED</b>
<b>INPATIENT SERVICES+</b>	<b>SHS</b>	<b>EPO</b>
<b>Hospital Facility Services</b> hospital confinement, room and board and hospital miscellaneous	N/A	80% of eligible expenses
<b>Hospital Physician Visits/Consultations</b>	N/A	80% of eligible expenses
<b>Hospital Professional Services</b> including surgeon, radiologist, pathologist, or anesthesiologist fees, in connection with inpatient surgery or procedure; assistant surgeon limited to 20% of primary surgeon eligible expenses	N/A	80% of eligible expenses
<b>Other Health Care Facilities</b> skilled nursing facility, rehabilitation hospital and sub-acute facilities	N/A	80% of eligible expenses
<b>Severe Mental Illness</b>	N/A	80% of eligible expenses
<b>Other Mental Health Services and Substance Abuse/Chemical Dependency Treatment</b> limited to a maximum of 7 days and \$15,000 per plan year each	N/A	80% of eligible expenses
<b>Other Mental Health and Substance Abuse/Chemical Dependency Treatment Partial Hospitalization</b> limited to a maximum of 7 days and \$15,000 per plan year each	N/A	80% of eligible expenses
<b>OUTPATIENT SERVICES</b>	<b>SHS</b>	<b>EPO</b>
<b>Emergency Health Services</b> use of emergency room and supplies; \$50 copay waived if directed by SHS to visit ER; treatment must be received within 72 hours from time of Injury or first onset of sickness; Eligible Health Care Services obtained from an emergency room facility or providers not meeting the definition of medical necessity are not covered under the Plan.	N/A	80% of eligible expenses (includes non-EPO providers) <b>\$50 COPAY</b>
<b>Urgent Care Services</b>	N/A	80% of eligible expenses <b>\$20 COPAY; DEDUCTIBLE WAIVED</b>
<b>Physician Visits*</b> primary care office visit, including consultations and referral services	100% of eligible expenses <b>DEDUCTIBLE WAIVED</b>	80% of eligible expenses <b>\$20 COPAY; DEDUCTIBLE WAIVED</b>
<b>Specialist Visits*</b> including office visit, consultations and referral services; visits to an approved EPO obstetrician or gynecologist do not require a referral	N/A	80% of eligible expenses <b>\$20 COPAY; DEDUCTIBLE WAIVED</b>
<b>Mental Health Counseling Services*</b> treatment received at an EPO provider outside the SHS is limited to a maximum of one visit per day and \$1,000 per plan year	100% of eligible expenses <b>DEDUCTIBLE WAIVED</b>	80% of eligible expenses <b>DEDUCTIBLE &amp; COPAY WAIVED</b>
<b>Severe Mental Illness*</b>	N/A	80% of eligible expenses <b>\$20 COPAY; DEDUCTIBLE WAIVED</b>
<b>Other Mental Health Services and Substance Abuse/Chemical Dependency Treatment*</b> physician’s office visits and outpatient facility; limited to a maximum of \$1,000 per plan year each	N/A	80% of eligible expenses <b>\$20 COPAY; DEDUCTIBLE WAIVED</b>
<b>Facility Services*</b> including operating, recovery, procedure, treatment, and observation rooms	N/A	80% of eligible expenses
<b>Professional Services*</b> including surgeon, radiologist, pathologist, or anesthesiologist fees, in connection with outpatient surgery or procedure; assistant surgeon limited to 20% of primary surgeon eligible expenses	N/A	80% of eligible expenses
<b>Tests and Procedures*</b> includes additional services billed separately from office visit charge	N/A	80% of eligible expenses
<b>Laboratory and Radiology Services*</b>	N/A	80% of eligible expenses
<b>Advanced Radiological Imaging*</b> including MRIs, MRAs, CAT Scans, PET Scans, etc.	N/A	80% of eligible expenses
<b>Short Term Rehabilitative Therapy and Physical Therapy*</b> limited to a maximum of \$1,000 per plan year	N/A	80% of eligible expenses
<b>Ambulance Services</b> ground only; limited to a maximum of \$500 per plan year	N/A	80% of eligible expenses
<b>MATERNITY CARE SERVICES</b>	<b>SHS</b>	<b>EPO</b>
<b>Initial visit to confirm pregnancy</b>	N/A	80% of eligible expenses <b>\$20 COPAY; DEDUCTIBLE WAIVED</b>
<b>All subsequent Prenatal Visits, Postnatal Visits, and Physician’s Delivery Charges</b>	N/A	80% of eligible expenses <b>\$20 COPAY; DEDUCTIBLE WAIVED</b>
<b>Office Visits in addition to global maternity fee when performed by an OB or Specialist</b>	N/A	80% of eligible expenses <b>\$20 COPAY; DEDUCTIBLE WAIVED</b>
<b>Delivery-Facility+</b> inpatient hospital, birthing center	N/A	80% of eligible expenses
<b>OUTPATIENT PRESCRIPTION DRUGS+</b>	<b>EXPRESS SCRIPTS PHARMACIES ONLY</b>	
covered at 100% after copay; includes medication for the management and treatment of diabetes; prior authorization is required for certain drugs	<b>Generic Drugs:</b> \$15 COPAY <b>Preferred Brand Name Drugs (when a generic alternative does not exist or is not medically appropriate):</b> \$30 COPAY <b>Maximum Benefit:</b> \$1,000 per plan year	
To locate an Express Scripts pharmacy, call 1-800-451-6245 or visit <a href="http://www.express-scripts.com">www.express-scripts.com</a> .		
ONLY PRESCRIPTIONS FILLED AT AN EXPRESS SCRIPTS PHARMACY ARE COVERED		

\* Referral required for Students for treatment outside of SHS (except as otherwise allowed—see Description of Benefits for details).

+ Prior authorization required.

**EXCLUSIONS**

No benefits will be paid under the Plan for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, related to:

1. College entrance physicals;
2. Non-cystic acne;
3. Acupuncture;
4. Addiction, such as: nicotine addiction; and caffeine addiction; non-chemical addiction, such as gambling, sexual, spending, shopping, working and religious; codependency;
5. Allergy testing and treatment;
6. Hyperkinetic Syndromes, milieu therapy, behavioral problems, conceptual handicap, developmental delay or disorder or mental retardation; except as specifically provided by the Plan;
7. Biofeedback;
8. Injections; except as specifically provided by the Plan;
9. Chemotherapy; Radiation; Injections;
10. Chiropractic services;
11. Circumcision;
12. Clinical trials;
13. Congenital conditions, except as specifically provided in benefits for Reconstructive Surgery or for Newborn or adopted infants;
14. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under the Plan or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
15. 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;
16. Dental treatment, except for accidental Injury to Natural Teeth;
17. Diabetic supplies;
18. Durable Medical Equipment;
19. Elective Surgery or Elective Treatment;
20. Elective abortion, unless Medically Necessary;
21. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
22. Foot care including: flat foot conditions, supportive devices for the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
23. Health spa or similar facilities; strengthening programs;
24. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
25. Hirsutism;
26. Hypnosis;
27. Immunizations; except as specifically provided in the Plan;
28. Preventive medicines or vaccines; except as specifically provided in the Plan; or where required for treatment of a covered Injury;
29. Loss sustained or contracted in consequence of the Student being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician;
30. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
31. Injury sustained while (a) participating in any interscholastic, intercollegiate, or professional sport, contest, or competition; (b) traveling to or from such sport, contest, or competition as a Student; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
32. Investigational services;
33. Lipectomy;
34. Organ transplants, including organ donation;
35. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
36. Prescription Drug Services – no benefits will be payable for
  - a) Therapeutic devices or appliances, including hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
  - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
  - c) Drugs labeled, "Caution – limited by federal law to investigational use" or experimental drugs;
  - d) Products used for unapproved cosmetic indications;
  - e) Drugs used to treat or cure baldness, and anabolic steroids used for bodybuilding;
  - f) Anorectics – drugs used for the purpose of weight control;
  - g) Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene;
  - h) Growth hormones; or
  - i) Refills in excess of the number of specified or dispensed after one (1) year of date of the prescription;
37. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies received for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
38. Research or examinations relating to research studies, or any treatment for which the Student or the Student's representative must sign an informed consent document identifying the treatment in which the Student is to participate as a research study or clinical research study;
39. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
40. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
41. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
42. Injuries due to skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
43. Sleep disorders;
44. Speech therapy; naturopathic services;
45. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
46. Supplies, except as specifically provided in the Plan;
47. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the Plan;
48. Travel in or upon sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all-terrain vehicle (ATV); jet ski; ski cycle; or snowmobile, scuba diving, surfing, roller skating;
49. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
50. 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); and
51. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

**Excess Provision**

No benefit is payable for any expense incurred for Injury or Sickness which is paid or payable by other valid and collectible insurance.