

# **LOMA LINDA UNIVERSITY STUDENT HEALTH PLAN**

**07-01-16**

This plan is a University sponsored student health plan designed to provide comprehensive medical coverage for you and your eligible dependents. It is not an insurance program. This Plan includes coverage for hospital care, surgery, emergency care, prescription drugs, limited dental and more. Generally, to be eligible for reimbursement under the provisions of the Plan, expenses must be incurred while coverage is in effect. Expenses incurred before your plan coverage becomes effective or after your plan coverage has terminated will not be covered. **This plan will only provide medical coverage on an excess basis.** This means that all medical expenses must first be submitted to any other available source of health care coverage. **There is no optical coverage available.**

**ENROLLMENT:** The process to enroll in the Student Health Plan is completed through the on-line registration process. Once your registration is complete, information will be relayed to Risk Management. If you are adding an eligible dependent to your Student Health Plan, the Student Health Plan Enrollment form will need to be completed and submitted to Risk Management with the necessary payment.

**PREFERRED PROVIDER PLAN:** The health plan has been developed as a PPO (Preferred Provider) plan. You may utilize services outside of the preferred provider structure; however it will be at reduced benefits.

**PLAN YEAR:** The Plan benefit year is a fiscal year and runs from **July 1** through **June 30**.

**ELIGIBILITY:** You are eligible for benefits if you:

- Are attending Loma Linda University as a graduate or undergraduate; and
- Are a degree track student. Students who are accepted into a degree program and registered for more than 0 units will be eligible regardless of the number of units they're registered for.
- Are a non-degree student registered for more than 4 units. Students who are not accepted into a degree program but are registered as a non-degree student for more than 4 units will be eligible.

However, non-degree students registered for 4 units or less will not be eligible nor will they be eligible to buy in to the Student Health Plan.

- Were previously covered under the Plan and are on an approved leave of absence from your academic program.
- IS and IP Only student. Leave of Absence students are ineligible for the Student Health Plan unless they have an approved buy in. Those students who are working on "In Progress" courses, and who are not registered for any other units, will be eligible.

## **Additional information regarding eligibility:**

- Students who drop before the deadline will not be covered. Any eligible student who drops all units before the last day for a full refund will not be eligible for the University Student Health Plan for that quarter.

- LLUH employees who are “full time benefit eligible” will not be eligible for the Student Health Plan.
- Those students participating in an off campus or online program will not be eligible for the Student Health Plan.
- An eligible student’s coverage will become effective on the first day of class or new student orientation, whichever occurs first

**BUY-IN PROVISION:** Under the following provisions a student may obtain coverage under this health plan or extend coverage to a spouse or dependent children each quarter. In order to receive any coverage under this Plan, a student must apply for coverage during an open enrollment period, within 30 days of a status change i.e.(within 30 days of marriage or within 30 days of the birth of a newborn child) and pay the appropriate *quarterly* student contribution as outlined below:

1. Spouse/Dependent Children – If you are a student covered under this plan, you may extend health plan coverage to your spouse or dependent children.
2. Leave of Absence (LOA) – If you are a student who has been covered under the Plan up until the time that you leave school on an approved leave of absence (LOA), you may extend your coverage under the Plan for the length of the approved LOA, up to a maximum extension of one year.
3. Continuation Coverage – If you have been covered under this Plan and no longer meet the eligibility requirements, you and your eligible dependents may continue your coverage for up to one (1) quarter through the buy-in provision.
4. **If you are not attending classes during any quarter, including summer, you will need to buy-in.**

**The open enrollment period for eligible students and dependents is the *last two weeks of each calendar quarter*. Buy-in coverage will be effective from **January 1 to March 31, April 1 to June 30, July 1 to September 30 and October 1 to December 31**. There are *no invoices or reminders* sent to students who are buying in to the Plan. **The Department of Risk Management cannot add Student Health Plan buy-in fees to your student account. All payments must be made by check, money order, or credit card with the Visa or MasterCard logo by calling (909) 651-4010. A newborn child must also be enrolled in the plan within 30 days of birth or adoption in order to receive any coverage under this plan. There is no automatic or temporary coverage provided for any dependents, including adopted or newborn children.****

Extension/Continuation Coverage-Rates below effective 10-01-16

Student	\$ 525.00 per quarter
plus one of the amounts below for dependents	
One dependent (spouse or child) of a covered student	\$ 560.00 per quarter
Two or more dependents	\$1,120.00 per quarter

**PRESCRIPTION DRUG COVERAGE:** Each enrolled student will be given a CVS/Caremark Health Care Identification Card, which can be used at any participating pharmacy displaying the CVS/Caremark decal. The cost of the prescription will be billed directly to the Plan after the student pays a co-payment. Prescriptions filled through CVS/Caremark will be limited to a maximum of a 30-day supply. The co-payment amounts will be \$15.00 for generic drugs and \$30.00 for brand name\* drugs, which are dispensed at our preferred pharmacies: the LLUMC Pharmacy, the Faculty Professional Pharmacy (located in the Faculty Medical Offices), the LLU Meridian Pharmacy, the LLU Highland Springs Pharmacy, the LLUMC Murrieta Physicians Office Bldg Pharmacy and the LLU Community Pharmacy.

If the prescription is filled at any other participating CVS/Caremark pharmacy, there will be a \$25.00 co-payment for generic products or a \$40.00 co-payment for brand name\* drugs. Prescriptions not filled by the CVS/Caremark system will not be covered under the Plan.

\*This is the co-payment when a name brand is purchased due to no generic being available, however if a student **chooses** a name brand over a generic drug, the student will be responsible for the generic co-payment plus any difference in cost between the two medications.

**UTILIZATION REVIEW:** All services that require pre-admission review or prior authorization must be processed through the Department of Risk Management. The types of services that require prior authorization are as follows:

- All hospital admissions
  - Scheduled admissions must be authorized prior to entrance to the hospital.
  - For emergency admissions, notification must be within 48 hours or the next business day.
- All outpatient surgeries
- Home health services, skilled nursing facilities
- Orthotics and purchase or rental of durable medical equipment

Please refer to the Plan Document for a complete description of required authorizations. Participants in this Plan must follow the pre-admission review process in order to receive full hospitalization benefits.

**IF A PARTICIPANT DOES NOT FOLLOW THE PRE-ADMISSION REVIEW PROCESS, HOSPITALIZATION BENEFITS WILL BE REDUCED BY 50%.**

**SUMMARY:** This is a summary of the coverage available under the LLU Student Health Plan. In order to fully understand your Plan benefits you will need to obtain a LLU Student Health Plan Document, which will describe all of the Plan coverage, limitations, and exclusions. We are also enclosing a Schedule of Benefits for your reference. If you have any questions regarding the Plan, please contact the Department of Risk Management at (909) 651-4010.

09-01-16

**Loma Linda University Student Health Plan**

**Plan Benefits**

7/1/2016

	Coverage for Services at LLUMC & BMC	Coverage at Non- preferred providers
<b>Out-of-pocket Maximum Co-payment</b> Co-payments for out-of-network services, any co-payments for prescription drugs, medical supplies, rental or purchase of medical equipment, orthotics/prosthetics, wheelchairs, and any additional co-payments for failure to obtain pre-admission authorization are not included in the out-of-pocket maximum. In addition these services are not subject to the maximum out-of-pocket limit.	\$3,000 per individual/ \$6,000 Family	No Limit
<b>Outpatient Services</b> In Network Office Visit Co-payment: Out of Network Office Visit: Lab Services, X-ray & Diagnostic Testing: Maternity Care - Outpatient Visits Outpatient Emergency Room Visit Urgent Care Visit Home Care Services - 30 visit limit * Hospice Services * Professional Counseling Physical/Occupational/Speech Therapy * Orthotics/Prosthetics - \$1,000 limit * O/P Medical Supplies * Rental or Purchase of Durable Medical Equipment - up to 90 days * Ambulance - Emergency Transport - \$10,000 limit Repatriation Expenses - \$10,000 limit * Vision Exams Optical Materials Hearing Care - Audiometricians/Hearing Specialists Hearing Aids	\$40  100% \$400 \$100 Co-payment \$40 100% 100% \$10 \$40 80% 80% 80% 100% 100% \$40 No Coverage \$40 No Coverage	50% 50% 50% 25% 25% 25% 100% 50% 25% 50% 50% 50% 100% 100% \$40 No Coverage \$40 No Coverage
<b>Inpatient Services/Surgery *</b> Hospital Services: Outpatient Surgery Facility Charges: Maternity Care - Inpatient Services Professional Fees - Inpatient Professional Fees - Outpatient Surgery Skilled Nursing Facility - 30 day limit	100% 100% 100% 100% 100% 100%	25% 25% 25% 25% 50% 100%
<b>Prescription Drugs</b> Retail (up to 31-day supply) Generic Brand	<b>LLUH Pharmacies</b>  \$15 \$30	<b>Other Pharmacies</b>  \$25 \$40
<b>Dental Services - \$500 plan year maximum</b> Preventive Coverage includes: annual exam, necessary x-rays, basic teeth cleaning (2x/yr), periodontal health assessment. Basic Coverage includes: Non-surgical extractions, pulpotomy/root canal, amalgam fillings, & stainless steel crowns	<b>SOD Dentistry Clinic</b> 100% 100% 100% 100%	<b>Other Dentists</b> No Coverage No Coverage No Coverage No Coverage
<b>Quarterly Buy-in Provisions</b> Extension/Continuation Coverage - student only One Dependent (spouse or child) of a covered student Two or more Dependent of a covered student		\$525 \$560 \$1,120

\*Prior Authorization Required. Failure to obtain the necessary authorization will result in 50% reduction of benefits.