

BRIGHAM YOUNG UNIVERSITY

Student Health Plan 2004-2005

A health plan administered by Deseret Mutual
and the BYU Student Health Center



60 East South Temple • P.O. Box 45530 • Salt Lake City, Utah 84145-0530
Telephone: 1-801-578-5600 • Toll Free: 1-800-777-3622
Facsimile: 1-801-578-5903 • Web Site: www.dmba.com



The BYU Student Health Plan is exempt from regulation as insurance by order of the Utah Department of Insurance. See *In re: BYU Student Health Plan*, No. 2003-050-AD (November 21, 2003)

WHO TO CONTACT

Student Health Plan Office

Enrollment, Premium, & Coverage Information 1-801-422-2661

P.O. Box 24800, Provo, Utah 84602
8 a.m. to 5 p.m., Monday through Friday

E-mail healthplan@byu.edu

SHC Appointment Scheduling 1-801-422-5156

8 a.m. to 5:30 p.m., Monday through Friday

SHC Urgent Care 1-801-422-5128

8 a.m. to 5:30 p.m., Monday through Friday
8 a.m. to Noon on Saturday

After-hours Emergencies

IHC InstaCares

North Orem: 1975 N State St. 1-801-714-5000

Springville: 385 S 400 E 1-801-489-3244

Orem Community Hospital 1-801-224-4080

331 N 400 W, Orem, Utah 84057

Utah Valley Regional Medical Center 1-801-373-7850

1034 N 500 W, Provo, Utah 84604

Deseret Mutual

Deseret Mutual Preauthorization 1-800-777-3622

Billing Address:

60 East South Temple
P.O. Box 45530
Salt Lake City, Utah 84145

Deseret Mutual's Preferred Provider Network:

Hawaii: MDX (formerly, Queen's Health Care Plan Network)
1-808-293-3970

Idaho & Utah: Deseret Mutual Contract Providers
1-800-777-3622 or www.dmba.com/nsc/medical/proupick.htm

All other states: First Health Medical Network
1-800-237-5702 or www.firsthealth.com (Login ID: DMB)

Access the Student Health Plan Handbook:

www.dmba.com/nsc/student/handbooks.htm

CONTENTS

To All Students	1
BYU Student Health Plan for 2004-2005	2
2004-2005 Plan Changes	3
Important Keys to Remember	3
How Does the Student Health Plan Work?	4
How Are Medical Services Paid?	5
Enrollment	7
Who Is Eligible to Enroll?	7
When May I Enroll?	7
What If I Get Married?	8
When Can I Enroll My Family?	8
Can I Change My Enrollment Midyear?	9
What If I Go on a Mission?	10
Can I Continue My Enrollment After I Leave BYU?	10
Coverage Options	10
What Is "Away-From-Campus Coverage"?	11
How Does Away-From-Campus Coverage Work?	12
What Is "Extended Coverage"?	12
How Do I Enroll in Extended Coverage?	12
How Does Extended Coverage Work?	13
When Does Coverage Begin?	13
When Does Coverage End?	14
What If I Visit Another Church University?	14
Premiums	15
When Are Premiums Due?	15
What Are the Student Health Plan Premiums?	15
Discounted Dental, Eye, and Other Services	16

How Do I Use the Discounted Dental Services?	16
What Are the Limitations of the Discounted Dental Program?	17
What Are the Other Discounted Health Services?	17
Student Health Center	18
What Medical Services Are Available at the SHC?	18
When Is the SHC Open?	19
Services Outside the SHC	19
Preauthorization	20
What Services Are Covered Outside the SHC?	20
Are There Services The Plan Does Not Cover?	31
What Is Deseret Mutual's Preferred Provider Network?	31
What Should I Do in an Emergency?	32
What About Follow-Up Emergency Care?	33
What Is a Pre-existing Condition?	33
Are Pre-existing Conditions Covered by the Plan?	33
How Do I Submit a Claim for Payment?	34
Large Claims Coverage	34
Exclusions	35
Other Important Information	40
Claims Review Procedures	40
Subrogation	42
Coordination of Benefits	42
Notification of Benefit Changes	42
Notification of Discretionary Authority	43
Legal Notice	43
Important Dates	43
Definitions	44
Index	49

TO ALL STUDENTS

The costs of medical care and hospitalization continue to increase at an alarming rate. An accident, unexpected illness, or hospitalization can result in a significant financial burden to you, your family, and the community. But medical coverage provides a way to help defray some of these costs as they arise.

The BYU Student Health Plan offers a wide range of benefits for students, spouses, and their children at a relatively low cost. The plan is not as comprehensive as a normal plan where a major portion of the costs are covered by the employer. But it also is not nearly as expensive, which is good, since student premiums have to cover those costs. Comparatively, the Student Health Plan is more economical. But, like any plan, new benefits have to be covered by increased premiums. We work diligently to keep plan premiums low while still maintaining appropriate benefits. An outside consultant compared the dollar/benefit ratio of our plan to several other plans from similar-sized universities and found that we were significantly better than any of them. Our goal is to keep it that way! The Student Health Plan is not "insurance," as defined by Utah State law, and has been exempted from regulation by the Utah Department of Insurance.

Importance of Medical Coverage

BYU requires all continuing students, who are enrolled at least 3/4 time (including Salt Lake Center hours), to have adequate medical coverage for the duration of their enrollment at BYU. In other words, you must have coverage the entire time you are a continuing BYU student, including during any summers you take off or other short-term breaks from classes.

To satisfy the University's requirement, you must enroll in either the BYU Student Health Plan or a group medical plan provided by your employer or your spouse's or parents' employer. For any other medical plan, we recommend it:

- provide at least 70 percent coverage for all major medical expenses, including physician, hospital, and ancillary services;
- have an individual annual deductible of no more than \$500; and
- have an annual plan limit of no less than \$25,000.

If you choose a medical plan other than the Student Health Plan, you must provide verification of adequate coverage at the beginning of each academic year (fall semester).

All undergraduate and graduate students enrolled at least 3/4 time (9 credit hours per semester or 4.5 credit hours per term, including Salt Lake Center hours) who do not submit proof of other coverage through the Route Y Web site to the BYU Student Health Plan Office before the deadline each year will be enrolled automatically for individual coverage and assessed the appropriate premium (single or married student rate) for the BYU Student Health Plan.

Spouses and dependents will not be enrolled automatically the first semester or term that you are on the plan. If you want coverage for your spouse and dependents, you must enroll them in the plan. Once they are enrolled, your dependents will be enrolled automatically at the beginning of each subsequent academic year.

BYU STUDENT HEALTH PLAN FOR 2004-2005

The Student Health Plan offered by BYU provides a wide range of basic medical coverage. The plan is administered by BYU and by Deseret Mutual Benefit Administrators (Deseret Mutual), based in Salt Lake City.

The Student Health Center (SHC) on the campus of BYU is the main health-care resource for students enrolled in the plan, although, a number of specialists and other contract providers are available in the area. Deseret Mutual has also contracted with a nationwide network of hospitals and physicians in a broad range of specialties to provide necessary medical services if you are outside of Utah County.

Medical expenses that are covered by the plan include those incurred for medically necessary treatment of injury or illness, within the plan contract provisions. See the appropriate sections of this handbook for more information about eligible charges and coverage limitations.

This Student Health Plan handbook will provide you with a summary of plan benefits, as well as information about how the plan works. Please review this information carefully. To receive the benefits available to you, it is your responsibility to become familiar with the plan provisions and guidelines. Please be aware, exceptions to the plan's contractual provisions cannot be granted.

2004-2005 Plan Changes

Deseret Mutual is introducing the BirthWISE program that provides excellent resources and support in order to make sure you have access to accurate and reliable health information for you and your baby. See the topic [Maternity - General Information](#) starting on page 25.

Important Keys to Remember

- You must have 3/4 time student status to enroll in the plan your first semester or term.
- In an emergency, you should always get the appropriate care immediately. Please see [page 32](#) for information about what to do in an emergency.
- If you are a graduate student or continuing education student with less than 9 credit hours per semester, you will not be enrolled automatically in the plan. You will need to enroll for coverage in person at the Student Health Plan Office or send an e-mail to healthplan@byu.edu.
- As a member of the plan, Deseret Mutual will assign you a unique identification number. This Deseret Mutual ID number is your policy number.
- The SHC is your primary source of medical care. Only eligible services not available at the SHC will be approved for outside referral.
- To help you maximize your plan benefits, preauthorization from Deseret Mutual is required before you receive care outside the SHC. If you are referred by an SHC physician, preauthorization will occur automatically.
- Always receive care from providers who are contracted through Deseret Mutual's Preferred Provider Network. If you use non-contracted providers, your benefits will be lower. See [page 31](#) for information on the Preferred Provider Network.
- If you use non-contracted providers, you will be responsible to pay any charges that exceed the maximum allowable amounts.
- New dependents must be enrolled within 60 days of the qualifying event (marriage, birth, or adoption placement).

- Not all services are covered by the plan. Please refer to the chart on [page 28](#) and read the exclusions beginning on [page 35](#) to see which services are not covered.
- You may change your coverage option only during the open enrollment period before the beginning of each fall semester or within 60 days of acquiring a new dependent through marriage, birth, or adoption. You may change your maternity option at the beginning of each semester or term until the tuition deadline.
- You may disenroll from the plan at the beginning of any semester or term by providing verification that you have other medical coverage that meets BYU's requirements.
- Coverage is effective the first day of classes and will end August 28, 2005 (or when you graduate or withdraw from BYU, whichever comes first). Please notify the Student Health Plan Office when you withdraw
- Your student account will be charged the appropriate premium (based on the coverage option you choose) at the beginning of each semester and term during the academic year. This includes spring and summer terms.
- If you lose your private health insurance and choose to enroll in the Student Health Plan, your coverage will be effective on the date you enroll, unless you provide a Certificate of Creditable Coverage from your previous insurance company.

How Does the Student Health Plan Work?

Medical care that is covered by this plan is provided by or coordinated through the SHC, located on BYU's campus. If you need eligible services that the SHC cannot provide, you will be referred to contracted medical providers in the community. These providers have contracted with Deseret Mutual to offer care at a reduced cost to participants. The discounts will be reflected in the portion of charges that you are responsible to pay.

Please see [page 7](#) for more information about enrollment in the plan and its various coverage options.

How Are Medical Services Paid?

In most cases, you will pay a copayment to the provider of the care at the time you receive the service. This is a fixed dollar amount (for example, \$25 for most services outside the SHC). After your copayment, the amount covered by the plan (for example, 80 percent) is your **plan benefit**, and the amount you pay (the remaining 20 percent) is your **responsibility**.

When you receive services outside the SHC, you or the provider of your care will need to submit an itemized bill to Deseret Mutual (see [page 34](#)). Deseret Mutual will process your claim, send a check for the plan benefit to the provider of the care, and send you an **explanation of benefits** statement. This statement will itemize the charges, your copayment, the plan benefit, and the amount you are responsible to pay. You must pay your copayment to the provider of the care (if you haven't already done so).

Benefits for all care received outside the SHC are based on the lesser of billed charges, contracted rates, or maximum allowable charges for the services received, as determined by Deseret Mutual. And for all services, the guidelines, benefits, and exclusions of the plan will determine claims payment.

In some cases, the provider of the care will bill more than Deseret Mutual's **maximum allowable limit** for the services given. If so, your explanation of benefits statement will also itemize how much of the bill is over the **maximum allowable limit**.

- If you receive your care from one of Deseret Mutual's **contract providers**, you do not need to pay any amount over the maximum allowable limit. When health-care providers contract with Deseret Mutual, they agree not to bill you for more than the maximum allowable amount. (See [page 31](#) for information about contracted providers.)
- If you receive your care from a provider who is **not contracted** with Deseret Mutual, you may be billed for any charges that exceed the plan's maximum allowable amount. It then becomes your responsibility to pay those additional charges.

You are also responsible to pay the provider of your care for any services which are not covered by the plan.

Your Copayments

For physician, x-ray, and laboratory services you receive at the SHC, your copayments are:

- \$10 for regular clinic visits
- \$15 for walk-in urgent care visits
- If you fail to show for an appointment or fail to cancel one hour before your appointment, you will be charged the \$10 copayment.

For authorized services you receive outside the SHC, your copayments are:

- \$25 per service for physician services and other outpatient care
- \$50 for hospital emergency room visits
- \$200 per hospital admission (\$50 for newborn infants)
- If you do not preauthorize services you receive outside the SHC when necessary, you pay a \$100 copayment per service instead of the normal copayment (see [page 20](#)).

Amount Paid By the Student Health Plan And Your Responsibility

After you have paid your copayment, the benefits for the remainder of eligible expenses are:

The Plan Pays:	You Pay:
Services at the SHC	
100%	0%
Services Outside the SHC	
Contracted providers: 80%	Contracted providers: 20%
Non-contracted providers: 50%	Non-contracted providers: 50%

Remember, benefits for all care received outside the SHC are based on the lesser of billed charges, contracted rates, or maximum allowable limits for the services received, as determined by Deseret Mutual. And for all services, the guidelines, benefits, and exclusions of the plan will determine claims payment.

The maximum benefit for all services received outside the SHC is \$30,000 per person per academic year. For expenses that exceed the plan maximum, please see the information on [page 34](#) about BYU's Large Claims Coverage.

ENROLLMENT

Who Is Eligible to Enroll?

Students: You may enroll in the BYU Student Health Plan if you are a continuing student, as defined by BYU. You become eligible to enroll when you first enroll in classes at least 3/4 time (9 hours per semester or 4.5 hours per term, including Salt Lake Center hours but excluding independent study).

Dependents: If you enroll in the Student Health Plan, you may also enroll your eligible dependents, including:

- your legal spouse, and/or
- your unmarried children or legal dependents younger than 26. (You may apply for an exception to the age limit if you have a child who is incapable of self-support because of a mental or physical handicap that began before age 26.)

You may purchase dependent coverage with or without maternity coverage for your non-student spouse.

When May I Enroll?

You may enroll in the Student Health Plan, either for individual or family coverage, at the beginning of your first semester or term as a 3/4 or full time student at BYU.

Open Enrollment: Your enrollment is due on or before the first day of classes for the first semester or term in which you enroll in classes at least 3/4 time. Your enrollment will generally remain in effect until the end of the academic year (see [When Does Coverage End?](#) on page 14).

At the beginning of each academic year (fall semester) you will be enrolled automatically in the same coverage option that you had the previous year. If you wish to make any changes (add or remove dependents) to this coverage option, you must make them within the first two weeks of fall semester.

Late Enrollment: If you do not enroll before the first day of classes, BYU will provide a late enrollment “grace period.” This will end two weeks after classes begin for a semester, or one week after classes begin for a term. **No enrollments will be accepted after the end of the late enrollment period unless you meet one of the special circumstances outlined below.**

The enrollment deadlines are specified in the [calendar](#) on pages 43-44.

Please note, all continuing students enrolled 3/4 time or more who do not enroll in the Student Health Plan or provide verification of other coverage that meets BYU’s requirements will be enrolled automatically in the Student Health Plan for individual coverage and will be assessed the appropriate premium.

What If I Get Married?

When you get married, you are required to change your marital status on route Y from single to married. If the marriage occurs before the half-way point of a semester or term, you will be charged the married student premium for that semester or term. Otherwise, the married student premium will be assessed starting the following semester or term.

When Can I Enroll My Family?

If you want to cover your eligible dependents, you may change your enrollment from individual coverage to family coverage at the beginning of your first semester or term at BYU, or at the beginning of each academic year (fall semester) thereafter. This must be done by the tuition deadline.

If you enroll your family, their enrollment will generally remain in effect until the end of your enrollment at BYU (see [When Does Coverage End?](#) on page 14). Spouses and dependents will not be

enrolled automatically the first semester or term that you are on the plan. However, BYU will renew enrollment for your family at the beginning of each subsequent academic year, based on their enrollment for the previous term. Remember to notify the SHC if you need to change your family’s enrollment.

Remember, if you do not enroll your dependents at the beginning of your first semester or term or at the beginning of the academic year (fall semester), you may not add them to your coverage midyear. You must wait until the beginning of the next academic year to do so, unless you meet one of the special circumstances outlined below.

Can I Change My Enrollment Midyear?

If you enroll your non-student spouse in the plan at the beginning of the academic year, you may change your spouse’s enrollment to include maternity coverage (or may change to the option without maternity coverage) at the beginning of any semester or term. This must be done before the tuition deadline. Please remember, however, that you must maintain maternity coverage continuously from the beginning of the semester in which conception occurs to the date of delivery in order to be eligible for maternity benefits.

If you enroll for individual coverage and do not enroll your dependents, you may not add them to your coverage midyear; you must wait until the beginning of the next academic year to do so.

However, if you acquire a new dependent because of marriage or the birth or adoption of a child, you may enroll in the plan or change your enrollment to include coverage for your new spouse and/or the new dependent as long as you apply within 60 days of this event. If this changes your coverage option, you will be assessed the appropriate premium retroactive to the beginning of the coverage period. (Please remember, you must formally enroll your newborn child in the Student Health Plan; it is not done for you automatically when the child is born.)

If you waive enrollment in the Student Health Plan for yourself and/or your dependents because you have other coverage that meets BYU’s requirements and you subsequently lose eligibility to continue the other coverage, you may enroll in the Student Health Plan for yourself and/or your dependents if you apply within 60 days of losing eli-

gibility for the other coverage. If you do not enroll your dependents within this 60-day window, you must wait until the beginning of the next academic year (fall semester) to enroll them. If the student misses the 60-day enrollment window, they are eligible to enroll the upcoming semester/term since they are required by BYU to have health coverage.

If you enroll in the Student Health Plan and subsequently obtain other coverage that meets BYU's requirements, you may discontinue your enrollment in the Student Health Plan at the beginning of the next semester or term. To do so, submit certification of the other coverage to the Student Health Plan Office before the beginning of the semester or term.

What If I Go on a Mission?

If you leave BYU to serve a mission, you will not be covered by the Student Health Plan once you enter the Missionary Training Center. Please notify the Student Health Plan Office. You may re-enroll when you return to BYU.

Can I Continue My Enrollment After I Leave BYU?

Yes, within certain limitations. Please see [What Is "Extended Coverage"?](#) on page 12.

COVERAGE OPTIONS

There are three coverage options within the Student Health Plan. You will be enrolled in the appropriate option, based on your student status. You should be aware that plan requirements may be different in each option. These differences are noted in this plan handbook.

The benefits for services received outside the SHC are the same for all coverage options. All services received outside the SHC, other than emergency care, require preauthorization.

If you are:	Your coverage option is:
Enrolled in classes on campus at least 3/4 time (9 hours per semester or 4.5 hours per term)	Regular On-Campus coverage
Enrolled in a Study Abroad Program, an internship required for your degree, or on tour as part of a BYU performance group Admitted as a full-time student but taking a semester or term off (or enrolled in classes for fewer credit hours than 3/4 time)	Away-From-Campus coverage (see page 11)
Graduated, or withdrawn from school	Extended Coverage (Optional: separate enrollment required.) (see page 12)

What Is "Away-From-Campus Coverage"?

If you enroll in the Student Health Plan for the academic year and then decide to take a semester or term off by not enrolling in classes at least 3/4 time, but you do not withdraw from the University or otherwise lose your status as a continuing student, you will be covered by the Away-From-Campus option of the Student Health Plan during that semester or term.

If you are enrolled in the Student Health Plan and you participate in a BYU Study Abroad Program, an internship required by your department, or you travel as a member of a BYU performing group on tour, you will be covered by the Away-From-Campus option of the Student Health Plan during that semester or term.

If you have enrolled your dependents in the plan for the year, they will also be covered by this option while you are. You may make changes to your enrollment (add dependents, discontinue coverage, etc.) only as outlined on [page 9](#). Any dependents enrolled in the plan for the academic year will also be covered by this option.

How Does Away-From-Campus Coverage Work?

While you are enrolled in the Away-From-Campus option, you may still receive medical care at the SHC if you are in the Provo area. If you are away from Provo, you may receive your medical care from any qualified, appropriately licensed medical provider. However, it will be to your advantage to use providers who are part of Deseret Mutual's national Preferred Provider Network whenever possible (please see [page 31](#)). You will still need to preauthorize any care you receive outside the SHC.

What Is "Extended Coverage"?

Your Student Health Plan coverage terminates at the end of the semester in which you graduate, withdraw from BYU, or otherwise lose your status as a continuing student (please see the [calendar](#) on pages 43 and 44 for the dates that coverage ends).

If you were enrolled in the Student Health Plan during your last semester or term at BYU and you would like to continue your coverage after you leave school, you may enroll in Extended Coverage for up to nine consecutive calendar months.

Your dependents may be covered by Extended Coverage only if they were enrolled with you for family coverage during your last semester or term at BYU.

Also, you may purchase family coverage that includes maternity coverage for your non-student spouse only if you were enrolled in maternity coverage during your last semester or term at BYU.

If adding a new dependent changes your coverage option and premium, the additional premium for the month in which the dependent became eligible must be included with the enrollment form.

How Do I Enroll in Extended Coverage?

Enrollment in Extended Coverage takes place on a month-by-month basis. You may enroll for up to nine consecutive calendar months.

To enroll, complete an Extended Coverage enrollment form at the Student Health Plan Office before the end of your last semester or term at BYU. Also, you must pay your premium payment for your first month of coverage.

To renew your coverage from month to month, submit your enrollment form and premium payment to the Student Health Plan Office before the end of the previous month of coverage. Renewal applications that are not submitted within five working days of the end of the previous month will not be accepted. It is very important for you to meet these deadlines. If you do not renew your coverage in time, your coverage will terminate and you will not be eligible to re-enroll.

For more information about Extended Coverage, see [page 12](#).

How Does Extended Coverage Work?

While you are enrolled in Extended Coverage, you may receive your medical care from any qualified, appropriately licensed medical provider. However, it will be to your advantage to use providers who are part of Deseret Mutual's national Preferred Provider Network whenever possible (please see [page 31](#)). If you are in the Utah County area, you can be seen at the SHC but you must pay at the time of service. You will still need to preauthorize any care you receive outside the SHC.

When Does Coverage Begin?

New students will be covered for illness and injury while traveling to school and during on-campus activities before the first day of classes. This coverage may be effective for up to seven days before you are due to report for classes or orientation.

	You and Your Current Dependents	New Dependent (Marriage, Birth, Adoption)
Regular On-Campus or Away-From-Campus Coverage	First day of classes for new semester/term	12:01 a.m. on the date of the qualifying event
Extended Coverage	12:01 a.m. on the day after your Regular On-Campus or Away-From-Campus coverage ends	12:01 a.m. on the date of the qualifying event
Mid-Year Enrollment	First day of classes for the semester/term in which you enroll	

When Does Coverage End?

When you enroll in the Student Health Plan, you enroll for an entire academic year (August 30, 2004, to August 28, 2005). The coverage option you choose (either individual or family coverage) will generally remain in effect until the end of the academic year.

Please see the [calendar](#) on pages 43 and 44 for the exact dates that coverage begins and ends for the 2004-2005 academic year.

After your coverage ends, you may request a Certificate of Creditable Coverage by calling Deseret Mutual or sending an e-mail to studentservices@dmba.com. This is a document certifying the length of time you were covered by the Student Health Plan. When you enroll in another health plan, you may be able to present this certificate to reduce the length of time that pre-existing conditions can be excluded from coverage.

	Graduation or Loss of Continuing Student Status	Loss of Eligibility for Dependent	Move to Other Available Coverage
Regular On-Campus or Away-From-Campus Coverage	End of last semester/term in school	End of semester/term in which dependent becomes ineligible	Beginning of next semester/term
Extended Coverage	12:01 a.m. on the first day of the month after the last month for which premiums have been paid		

What If I Visit Another Church University?

If you receive services at the SHC of another Church university, the services will be covered as if you had received services outside the SHC, but by a contracted provider. See [page 6](#) for coverage amounts. You will not need preauthorization.

PREMIUMS

When Are Premiums Due?

Premiums are due at the same time as tuition and other fees each semester and term.

If you qualify to change enrollment midyear (see [page 9](#)), the premium (or additional premium, if necessary) will be due immediately when you enroll for the semester or term in which the enrollment change becomes effective.

What Are the Student Health Plan Premiums?

	Regular On-Campus and Away-From-Campus Coverage	Extended Coverage
Single Student Only	\$168 / semester \$84/term	\$87 / month
Married Student Only	\$292 / semester \$146 / term	\$468 / month
Single Student with Dependents	\$612 / semester \$306 / term	\$274 / month
Married Student with Dependent(s) WITHOUT Maternity Coverage for Non-student Spouse	\$898 / semester \$449 / term	\$698 / month
Married Student with Dependent(s) WITH Maternity Coverage for Non-student Spouse	\$2,106 / semester \$1,053 / term	\$1,150 / month

DISCOUNTED DENTAL, EYE, AND OTHER SERVICES

Individuals covered by the BYU Student Health Plan can use a new program to save money on dental services and other non-covered goods and services. It is important to understand that this service is not insurance. The program simply gives individuals covered by the BYU Student Health Plan the ability to purchase services directly from providers at “wholesale” prices. The program provides savings of up to 50 percent on the following services:

- Dental services
- Eyeglasses, contact lenses, and sunglasses
- Health club memberships
- LASIK vision enhancement surgery

How Do I Use the Discounted Dental Services?

The program has contracted with dentists and dental specialists to provide services to students and dependents covered by the BYU Student Health Plan at a reduced fee schedule. Again, please understand that this is not an insurance program. You will be responsible to pay the dentist for the services you receive at the time of your visit. However, by using the program, you will pay 10 to 50 percent less than you would have paid otherwise. To use the Discount Dental part of the program, follow the instructions below:

1. Schedule an appointment with one of the contracted providers listed on the Internet at health.byu.edu/discountedservices. Be sure to tell the office that you are part of the BYU Student Health Plan's Discounted Dental Program when you make the appointment.
2. Take your BYU Student Health Plan Identification card to the appointment. If you don't have a card, please call 1-800-777-3622 to request a card and to receive your identification number.
3. Pay the dentist for the services you receive at the time of service. The exact amount you owe will depend on the services you receive. The prices for nearly all common services are listed on BYU's Web site at health.byu.edu/discountedservices. Services not on the price list are 80 percent of the dentist's usual charge. You may want to print out the price list and take it with you to the dentist's office.

Because the Discounted Dental Program is not insurance, there are no claim forms, enrollment procedures, benefit limitations or conditions, etc. You and the dentist determine what services you will receive, and you pay the dentist for those services at the time of your visit.

What Are the Limitations of the Discounted Dental Program?

If you were in treatment with a contracted provider before the time you had access to the Discounted Dental Program, you will pay the regular price. The discounted price is only applicable for services received after you had access to the program.

Services must be paid for at the time of service. The contracted dentist is under no obligation to accept the discounted fees for services not paid for at the time of service.

Neither BYU nor any of its contractors or agents have any liability for the services and/or products delivered by contracted providers. This program is not provided by or affiliated with Deseret Mutual in any way.

Coupons, specials, and other types of offers promoted by contracted providers may only be used in conjunction with this program at the discretion of the contracted provider.

What Are the Other Discounted Health Services?

The other discounted services include eyeglasses, contact lenses, sunglasses, health memberships, and LASIK vision enhancement surgery.

Visit BYU's Web site to learn about the various services available and to review the list of participating providers. When using any of the discounted services, simply present your BYU Student Health Plan Identification card provided by Deseret Mutual to receive the special pricing. Payment is due at the time of service.

This discounted program is fully described at health.byu.edu/discountedservices. Or call the SHC at 1-801-422-2661 for answers to more detailed questions.

STUDENT HEALTH CENTER

The SHC is located in a beautiful facility on the northeast corner of campus (University Parkway and 900 East). The SHC has an excellent full-time staff of highly qualified physicians, nurses, and other medical practitioners. In addition, the SHC has contracted with a variety of specialized physicians in the community. These physicians also come to the SHC on a regularly scheduled basis which helps make specialty care more convenient and affordable for students and their families. Because of excessive regulations, the SHC is not a Medicaid, Medicare, or Tri-Care provider.

What Medical Services Are Available at the SHC?

The SHC has a staff of physicians and specialists who provide medical care in the following areas:

- Allergies
- Dermatology
- Diagnostic X-ray & Laboratory Services
- Ear, Nose, & Throat
- Family Medicine
- Gynecology
- Internal Medicine
- Medical Equipment & Supplies
- Mental Health & Behavioral Medicine (Psychiatry)
- Orthopedics
- Pediatrics
- Pharmacy
- Physical Therapy
- Podiatry
- Urgent Care

The SHC provides some limited durable medical equipment and medical supplies. The Student Health Plan does not cover knee and ankle braces used solely for sports. However, they are covered when used for injuries. Medical equipment that is reusable, such as crutches, must be returned to the SHC. If you return the equipment, you will not be charged for its use. If you do not return the equipment, you will be charged a fee that covers the cost of the item.

Routine physical exams and immunizations are not covered by the plan. However, they are available at the SHC for a discounted fee. Cosmetic mole removal is not available at the SHC.

Also, the Student Health Plan only covers prescription drugs dispensed at the SHC pharmacy that exceed \$200 per person per month, based on a 30-day supply, with a maximum benefit of \$1,500 per academic year. Non-prescription, discretionary, and cosmetic drugs, such as birth control pills, Accutane, and weight reduction aids are excluded from coverage. Certain other drugs are also excluded from coverage (see *Exclusion #47* on [page 38](#)). Remember, the SHC Pharmacy will fill prescriptions from any physician at wholesale prices. The pharmacy also accepts most private pharmacy insurance programs.

When Is the SHC Open?

The SHC's regular hours for all scheduled clinical services are:

- 8 a.m. to 5:30 p.m., Monday through Friday

The SHC's walk-in urgent care hours are:

- 8 a.m. to 5:30 p.m., Monday through Friday
- 8 a.m. to Noon on Saturday

SERVICES OUTSIDE THE SHC

The Student Health Plan covers hospitalization and many other specialized medical services that the SHC does not provide. If you need such services, you will be referred to a medical provider in the community.

Preauthorization

All services received outside the SHC, except for emergency room visits, require preauthorization. For services from another provider to be eligible for maximum plan benefits, you must receive preauthorization from Deseret Mutual by calling 1-800-777-3622 before you receive the medical care. If you are referred by an SHC physician, this preauthorization will occur automatically. (For information about emergency care, please see the instructions on [page 32](#).)

If your referred provider recommends care that is not specified in the authorization (such as additional office visits, tests at another facility, or consultation with another physician), contact Deseret Mutual for preauthorization before you receive the additional care. Remember, care beyond the scope of the original authorization must also be authorized in advance by Deseret Mutual.

If you receive medical care outside the SHC without preauthorization from Deseret Mutual, your copayment will increase to \$100 per service. If you do not preauthorize hospitalization, you must pay an additional \$100 copayment per service.

What Services Are Covered Outside the SHC?

Please refer to the [table](#) on page 6 for information about the benefits payable for services outside the SHC. If you have questions about benefits or preauthorization requirements for any medical service, please call the Student Health Plan's team at Deseret Mutual.

The following are examples of the services the plan covers outside the SHC:

Allergy Services

- 80% after a \$25 copayment: Contract provider.
- 50% after a \$25 copayment: Non-contract provider.
- Preauthorization is required.

Ambulance (Land and Air)

- 80% after a \$25 copayment.
- The plan will cover licensed ambulance services to the nearest medical facility that is equipped to furnish the appropriate care.

Anesthesia

- 80 percent.

Cardiovascular Services

- 80% after a \$25 copayment: Contract provider.
- 50% after a \$25 copayment: Non-contract provider.
- Preauthorization is required.

Chemotherapy

- 80%: Contract provider.
- 50%: Non-contract provider.
- Preauthorization is required.

Dental Accident Benefit

- 80% after a \$25 copayment: Contract provider.
- 50% after a \$25 copayment: Non-contract provider.
- Maximum benefit of \$3,000 per plan year.
- Benefits apply only to services made necessary as a direct result of an accidental injury that occurs while you are covered by the plan.
- Benefits apply only to services received while you are covered by the plan.
- Preauthorization is required.
- Contact Deseret Mutual for more information.

Diabetes Education

- 80% after a \$25 copayment: Contract provider.
- 50% after a \$25 copayment: Non-contract provider.
- Maximum benefit of \$200 per plan year.
- Preauthorization is required.

Diabetic Supplies

- 80%: Contract provider.
- 50%: Non-contract provider.
- Insulin is considered a prescription drug and is not covered.

Dialysis

- 80%: Contract provider.
- 50%: Non-contract provider.
- Preauthorization is required.

Emergency Room

- 80% after a \$50 copayment.
- See [Hospital Emergency Room](#) on page 23 or [Urgent Care Facility \(Walk-in Clinic\)](#) on page 31.

Eye Exams

- 80% after a \$25 copayment: Contract provider.
- 50% after a \$25 copayment: Non-contract provider.
- Only one routine eye exam per person is covered by this benefit per academic year.
- Eye exams for medical conditions such as glaucoma may be available more often. Preauthorization is required.

Gastroenterology Services

- 80%: Contract provider.
- 50%: Non-contract provider.
- Preauthorization is required.

Hearing Tests

- 80%: Contract provider.
- 50%: Non-contract provider.
- The purchase and fitting of hearing aids is not a covered benefit.
- Preauthorization is required.

Home Health Care

- 80% after a \$25 copayment: Contract provider.
- 50% after a \$25 copayment: Non-contract provider.
- Services must be performed by a licensed Registered Nurse (R.N.) or a Licensed Practical Nurse (L.P.N.).
- Custodial care is not covered (maintaining a patient beyond the acute phase of injury or illness, including room, meals, bathing, dressing, home health aides, etc.).
- Preauthorization is required.

Hospital Emergency Room

- 80 percent after a \$50 copayment.
- You do not need to authorize the initial visit with Deseret Mutual. But you must preauthorize any follow-up care that may be needed.

Injections

- 80%: Contract provider.
- 50%: Non-contract provider.
- Immunizations are not covered.

Inpatient Hospital / Maternity Services

- 80%: Contract facility.
- 50%: Non-contract facility.
- \$200 copayment per admission (\$50 for newborn infants).
- When semi-private rooms are available, the plan will not pay for private rooms.
- Preauthorization is required. If you do not preauthorize your hospital stay, you will be charged an additional \$100 copayment.
- Preauthorization is also required for maternity hospitalization (when medically necessary) of more than two days for a vaginal delivery or four days for a cesarean section delivery. If you do not preauthorize your extended hospital stay, additional days will be subject to medical review. For preauthorization, contact Deseret Mutual before your stay is extended.

Inpatient Physician Services

- 80%: Contract provider.
- 50%: Non-contract provider.
- Preauthorization is required.

Laboratory Services

- 80%: Contract provider.
- 50%: Non-contract provider.

Maternity – General Information

- If you have been covered by a health insurance plan before enrolling in the Student Health Plan, you must enroll in the maternity option of the plan and not have a break in coverage greater than 63 days to be eligible for maternity benefits.
- You must maintain maternity coverage continuously from the beginning of the semester in which conception occurs to the date of delivery to be eligible for maternity benefits.
- Non-student spouses enrolled in the non-maternity coverage option do not have coverage for normal maternity expenses. However, eligible expenses of more than \$4,000 that are incurred as a direct result of complications of pregnancy will be covered, subject to normal plan provisions.
- The SHC provides pregnancy tests, but you will be referred to a contracted provider for other ongoing maternity care.
- Remember, you will receive separate bills for the newborn baby's medical care. If you would like your newborn child added to your Student Health Plan coverage and receive plan benefits for the baby's expenses, contact the Student Health Plan Office within 60 days of the birth (see [page 9](#)). Newborns must be enrolled in coverage for the semester or term in which they were born.
- During this important time, we strongly encourage participation in Deseret Mutual's BirthWISE program. The BirthWISE program provides expert resources and clinical support in an effort to make sure you have access to sound, reliable health information for you and your baby. For example, BirthWISE provides an excellent pregnancy resource book as well as other educational materials throughout your pregnancy.

Maternity – General Information (Continued)

In addition, BirthWISE nurses are available to answer questions, coordinate care, and offer support. Best of all, there is no additional cost for participating in the program. In fact, BirthWISE offers a financial incentive for successfully completing the program. For more information and to sign up for the program, visit www.dmba.com/nsc/student/student.htm (click on Request a BirthWISE consultation) or call 1-877-638-2556.

Maternity – Physician / Nurse-Midwife Services

- 80%: Contract provider.
- 50%: Non-contract provider.
- \$25 copayment per visit (maximum total copayment of \$150 for routine care).
- Contact the Student Health Plan Office before you begin your prenatal care with an OB/GYN or Certified Nurse-Midwife. You must also contact Deseret Mutual for preauthorization.
- When you receive care from a contracted provider in Utah County, services are provided at discounted rates. These discounted rates will reduce the amount of your coinsurance.
- Additional services, such as ultrasounds, are billed separately and normal plan benefits and copayments apply to the additional charges. If pap smears or other services are recommended by your physician, remember to contact Deseret Mutual first for preauthorization. To be eligible for benefits, many of the tests must be provided at the SHC.
- Other physicians involved in the medical care for you and your baby, such as anesthesiologists or pediatricians, will bill you separately. Regular plan benefits and copayments will also apply to these charges.

Medical Equipment

- 80% after a \$25 copayment: Contract provider.
- 50% after a \$25 copayment: Non-contract provider.
- You must have a prescription from your physician to be eligible for benefits.
- You must preauthorize certain types of medical equipment (listed hereafter). If you do not, the purchase or rental of the equipment will be reviewed retrospectively (after the fact) to determine if it is eligible for coverage.
- Time limitations will apply to replacing certain types of equipment.
- Maintenance and upkeep are excluded; you are responsible for any expenses associated with the maintenance or upkeep of your medical equipment.
- In some instances, if you purchase the equipment after you rent it, the rental price may be applied to the purchase price.

Durable medical equipment is defined as equipment that:

- is durable and usable for at least a two-year period;
- must primarily and customarily serve a medical purpose;
- generally is not useful to people in the absence of illness or injury; and
- must be appropriate for use in your home.

Please note, not all types of equipment that are useful and meet these requirements will be eligible for benefits.

For information about which types of equipment must be preauthorized, please refer to the [table](#) on the following page. This table also includes a list of excluded items. Please be aware, this table is not intended to be comprehensive, but it will give you an idea of the types of medical equipment that are eligible for benefits.

MEDICAL EQUIPMENT

MUST BE PREAUTHORIZED	DO NOT NEED TO BE PREAUTHORIZED	EXCLUDED
Communication Devices	Apnea Monitors	Air Filtration Systems
Hospital Beds	Back Supports	Breast Pumps
Lymphopresses	Bilirubin Lights	Exercise Equipment
Oxygen Concentrators	Blood Pressure Kits	Eye Glasses and Contact Lenses
Respirators / Ventilators	Breast Prosthetics (External)	Hearing Devices
Scooters	Canes	Heating Lamps or Pads
ThAIRpy Vests (for Cystic Fibrosis)	Commodes	Humidifiers
Wheelchairs	Crutches	Knee Braces Used Solely for Sports
	Enteral Infusion Pumps	Learning Devices
	Gait Trainers	Lift Chairs
	Glucometers	Modifications Associated with the following:
	Hoyer Lifts	<ul style="list-style-type: none"> • Activities of Daily Living • Homes / Structures • Vehicles
	Insulin Pumps	Spa Memberships
	Kangaroo Feeding Pumps	Vision Devices
	Nebulizer	Whirlpools
	Orthopedic Braces	
	Overhead Trapeze	
	Oxygen	
	Pacemakers	
	Reflux Boards	
	Side Rails for Beds	
	Tens / EMS Units	
	Transfer Boards	
	Walkers	

Medical Supplies

- 80%: Contract provider.
- 50%: Non-contract provider.
- To be eligible for benefits, you must have a prescription from your physician.
- This benefit includes medical supplies such as bandages, cotton swabs, dressings, or ace bandages when you have a prescription from your physician.

Office Visits

- 80% after a \$25 copayment: Contract provider.
- 50% after a \$25 copayment: Non-contract provider.
- Preauthorization is required.

Physical Therapy – Outpatient (Outside Utah County Only)

- 80% after a \$25 copayment: Contract provider.
- 50% after a \$25 copayment: Non-contract provider.
- The plan will cover a maximum of 20 visits per person per academic year.
- Inpatient visits do not apply to your 20-visit annual outpatient maximum.
- Preauthorization is required.

Prescription Drugs

- Prescription drugs provided outside the SHC are not covered, unless they are administered as part of an inpatient hospital stay.

Prosthetics

- 80% after a \$25 copayment: Contract provider.
- 50% after a \$25 copayment: Non-contract provider.
- To be eligible for benefits, you must have a prescription from your physician.
- This benefit includes prosthetics such as artificial arms, legs, or eyes.
- Preauthorization is required.

Radiation Therapy

- 80%: Contract provider.
- 50%: Non-contract provider.
- Preauthorization is required.

Radiology Services (X-rays, CT Scans, MRIs, Ultrasounds, Etc.)

- 80 percent.
- \$25 copayment for CT Scans, MRIs, and ultrasounds.
- Preauthorization is required for some services, like Magnetic Resonance Imaging (MRI).

Surgery – Outpatient Hospital Services

- 80% after a \$25 copayment: Contract facility.
- 50% after a \$25 copayment: Non-contract facility.
- Preauthorization is required.

Surgery – Physician Services

- 80% after a \$25 copayment: Contract provider.
- 50% after a \$25 copayment: Non-contract provider.
- Preauthorization is required.

Urgent Care Facility (Walk-in Clinic)

- 80% after a \$25 copayment.
- You do not need to authorize the initial visit with Deseret Mutual. But you must preauthorize any follow-up care that may be needed.
- For more information about what to do in an emergency, see [page 32](#).

Well Baby Care (Outside Utah County Only)

- 80% after a \$25 copayment: Contract provider.
- 50% after a \$25 copayment: Non-contract provider.
- Immunizations are not covered.
- Preauthorization is required.

Are There Services The Plan Does Not Cover?

Yes. Please see [pages 35 to 39](#) for a list of plan exclusions.

What Is Deseret Mutual's Preferred Provider Network?

If you are away from the Provo area while you are enrolled in the Student Health Plan, you may obtain care from any qualified, appropriately licensed medical provider. However, it is to your advantage to make sure the physicians and hospitals providing your care are part of Deseret Mutual's Preferred Provider Network. Your benefits will be higher (see [page 6](#)) and the providers will not bill you for fees that exceed Deseret Mutual's maximum allowable amounts (see [page 5](#)).

This network extends throughout most areas of the United States and includes physicians and hospitals that provide quality care at substantially discounted rates.

For information about providers in your area, please call the appropriate telephone number. Be sure to identify yourself as a participant in a Deseret Mutual plan.

Remember, eligible expenses for services from contracted providers are covered at 80 percent while eligible expenses from non-contracted providers are covered at 50 percent.

Hawaii: MDX Hawaii (formerly, Queen's Health Care Plan Network)
808-293-3970

Idaho & Utah: Deseret Mutual Contract Providers
1-800-777-3622 or www.dmba.com/nsc/medical/proupick.htm

All other states: First Health Medical Network
1-800-237-5702 or www.firsthealth.com (Login ID: DMB)

What Should I Do in an Emergency?

If you are faced with a life-threatening emergency, you should seek immediate medical treatment from a qualified, accessible provider. See [Emergency Room](#) on page 22.

Life-threatening emergencies are those in connection with a sudden and unexpected onset of a condition requiring immediate medical or surgical care to safeguard the patient's life. This includes heart attack, severe bleeding, loss of consciousness, convulsions, or temperature of more than 104 degrees Fahrenheit.

Other medical emergencies are those that are not life threatening, but the onset of symptoms is so sudden and severe that immediate medical or surgical treatment is required to prevent serious impairment of bodily functions.

In the case of an emergency that is not life threatening, contact the SHC immediately. You will be instructed to go either to the SHC or to another emergency care provider for treatment. If the SHC is closed, contact one of the after-hours facilities listed inside the front cover.

If the SHC and its walk-in urgent care center are closed, go directly to an urgent care facility in the community or to an emergency room. (Urgent care facilities are available in many areas. If your situation is not life-threatening but needs immediate attention, an urgent care facility can often provide a less expensive alternative to a hospital emergency room.)

What About Follow-Up Emergency Care?

For all emergencies, contact Deseret Mutual at 1-800-777-3622 before you receive any follow-up care. Most follow-up care can be provided at the SHC. If you need to receive follow-up care outside the SHC, you must have authorization from Deseret Mutual before you receive the care.

Remember, if you receive follow-up care outside the SHC without preauthorization from Deseret Mutual, you must pay a \$100 copayment per service.

What Is a Pre-existing Condition?

A pre-existing condition is a bodily injury or illness for which medical advice, diagnosis, care, or treatment was received from, or recommended by, a licensed medical provider within six-months before your continuous coverage from the Student Health Plan began.

Are Pre-existing Conditions Covered by the Plan?

Pre-existing conditions may be treated at the SHC. Plan benefits will apply for the care that is provided by the SHC staff and facilities.

However, pre-existing conditions are excluded from coverage for any care that must be provided outside the SHC, unless coverage has been in effect continuously for 12 months.

If you have a break in coverage under the Student Health Plan (you let coverage lapse for more than 30 days), the pre-existing conditions limitation will begin anew when you re-enroll in the plan, unless your break in coverage was for the time you were serving a mission.

If you were continuously covered by an insurance plan before you enrolled in the Student Health Plan and you did not have a break of more than 63 days between your enrollment in the former plan and the Student Health Plan, you may be able to reduce the length of time you are subject to the pre-existing conditions exclusion by the length of time you were covered by the other plan. To determine how this provision may apply to you, you must provide Deseret Mutual with certification of creditable coverage from your former insurance. For more information, please call Deseret Mutual.

Examples of conditions and procedures that are generally excluded as pre-existing include, but are not limited, to:

- Acne
- Allergy treatment
- Asthma
- Back surgery
- Diabetes
- Hernia repair
- Knee surgery
- Nasal surgery
- Reproductive organ disorders

How Do I Submit a Claim for Payment?

To receive plan benefits for services provided outside the SHC, submit an itemized bill to:

Student Health Plans
Deseret Mutual Benefit Administrators
P.O. Box 45530
Salt Lake City, Utah 84145

To be eligible for coverage, claims must be submitted within 15 months of the date of service. You do not need to submit claims for services received at the SHC.

LARGE CLAIMS COVERAGE

BYU provides Large Claims Coverage for all students enrolled at least 3/4 time and their eligible dependents. This policy is separate from the Student Health Plan, and you do not need to be enrolled in the Student Health Plan to be covered by BYU's Large Claims Coverage Plan.

Large Claims Coverage is secondary to any primary insurance plans, group or otherwise. This plan is designed to provide benefits if you incur large medical expenses beyond the limits of your primary coverage.

Before you can be eligible for benefits, you must document annual charges of \$37,500. All eligible expenses that exceed \$37,500 and are not covered by a group plan or other primary insurance will be covered at 100 percent to a maximum of \$90,000 per person per academic year.

If the accident or medical condition causes you to drop out of school, your coverage will be extended for six months beyond the last semester or term in which you were enrolled.

Contact Deseret Mutual if you need assistance from the Large Claims Coverage Plan or for more information about the plan's coverage and limitations.

EXCLUSIONS

The following exclusions pertain to all coverage options. The plan excludes coverage of any charges that do not meet the definition of eligible charges as previously defined, and in addition, any charges for:

1. services provided before coverage begins, including hospital stays in progress on the effective date of coverage and services after coverage ends;
2. services provided outside the SHC for pre-existing conditions for 12 months following the participant's effective date of coverage;
3. routine physical exams;
4. preventive medicine or vaccines, including immunizations;
5. physical exams for the purpose of obtaining insurance, employment, or government licensing;
6. well-baby care and physical therapy provided in Utah County outside the SHC;
7. pap smears, premarital services, and other routine x-ray exams, routine psychological testing and screening exams provided outside the SHC;
8. diagnostic purposes that are incurred outside the SHC and are not related to an injury or sickness, unless otherwise provided for by the terms of the plan;
9. dental treatment, except that made necessary by accidental injury to sound natural teeth, as provided for by the plan;
10. holistic, homeopathic, ecological, or environmental treatment;
11. care, treatment, diagnostic procedures, or operations that on January 1, 1986, and thereafter were:

- illegal;
- considered medical research;
- experimental (unproven care, treatment, procedures, or operations);
- not recognized by the U.S. medical profession as usual and/or common; and
- determined by Deseret Mutual not to be usual and/or common medical practice.

Procedures, care, treatment, or operations falling into these categories on January 1, 1986, and thereafter will continue to be excluded until actual experience clearly defines the procedure, care, treatment, or operations as non-experimental, and they are specifically included in the medical policy by Deseret Mutual;

12. accidents sustained as a result of play, practice, or participation in intercollegiate sports (NCAA sanctioned), the ROTC program, professional contests, or vehicular contests;
13. care, treatment, supplies, or other services incurred outside the SHC primarily for convenience, contentment, non-therapeutic purposes, or are not clearly a medical necessity;
14. multipurpose equipment or facilities, such as those listed in the [Medical Equipment](#) chart on page 27;
15. reproductive organ prostheses;
16. care, treatment, or operations provided outside the SHC in connection with sexual dysfunction;
17. wart removal, treatment of toenails, corns, or calluses provided outside the SHC;
18. care, treatment, or operations for bunions;
19. care, treatment, or operations that are performed primarily for cosmetic purposes (non-suspicious mole removal, breast reduction, normal or abnormal hair loss, etc.), except for expenses incurred as a result of injury suffered while covered by this plan;
20. care, treatment, or operations provided outside the SHC in connection with congenital anomalies when such services are performed to restore normal body form or appearance, the conditions are not immediately life threatening, and/or the timing is subject to the choice or decision of the patient and physician. This exclusion does not apply to care, treatment, or operations to treat congenital anomalies in children for whom coverage by the plan has been maintained since birth;

21. care, treatment, or operations provided outside the SHC in connection with obesity or weight loss (including gastric bypass surgery);
22. services and materials in connection with disturbances of the temporomandibular joint (TMJ);
23. jaw surgery (osteotomy);
24. care, treatment, diagnostic procedures, or any other expenses for an abdominoplasty, lipectomy, panniculectomy, skin furrow removal, or diastasis rectus repair;
25. medications, care, treatment, diagnostic procedures, or operations in relation to organ (donor or artificial) transplants;
26. care, treatment, diagnostic procedures, or any other expenses for surgery to correct visual acuity;
27. care, treatment, or operations provided outside the SHC in connection with infertility;
28. care, treatment, or operations in relation to in vitro fertilization;
29. abortions, except where the life of the mother would be seriously endangered if the fetus were carried to term;
30. acupuncture;
31. services or materials in connection with surgical procedures undertaken to remedy a condition diagnosed as psychological;
32. educational programs (except diabetes education) provided outside the SHC (PMS clinics, etc);
33. marriage or family counseling provided outside the SHC;
34. care or treatment provided outside the SHC in connection with anorexia, bulimia, or other eating disorders;
35. speech therapy and evaluation;
36. care, treatment, diagnostic procedures, or any other services for sleep disorders, chronic fatigue, or fibromyalgia provided outside of the SHC;
37. evaluation and/or treatment for learning disabilities;
38. inpatient or outpatient treatment for emotional illness or for mental or emotional conditions, with or without a manifest psychiatric disorder or specific symptoms, provided outside the SHC;

-
39. cardiopulmonary fitness training or conditioning, either as a preventive or therapeutic measure;
 40. vertebral column rehabilitation (chiropractic care) or massage therapy;
 41. custodial care, education, training, or rest cures;
 42. charges associated with family planning, including surgery, contraception and/or birth control devices, and drugs;
 43. special formulas, food supplements, or special diets;
 44. services provided by a pain control center for a pain control program;
 45. care and treatment provided outside the SHC for the abuse of or addiction to alcohol or drugs;
 46. prescription drugs, except drugs administered as part of an inpatient hospital stay or emergency room visit, or those covered under the high-cost pharmacy benefit;
 47. Remicade, Kineret, Procrit, myeloid/erythroid stimulants, as well as medications for multiple sclerosis, hemophilia, severe arterial pulmonary hypertension, and interferon therapy.
 48. care, treatment, diagnostic procedures, or any other expenses when it has been determined by Deseret Mutual that brain death has occurred;
 49. services of any provider of the healing arts who ordinarily resides in the same household with the participant and/or his dependents, or has legal responsibility for financial support and maintenance of the participant and/or his dependents;
 50. services incurred in connection with injury arising from participation in or attempt at committing an assault or felony, participation in illegal acts of violence, or services provided as a result of a court order or for other legal proceedings;
 51. services furnished by a hospital or facility owned or operated by the United States Government or any agency thereof; any charges for services, treatments, or supplies furnished by or for the United States Government or any agency thereof;

-
52. treatment received outside the SHC in connection with aviation-related accidents (including but not limited to parachuting, hang gliding, or ballooning events), other than to passengers on scheduled commercial airlines;
 53. any services where the covered person has no legal obligation to pay;
 54. any services received outside the SHC that a third party or the liability insurance of a third party or the uninsured motorist insurance pays or is obligated to pay;
 55. services covered, or which could have been covered, by any governmental plans (including, but not limited to, Medicare, Medicaid, or Tri-Care);
 56. which coverage is provided by applicable Workers' Compensation statutes;
 57. services or materials covered, or which could have been covered, by insurance required or provided by any statute, including but not limited to no-fault insurance, except as provided at the SHC;
 58. conditions caused by or resulting from war or act of war or service in the military forces of any country at war, declared or undeclared. War includes hostilities conducted by force or arms by one country against another country, or between countries or factions within a country, either with or without a formal declaration of war;
 59. conditions caused by or resulting from catastrophic events defined as an earthquake, fire, terrorist attack, any other accidental occurrence or series of one event, or a group of related events within seven days or less resulting in the death or serious injury of 20 or more covered students;
 60. direct complications resulting from excluded services;
 61. benefits or services not specified as covered;
 62. care, treatment, or operations incurred after termination of benefits; or
 63. planned home delivery for childbirth.

	Urgent-care Health Claims	Pre-service Health Claims	Post-service Health Claims
Deseret Mutual must provide notice of the initial claim denial by . . .	72 hours after receiving the claim if it was properly completed. 48 hours: (1) after receiving completed claim or (2) after the 48-hour claimant deadline, whichever is earlier.	15 days after receiving the initial claim. 30 days after receiving the claim if we need more information and we provide an extension notice during the initial 15-day period.	30 days after receiving the initial claim. 45 days after receiving the claim if we need more information and we provide an extension notice during the initial 30-day period.
Deseret Mutual must provide an incomplete claim notice and request additional information by . . .	24 hours after receiving claim	5 days after receiving claim	30 days after receiving claim, extended 15 days from the date we receive the required information
Claimant must complete claim by . . .	Not applicable	45 days after receiving notice to provide information	45 days after receiving notice to provide information
Claimant must appeal decision by . . .	15 months after receiving the claim denial	15 months after receiving the claim denial	15 months after receiving the claim denial
Deseret Mutual must provide a notice of decision of appeal by . . .	72 hours after request for review (either verbal or written)	30 days. Two levels of review are available: (1) CMRC will respond within 15 days of written request. (2) CRC will respond within 15 days of request (either verbal or written)	60 days. Two levels of review are available: (1) CMRC will respond within 30 days of written request. (2) CRC will respond within 30 days of request (either verbal or written)

OTHER IMPORTANT INFORMATION

Claims Review Procedures

If you have questions, concerns, or complaints, please bring them to our attention. This includes complaints about the SHC, contract and non-contract physicians and facilities, or about administrative procedures, claims payments, or preauthorization procedures.

If you have concerns about the SHC, its staff, or services you receive there, please contact the SHC Director.

1750 N. Wymount Terrace Drive
Provo, Utah 84602
801-422-7443

If you have concerns about services you received outside the SHC, please contact the Student Health Plan's Team at Deseret Mutual at 1-800-777-3622.

To file a complaint regarding claims for services received outside the SHC, or concerning administrative or preauthorization procedures, please follow these steps:

- Submit a written statement to Deseret Mutual, Attention: Student Plan Claims Management. Please detail the nature of your complaint. Deseret Mutual will begin a review within 10 working days. After this review, you can expect a written response to the complaint.
- If your complaint still remains unresolved, you may submit it to:

Student Health Plans Claims Review Committee
P.O. Box 45530
Salt Lake City, Utah 84145

The Committee meets on a monthly basis and includes representatives of the student body, physicians, legal counsel, and consulting professional personnel from the SHC and Deseret Mutual.

All appeals must be received within 15 months of the original date of benefit determination.

Please refer to the following table that shows when you must submit appeal requests, as well as when you can expect written responses to those requests:

Subrogation

If you have an injury that is the liability of another party and you have the right to recover damages, Deseret Mutual has the right of subrogation and will require reimbursement for any amount it has paid when damages are recovered from the third party. Deseret Mutual will be reimbursed:

- first;
- from any recovery from a claim against a third party, the third party's liability insurance carrier, or your uninsured motorist insurance carrier;
- whether the recovery is obtained by settlement, judgment, or from any other source; and
- regardless of how the settlement is allocated by the third party or insurance carrier.

Your acceptance of Deseret Mutual benefits for the injury constitutes subrogation. You must provide any information Deseret Mutual requests for subrogation purposes. If you fail to do so, you will be responsible for reimbursing all the costs and expenses paid by Deseret Mutual for the injury.

Coordination of Benefits

The BYU Student Health Plan adheres to appropriate coordination of benefits guidelines and regulations.

Notification of Benefit Changes

Deseret Mutual reserves the right to amend or terminate the plan at any time. If benefit changes are made, you will be notified within 30 days before the effective date of change.

For the most up-to-date listing of plan benefits and exclusions, refer to the Student Health Plan handbook Web site at www.dmba.com/nsc/student/handbooks.htm

Notification of Discretionary Authority

Deseret Mutual has full discretionary authority to interpret the plan and to determine benefit eligibility. Also, Deseret Mutual has the sole right to construe plan terms. All Deseret Mutual decisions relating to plan terms or eligibility for benefits are binding and conclusive.

Legal Notice

This handbook provides you with an explanation of your benefits under the BYU Student Health Plan and constitutes a legal contract between you and Deseret Mutual.

IMPORTANT DATES

FALL 2004

Aug. 30	Classes begin / coverage effective Fall semester premiums due
Sep. 13	Last day for new and continuing students to submit 2004-2005 enrollment or certification of other coverage through the Route Y Web site (End of late enrollment period)
Jan. 3	Fall semester coverage ends Coverage ends for students leaving BYU*

WINTER 2005

Jan. 4	Classes begin / coverage effective Winter semester premiums due
Jan. 18	Last day for new students starting winter semester to submit 2004-2005 enrollment or certification of other coverage through the Route Y Web site (End of late enrollment period)
Apr. 25	Winter semester coverage ends Coverage ends for students leaving BYU*

SPRING 2005

- Apr. 26 Classes begin / coverage effective
 Spring term premiums due
- May 3 Last day for new students starting spring term to submit 2004-2005 enrollment or certification of other coverage through the Route Y Web site
 (End of late enrollment period)
- Jun. 19 Spring term coverage ends

SUMMER 2005

- Jun. 20 Classes begin / coverage effective
 Summer term premiums due
- Jun. 27 Last day for new students starting summer term to submit 2004-2005 enrollment or certification of other coverage through the Route Y Web site
 (End of late enrollment period)
- Aug. 28 Summer term coverage ends
 2004-2005 coverage ends for continuing students
 Coverage ends for students leaving BYU*

* Students who graduate, withdraw from BYU, or otherwise lose their continuing student status.

DEFINITIONS

Accident

An unpremeditated event of violent and external means that happens suddenly, without intention or design, is unexpected, unusual, unforeseen, is identifiable as to time and place, and is not the result of sickness.

Acute

Having rapid onset, severe symptoms, and a short course.

Contracted Facilities

Hospitals, labs, and other health care facilities that have contracted with Deseret Healthcare to provide services to members.

Contracted Providers

Physicians, specialists, and other providers of health care services who have contracted with Deseret Mutual to provide services.

Copayment

The initial portion of the charges for eligible services that the covered member is responsible for paying.

Custodial Care

Maintaining a patient beyond the acute phase of injury or sickness. Custodial care includes room, meals, bed, or skilled medical care in any hospital or care facility, or at home to help the patient with any type of feeding, bowel and bladder care, respiratory support, physical therapy, administration of medications, bathing, dressing, ambulation, etc. The patient's impairment, regardless of the severity, must require such support to continue for more than two weeks after establishing a pattern of this type of care.

Elective Surgery

Operations or surgical procedures for a condition that is not immediately life threatening and the timing is subject to the choice or decision of the patient and the physician.

Eligibility Date

The date a student becomes eligible for benefits.

Eligible Charges

Charges incurred by the student or his/her dependents for treatment of injury or sickness and that are:

- medically necessary for the care and treatment of the injury or sickness and are incurred on the recommendation and while under the continuous care of a physician;
- not in excess of the maximum allowable charges defined by Deseret Mutual for the services performed or the materials furnished;
- not excluded from coverage herein or otherwise excluded by the terms of the plan;
- incurred for one or more of the services or materials specified in the plan; and
- incurred during a period of active employment in the plan.

Eligible charges are considered incurred on the date the service is performed or the purchase is made.

Emergency Care

The care required in connection with a sudden and unexpected onset of a condition requiring medical or surgical care necessary to safeguard the patient's life immediately after the onset of the emergency. This includes heart attack, severe bleeding, loss of consciousness, convulsions, acute asthmatic attacks, or temperature of more than 104° Fahrenheit.

Extended Care Facility

An institution, or distinct part thereof, that is licensed pursuant to state or local law, and is operated primarily for the purpose of providing skilled nursing care and treatment for an individual convalescing from injury or sickness as an inpatient. It also:

- has organized facilities for medical treatment and provides 24-hour nursing service under the full-time supervision of a physician or a registered nurse;
- maintains daily clinical records for each patient and has available the services of a physician under an established agreement;

- provides appropriate methods of dispensing and administering drugs and medicines; and
- has transfer arrangements with one or more hospitals, a utilization review plan in effect, and operational policies developed with the advice and review of a professional group, including at least one physician.

Maximum Allowable Charge

The maximum amount Deseret Mutual will pay for a defined procedure.

Medical Equipment

A prosthesis, appliance, or device that is primarily and customarily used to serve a medical purpose and generally is not useful to a person in the absence of injury, sickness, or congenital defect.

Medical Supplies

Medical items that are for immediate use, are disposable, and are not reusable.

Medical Treatment

Therapeutic measure(s), including consultations, undertaken by or under the direction of a physician in connection with an injury or sickness.

Non-Contracted Facilities

Hospitals, pain clinics, labs, and other health care facilities that have not contracted with Deseret Mutual to provide services to students.

Physician

A practitioner of the healing arts, practicing within the scope of his/her license, who is duly qualified and licensed to practice.

Preauthorization

When Deseret Mutual is notified in advance of a medical procedure so that a review may be conducted before treatment is obtained.

Sickness

A bodily disorder, disease, pregnancy, mental or emotional infirmity, or all illnesses that are caused by the same cause or a related cause.

Surgical Center

Any licensed public or private establishment:

- with an organized medical staff of physicians;
- with permanent facilities equipped and operated primarily for the purpose of performing surgical procedures;
- with continuous physician services whenever a patient is in the facility; and
- that does not provide services or other accommodations for patients to stay overnight.

INDEX

Accident	44
Acute	45
Addresses	Cover
Allergy Services	20
Ambulance	21
Anesthesia	21
Away-From-Campus Coverage	11
Beginning of Coverage	13
Behavioral Medicine	18
Benefit Changes	3, 42
Cardiovascular Services	21
Chemotherapy	21
Claims, Payment of	5, 6
Claims, Review Procedures	41
Contracted Facilities	45
Contracted Providers	45
Coordination of Benefits	42
Copayment	5, 6, 45
Hospitalization	6, 23
Maternity Care	24-26
Services at the SHC	6
Services Outside the SHC	6
Coverage Options	10
Custodial Care	45
Dates and Deadlines	43, 44
Definitions	44
Dental Accident Benefit	21
Dental, Discounted	15, 16
Diabetes Education	22
Diabetic Supplies	22
Dialysis	22
Discretionary Authority	43
Deseret Mutual	Cover
Ear, Nose, and Throat	18
Elective Surgery	45
Eligible Charges	46
Eligibility Date	45
Emergency	22, 32, 46

Ending of Coverage	14
Enrollment	7
Away-From-Campus	11
Family	8
Changes	9
Extended	12, 13
Exclusions	35
Explanation of Benefits	5
Extended Care Facility	46
Extended Coverage	12, 13
Eye Exams	22
Gastroenterology Services	23
Gynecology	18
Hearing Tests	23
Home Health Care	23
Hospital	
Emergency	23
Inpatient	24
Maternity	24
Importance of Medical Coverage	1
Injections	24
Internal Medicine	18
Laboratory Services	25
Large Claims Coverage	34
Late Enrollment	8
Leaving BYU	10
Legal Notice	43
Maternity	25
Hospitalization	24
Physician / Nurse-Midwife Services	26
Maximum Allowable Charges	5, 47
Medical Equipment	27, 28, 47
Medical Supplies	29, 47
Medical Treatment	47
Mental Health	18
Missionary Service	10
Non-contracted Facilities	47
Office Visits	29
Orthopedics	18

Pediatrics	18
Pharmacy	18
Physical Therapy	18
Outpatient	29
Physician Services	
Inpatient	24
Maternity	26
Office Visits	29
SHC	6
Surgery	30
Plan Benefit	5
Plan Changes	3
Podiatry	18
Preauthorization	20, 48
Pre-existing Conditions	33
Preferred Provider Network	31
Premiums	15
Prescription Drugs	29
Prosthetics	30
Radiation Therapy	30
Radiology Services	30
Sickness	48
Student Health Center (SHC)	Cover
Copayments	6
Hours	Cover
Services	18
Study Abroad	11
Subrogation	42
Surgery	
Outpatient	30
Physician Services	30
Surgical Center	48
Telephone Numbers	Cover
Urgent Care (Walk-in Clinic)	31
Well Baby Care	31
Who to Contact	Cover
X-rays	30