

Deseret Mutual Benefit Administrators

BRIGHAM YOUNG UNIVERSITY — HAWAII

Student Health Plan

2005-2006

Offered by: Deseret Mutual Insurance Company
Administered by: Deseret Mutual Benefit Administrators

BYU HAWAII STUDENT HEALTH PLAN SUMMARY OF BENEFITS

Student Health Center	You and your covered dependents must use the Student Health Center (SHC) as your Primary Care Provider. Covered services at the SHC will be paid at 100% after a \$10 copayment. Any service provided outside the SHC requires a referral from the SHC and preauthorization from Deseret Mutual.		
Referrals	If you or your covered dependents need to see a specialist outside the SHC, you must obtain a referral from the SHC before making an appointment with the specialist. This referral from the SHC will automatically initiate a request for preauthorization with Deseret Mutual.		
Preauthorizations	All services outside the SHC, except for emergency room visits, require preauthorization. If you are being referred by the SHC, the preauthorization will automatically be requested. Otherwise, you must contact Deseret Mutual at 1-808-293-3972 before you receive the medical care (see page 10).		
Copayments	SHC: \$10 for regular visits and \$15 for urgent care visits. Outside the SHC: \$25 per service for physician, urgent care, and other outpatient care (\$100 per service that is not preauthorized); \$50 for hospital emergency room visits; \$200 per hospital admission (\$300 per hospital admission that is not preauthorized).		
Maximum Benefit	There is a maximum benefit of \$30,000 per person per policy year for services outside the SHC. For coverage of medical expenses above the maximum benefit, refer to BYU Hawaii's Large Claims Coverage (see page 20).		
Explanation of Covered Expenses	Plan payments are subject to maximum allowable charges, determined by Deseret Mutual (see page 3).		
	Covered Services	Contracted Provider	Non-Contracted Provider
	Hospital Medical Services: Semi-private room, surgical services & supplies, outpatient medical care	80% of allowable charges after copayment	50% of allowable charges after copayment
	Ambulatory Surgical Center: Outpatient surgery, services, & supplies	80% of allowable charges after copayment	50% of allowable charges after copayment
	Physician Medical Services: Office visits, hospital & skilled nursing facility visits, surgeon, surgical assistant, and anesthesiologist	80% of allowable charges after copayment	50% of allowable charges after copayment
	Emergency Care: Emergency room services & supplies	80% of allowable charges after copayment	
	Skilled Nursing Facility: Semi-private room, services, & supplies	80% of allowable charges after copayment	50% of allowable charges after copayment
	Home Health Care: Services & supplies from a home health agency	80% of allowable charges after copayment	50% of allowable charges after copayment
	Durable Medical Equipment: Rental or purchase of DME (see page 16)	80% of allowable charges after copayment	50% of allowable charges after copayment
	Maternity Care*: <ul style="list-style-type: none"> • Hospital and ancillary services • Physician office visits (Married student and married student with maternity coverage for non-student spouse see pages 14 to 15)	<ul style="list-style-type: none"> • 80% of allowable charges after copayment • 80% of allowable charges after \$25 copayment per visit to a maximum of \$150 for routine care 	<ul style="list-style-type: none"> • 50% of allowable charges after copayment • 50% of allowable charges after \$25 copayment per visit to a maximum of \$150 for routine care
	Diagnostic X-ray & Lab Services: CT, MRI, ultrasound, lab, and pathology	80% of allowable charges	50% of allowable charges
	Outpatient Therapy: Radiation therapy, chemotherapy, dialysis, physical therapy (See page 17)	80% of allowable charges after copayment	50% of allowable charges after copayment
	Ambulance: Licensed land or air transport	80% of allowable charges after copayment	50% of allowable charges after copayment
	Prescription Drugs <ul style="list-style-type: none"> • Mail service • Retail pharmacy 	<ul style="list-style-type: none"> • 80% for formulary drugs • 70% for formulary drugs 	<ul style="list-style-type: none"> • 50% for non-formulary drugs • 50% for non-formulary drugs

*Maternity coverage is included for all students / policyholders. Non-student spouses may purchase coverage as a dependent with or without maternity coverage. This summary of benefits provides a brief review of plan benefits. For complete details of coverage, including limitations and exclusions, refer to the Student Plan Handbook at www.dmba.com/nsc/student/handbooks.htm or pick up a copy at the Student Health Center Office.

Who to Contact

Student Insurance Office

Enrollment, Premium, & Coverage Information	1-808-293-3512
Fax	1-808-293-3657
Deseret Mutual	1-808-293-3970
Enrollment, Premium, & Coverage Information	1-808-293-3970
.	1-808-293-3512
Deseret Mutual Preauthorization	1-808-293-3972
SHC Appointment Scheduling & Referrals	1-808-293-3510
SHC After-hours Emergencies (On-call Nurse)	1-808-293-3911

Addresses

Student Health Center:

BYU Hawaii #1916
55-220 Kulanui Street
Laie, Hawaii 96762

Student Insurance Office:

BYU Hawaii #1950
55-220 Kulanui Street
Laie, Hawaii 96762

Deseret Mutual:

BYU Hawaii #1972
55-220 Kulanui Street
Laie, Hawaii 96762

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/student/provpick.htm

All other states: First Health Medical Network
1-800-237-5702 or www.firsthealth.com

Access the Student Health Plan Handbook:

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

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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 insurance provides a way to help defray some of these costs as they arise. Many providers in Hawaii do not accept mainland insurance plans and may require full payment at the time of service.

The BYU Hawaii Student Health Plan offers a wide range of benefits. Coverage for students' spouses and children is also available.

Insurance Requirement

BYU Hawaii requires all full-time continuing students to have adequate medical insurance for the duration of their enrollment at BYU Hawaii. In other words, you must have insurance the entire time you are a continuing BYU Hawaii student, including during any summers you take off or other short-term breaks from classes.

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

- Provide at least 80 percent coverage for all major medical expenses, including physician, hospital, and ancillary services
- Have an individual annual deductible of no more than \$500
- Have an annual plan limit of no less than \$25,000
- Include medical care and treatment in Hawaii

If you choose a medical plan other than the Student Health Plan, you must complete an online waiver verification form showing adequate insurance coverage at the beginning of your first semester/term and at the beginning of each academic year thereafter (fall semester). Any changes in your private plan must also be reported to the insurance office. The BYU Hawaii Insurance Office is located in the Lorenzo Snow Administration Building at 55-220 Kulanui Street #1950.

Students enrolled for 9 or more credit hours per semester or 4.5 or more credit hours per term who do not properly complete an online waiver form as indicated above, will automatically be enrolled for individual coverage and assessed the appropriate premium. For semester and term waiver deadlines, see [Important Dates](#) beginning on page 27 of this handbook.

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 come in to the insurance office and enroll them in the plan by completing a Student Insurance Enrollment form.

Student Insurance Enrollment, Waiver, and Verification forms are available online or at the Student Insurance Office. Our office is located at the IWES Student Employment and Insurance Department in the Lorenzo Snow Administration Building.

If you drop below full-time status at any time during the academic year (including taking a semester or term off), you will be enrolled in Away-From-Campus Coverage (see [page 6](#)). Remember, you are required to have coverage while you are enrolled as a continuing full-time student.

For information about BYU Hawaii's Student Health Plan visit the Student Insurance website at www.byuh.edu/hrs/Newpages/Studentinsurance.htm or by clicking University Services, Human Resources, and Student Insurance from the BYUH website. If you would like to make an appointment with a Student Insurance representative please call the Student Insurance Office at 1-808-293-3512.

BYU Hawaii Student Health Plan for 2005-2006

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

Medical expenses that are covered by the plan include those incurred for medically necessary treatment of injury or illness, within the plan contract limitations. See the appropriate sections of this handbook for more information about eligible charges and coverage limitations (beginning on [page 3](#)).

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.**

Important Keys to Remember

- The Student Health Center (SHC) is your primary source of medical care. Always consult the SHC first.
- In an emergency, you should always get the appropriate care immediately. Please see [page 20](#) for information on what to do in an emergency.
- As a member of the plan, Deseret Mutual will assign you a unique ID number. This Deseret Mutual ID is your policy number. A Student Health Plan ID card will be sent to you after you are enrolled in the plan. Once you receive your ID card, present it to the provider at the time of service. If you require medical services before you receive your ID card, you will need to give the provider your Deseret Mutual ID. Contact Deseret Mutual if you do not receive your ID card within six weeks of the first day of class or if you have lost your card.
- Preauthorization from Deseret Mutual is required before you receive care outside the SHC. A referral from a physician outside the SHC does not constitute preauthorization. You must contact Deseret Mutual at 293-3972 to preauthorize these services. However, if you are referred by the SHC, the preauthorization will occur automatically.
- Always receive care from providers who are contracted through Deseret Mutual's Preferred Provider Network. If you used non-contracted providers, your insurance benefits may be lower. See [page 19](#) for information on the Preferred Provider Network.
- If you use non-contracted providers, you will be responsible to pay any charges over maximum allowable amounts.
- New dependents must be enrolled within 60 days of the qualifying event (marriage, birth, or adoption placement).
- Notify the Student Insurance Office immediately of any newborn dependents or other changes to your insurance coverage.
- Not all services are covered by the plan. Please read the [exclusions](#) beginning on page 21 carefully to see which services are not covered.
- 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.

How Does the Student Health Plan Work?

All eligible care is provided by or coordinated through the Student Health Center. If you need eligible services that they do not 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.

How Are Medical Services Paid?

When you receive care outside of the Student Health Center, you will pay a **copayment** to the provider at the time you receive the service. This is a fixed amount. After your copayment, the amount covered by the plan is your **plan benefit**, and the amount you pay is your **coinsurance** amount.

Once you receive services, you or the contracted provider of your care will need to submit an itemized bill to Deseret Mutual (see [page 20](#)). Deseret Mutual will process your claim, send a check for the plan benefit to the contracted provider of the care, and send you an **explanation of benefits** statement. This statement will itemize the charges, your deductible (if applicable), your copayment, the plan benefit, and your coinsurance. You are responsible to pay the contracted provider your copayment at the time of service and your coinsurance when billed.

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

- If you receive your care from one of Deseret Mutual's **contracted providers**, you do not need to pay any amount over the **maximum allowable charges**. When health care providers contract with Deseret Mutual, they agree not to bill you for more than the maximum allowable amount. (See [page 19](#) 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 over the plan's maximum allowable amount. It then becomes your responsibility to pay those additional charges.

It is your responsibility to pay the provider of your care for any services which are not covered by the plan.

Your Copayments

For eligible physician services you receive at the SHC, including office visits and emergency care, your copayments are:

- \$10 during regular clinic hours
- \$15 for after-hours visits

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 an additional \$100 copayment per service**

As you can see, it is very important to preauthorize services you receive outside the SHC.

Amount Paid By the Student Health Plan / Your Coinsurance

After you have paid your copayment, 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% Non-contracted providers: 50%	Contracted providers: 20% 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 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.

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 20](#) about BYU Hawaii's Large Claims Coverage.

Who Is Eligible to Enroll?

Students: You may enroll in the BYU Hawaii Student Health Plan if you are a full-time continuing student as defined by BYU Hawaii.

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

- your legal spouse or certified reciprocal beneficiary, and/or
- your unmarried children 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 must submit proof of your child's incapacity within 31 days of his/her reaching 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/term as a full-time student at BYU Hawaii. Your membership in the plan is automatically renewed each academic year unless you drop below full-time status or personally notify the Student Insurance Office.

You may renew your enrollment in the Student Health Plan at the beginning of each academic year thereafter (at the beginning of each fall semester).

You must submit your online enrollment application for new coverage before the enrollment deadlines specified in the [calendar](#) beginning on page 27.

Please note, all full-time continuing students who do not provide verification of other insurance that meets BYU Hawaii's requirements will automatically be enrolled in the Student Health Plan for individual coverage and will be assessed the appropriate premium. Verification and waiver forms should be submitted to the Student Insurance Office by the [deadlines](#) listed beginning on page 27.

Can I Change My Enrollment Midyear?

If you enroll for individual coverage and do not enroll your dependents, you may not add them to your insurance 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 them in the plan or change your enrollment to include coverage for your new spouse and/or the new dependent as long as you apply to do so within 60 days of this event. If you do not enroll your dependents within this 60-day window, you will have to wait until the beginning of the next academic year (fall semester) to enroll them.

Newborn dependents will be covered for care and treatment of medically diagnosed congenital defects and birth abnormalities from the date of birth for 31 days.

Adopted newborn dependents will be covered as follows:

- Newborn dependents will be covered for care and treatment of medically diagnosed congenital defects and birth abnormalities from the date of birth for 31 days
- Adopted newborn dependents who are not newborns will be automatically covered from the date of placement for 31 days

If you waive enrollment in the Student Health Plan for yourself and/or your dependents because you have other insurance that meets BYU Hawaii'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 31 days of losing eligibility for the other coverage.

If you enroll in the Student Health Plan and subsequently obtain other insurance that meets BYU Hawaii's requirements, you may discontinue your enrollment in the Student Health Plan at the end of your current semester or term. To do so, you must submit a waiver form and certification of the other coverage to the Student Insurance Office by the [deadlines](#) listed beginning on page 27.

What About Internships and Performing Groups?

If you are enrolled in the Student Health Plan and you participate in an internship required by your department, or you travel as a member of a BYU Hawaii performing group on tour, you will be covered by the "Away-From-Campus" option of the Student Health Plan during that semester/term unless you submit a waiver as proof of other coverage. Please see [What is "Away-From-Campus Coverage"?](#) on page 6 for more information.

What About Short Breaks from School?

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 full-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/term. Please see [What is "Away-From-Campus Coverage"?](#) on page 6 for more information.

What If I Go on a Mission?

If you leave BYU Hawaii to serve a mission, you will not be covered by the Student Health Plan during your mission. You may re-enroll when you return to BYU Hawaii.

Can I Continue My Enrollment After I Leave BYU Hawaii?

Yes, within certain limitations. Please see [What Is "Extended Coverage"?](#) on page 7.

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 full time	Regular On-Campus coverage
Enrolled in an internship required for your degree, or on tour as part of a BYU Hawaii performance group	Away-From-Campus coverage (See page 6)
Admitted as a continuing student but taking a semester or term off (or enrolled in classes for less than full-time)	Away-From-Campus coverage (See page 6)
Graduated, or withdrawn from school	Extended Coverage (Optional: separate enrollment required) (See page 7)

What Is “Away-From-Campus Coverage”?

The Away-From-Campus option of the Student Health Plan provides insurance coverage for students who drop below full-time status or who are temporarily off Oahu and therefore do not have access to the SHC.

You are required to enroll in the Away-From-Campus option if you:

- Participate in an internship required by your department
- Travel as a member of a BYU Hawaii performing group on tour

This enrollment will occur automatically if you take a temporary break from full-time enrollment in classes on campus (for example, if you take the summer off) but do not withdraw from the University or otherwise lose your status as a continuing student.

Any dependents enrolled in the plan for the academic year will also be covered by this option. You may make changes to your enrollment (add dependents, discontinue coverage, etc.) only as outlined on [page 4](#).

How Does Away-From-Campus Coverage Work?

While you are enrolled in the Away-From-Campus option, 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 19](#)). Also, you may still receive medical care at the SHC if you are on Oahu. 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 or term in which you graduate, withdraw from BYU Hawaii, or otherwise lose your status as a continuing student.

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

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

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/term at BYU Hawaii.

You may add newly acquired dependents to your coverage only as outlined on [page 4](#). 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 Does Extended Coverage Work?

While you are enrolled in this option, 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.

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 and return it to the Student Insurance Office before the end of your last semester/term at BYU Hawaii. Also, you must include 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 Insurance Office **at least five working days 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 end and you will not be eligible to re-enroll.

When Does Coverage Begin?

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

	Graduation or Loss of Continuing Student Status	Loss of Eligibility for Dependent	Move to Other Available Insurance
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 premium was paid		

When Does Coverage End?

The coverage option you choose (either individual or family coverage) will generally remain in effect until the end of the academic year, unless you notify the Student Insurance Office of a change in status. If you drop below full-time status, Regular On-Campus Coverage will end on the first day of the semester or term in which your status changes. You will need to enroll in the Away-From Campus Coverage option for that semester or term.

Please see the [calendar](#) beginning on page 27 for the exact dates that coverage begins and ends for the 2005-2006 academic year.

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

	You and Your Current Dependents	New Dependent (Marriage)	Newborn Dependent (Natural or Adopted)	Adopted Dependent (Non-newborn)
Regular On-Campus or Away-From-Campus Coverage	First day of classes for new semester/term	12:01 a.m. on the date of marriage*	Automatically covered from date of birth for 31 days**	Automatically covered from date of placement for 31 days**
Extended Coverage	12:01 a.m. on the first day of classes at BYU Hawaii for the semester/term after you leave school	12:01 a.m. on the date of marriage*	Automatically covered from date of birth for 31 days**	Automatically covered from date of placement for 31 days**
Mid-Year Enrollment	First day of classes for the semester in which you enroll.			

* You must formally enroll your new spouse within 60 days of the marriage.

** For coverage to continue beyond 31 days, you must formally enroll your dependent within 60 days of the birth or placement. You will be charged a premium retroactive to the date of the baby's birth.

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 [pages 10 to 19](#) for coverage amounts. You will not need preauthorization.

What Are the Student Health Plan Premiums?

	Regular On-Campus and Away-From-Campus Coverage	Extended Coverage
Single Student Only	\$236/semester \$118/term	\$135/month
Married Student Only	\$276/semester \$138/term	\$162/month
Single Student with Dependents	\$812/semester \$406/term	\$288/month
Married Student with Dependent(s) WITHOUT Maternity Coverage for Non-student Spouse	\$1,116/semester \$558/term	\$553/month
Married Student with Dependent(s) WITH Maternity Coverage for Non- student Spouse	\$1,826/semester \$913/term	\$872/month

When Are Premiums Due?

Premiums are due at the same time as tuition and other fees each semester or term. Premiums are automatically charged to your student account unless you have submitted a waiver form to the Student Insurance Office by the [deadlines](#) listed beginning on page 27.

If you qualify to change enrollment midyear, the premium will be due immediately when you enroll for the semester or term in which the enrollment change becomes effective.

Discounted Dental

A Discounted Dental program is available to all students. This program will provide students with discounted prices on dental services. Contact the Student Insurance Office for more details.

What Medical Services Are Available at the SHC?

Primary medical care, which includes most non-hospital care, is provided at the SHC. This means the SHC's primary care clinicians will provide most of your care. However, in some cases they may refer you to another contracted provider for specialty care.

The SHC has the staff and facilities to provide most care in the following areas:

- Emotional & behavioral medicine
- Gynecology
- Internal medicine
- Medical equipment & supplies
- Orthopedics
- Pediatrics — immunizations and preventative care
- Sports medicine

Please note, some routine physical exams that are available at the SHC are not covered by the plan.

The SHC can provide some durable medical equipment and medical supplies. Medical equipment that is reusable, such as crutches, must be returned to the SHC. If you do not return the equipment, you will be charged a fee that covers the cost of the item.

When Is the SHC Open?

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

- 8 a.m. to 5 p.m., Monday through Friday
- Wednesday afternoons are reserved for obstetrician visits

The SHC closes for all school observed holidays and for administrative purposes as needed. The SHC provides after hours on-call staff through BYU-H security at 293-3911 that may be consulted in case of emergency.

Services Outside the SHC

The Student Health Plan covers hospitalization and many other specialized medical services that the SHC does not provide, including telehealth services provided in accordance with generally accepted health care practices and standards. If you need such services, you will be referred to a medical provider in the community.

Preauthorization

For services from another provider to be eligible for maximum plan benefits, you must receive preauthorization from Deseret Mutual before you receive the medical care. If you are referred by the SHC, this preauthorization will occur automatically.

If your referred provider recommends care that is not specified in the authorization, you should contact Deseret Mutual before you receive the care. This includes visits beyond the number originally authorized, tests at other facilities, or consultation with another physician.

If you receive medical care or hospitalization outside the SHC without prior preauthorization from Deseret Mutual, you must pay an additional \$100 copayment per service.

Authorization does not necessarily guarantee payment for the treatment you receive. For all services, the guidelines, benefits, and exclusions of the plan will determine claims payment.

What Services Are Covered Outside the SHC?

Please refer to [pages 10 to 19](#) for information about the benefits payable for services outside the SHC.

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

Chemical Dependency

- 80%: Contract provider
- 50%: Non-contract provider
- Two treatment episodes providing 12 outpatient visits per episode or 30 inpatient hospital days per year
- 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 a traumatic accidental injury (such as a car accident or a facial injury) that occurs while you are covered by the plan
- Benefits apply only to services received while you are insured by the plan
- Preauthorization is required

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

Dialysis

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

Emergency Room

- 80% after a \$50 copayment
- See [Hospital Emergency Room](#) on page 13

Eye Exams

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

Food Supplements

- 80%: Contract provider
- 50%: Non-contract provider
- This benefit includes supplements that are prescribed as medically necessary for the treatment of an inborn error of metabolism (for example, PKU)
- Food supplements must be consumed or administered under the supervision of a licensed physician

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.)
- If you would like more information before you receive services, contact Deseret Mutual.
- Preauthorization is required

Hospital Emergency Room

- 80% after a \$50 copayment
- You do not need to preauthorize your Emergency Room visit
- Preauthorization for any follow-up care is required

Infertility

- 80%: Contract provider
- 50%: Non-contract provider
- Coverage for in vitro fertilization will be provided one time only. See [In Vitro Fertilization](#) on page 13
- Preauthorization is required

Injections (Allergy, Intramuscular, etc.)

- 80%: Contract provider
- 50%: Non-contract provider
- Immunizations will be provided for children younger than 18

Inpatient Hospital 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
- For more information, please see [Maternity – Hospitalization](#) on page 14
- Preauthorization is required. If you do not preauthorize your hospital stay, you will be charged an additional \$100 copayment

Inpatient Physician Services

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

In Vitro Fertilization

- 80%: Contract provider
- 50%: Non-contract provider
- One-time only benefit
- You must have at least a five-year history of infertility or infertility associated with endometriosis, diethylstilbestrol (des), blockage or removal of fallopian tube, or abnormal male factors
- You must have exhausted other methods of covered fertility treatment

In Vitro Fertilization (Continued)

- The patient's spouse must be the sperm donor
- Procedures must be performed at medical facilities that conform to the American College of Obstetric and Gynecology guidelines for in vitro fertilization clinics or to the American Fertility Society minimal standards for programs of in vitro fertilization
- Preauthorization is required

Laboratory Services

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

Maternity

- 80%: Contract provider
- 50%: Non-contract provider
- To be eligible for maternity benefits, you must maintain maternity coverage continuously from the date of conception to the date of delivery
- 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 maternity care
- Remember, you will receive separate bills for the newborn baby's medical care. Newborn dependents will be covered for care and treatment of medically diagnosed congenital defects and birth abnormalities from the date of birth for 31 days. To add your newborn as a dependent on the plan, **you must enroll them within 60 days of the birth** (see [page 4](#)). You will be charged a premium retroactive to the date of the baby's birth

Maternity – Hospitalization

- 80%: Contract facility
- 50%: Non-contract facility
- \$200 copayment per admission (\$50 for newborn infants)
- When you deliver at a contracted hospital, services are provided at discounted rates. Contact Deseret Mutual for more information about the contracted rates
- To be eligible for benefits, hospital stays of more than two days for vaginal delivery or four days for a cesarean section delivery must be medically necessary. If you do not preauthorize your hospital stay, any additional days will be subject to medical review and you will be charged an additional \$100 copayment
- When semi-private rooms are available, the plan will not pay for private rooms
- Some maternity-related expenses, such as expenses for miscarriage or false labor, are not considered in the contracted hospital rates. In such cases, the hospital will charge its regular fees and the plan's regular benefits and hospitalization copayments will apply to these charges

Maternity – Physician / Nurse-Midwife Services

- 80%: Contract provider
- 50%: Non-contract provider
- \$25 copayment per visit (maximum total copayment of \$150 for routine care)
- When you receive care from a contracted provider on Oahu, services are provided at discounted rates
- After you pay the appropriate copayments, the plan pays the balance of the contracted rate
- The contracted rate is for prenatal care and delivery provided by one physician throughout the term of the pregnancy
- If you are away from Oahu for part of the pregnancy, or if your care must be provided by more than one doctor, your bills will probably exceed the contracted rate. Therefore, your total copayment may be more. For more information, please contact Deseret Mutual
- Additional services, such as ultrasounds and amniocentesis, 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 the SHC 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 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
- 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 page 16. 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.

This table is not intended to be comprehensive, but to give you an idea of the medical equipment eligible for benefits.

Medical Equipment		
Must be preauthorized	Does not need to be preauthorized	Is not eligible for benefits
Bone growth stimulators	Apnea monitors	Air filtration systems
Communication devices	Bilirubin lights	Breast pumps
CPM machines	Blood pressure kits	Exercise equipment
Helmet therapy	Breast prosthetics (external)	Eye glasses / contact lenses
Hospital beds / mattresses	Canes	Hearing devices
Insulin pumps	Commodes	Humidifiers / dehumidifiers
Light boxes for dermatological problems	Crutches	Interferential stimulators
Lymphopresses	Enteral infusion pumps / Kangaroo feeding pumps	Knee braces used solely for sports
Oxygen concentrators	Gait trainers	Learning devices
Respirators / ventilators	Glucometers	Lift chairs
Scooters	Hoyer lifts	Modifications associated with:
Standers	Nebulizers / Pulmoaides	• Activities of daily living
Tens units / EMS units	Orthopedic braces	• Homes / structures
ThAIRpy vests	Overhead trapeze	• Vehicles
Wheelchairs	Oxygen	Spa memberships
	Pacemakers	Thermal therapy devices (cold / hot)
	Reflux boards	Whirlpools
	Side rails for beds	
	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, knee braces, or ace bandages when you have a prescription from your physician

Mental Health Therapy

- 80%: Contract provider
- 50%: Non-contract provider
- Must be provided by a physician, psychologist, clinical social worker, or advanced practice registered nurse
- Maximum of 30 outpatient visits and 30 inpatient days per person per academic year
- If you can be discharged from an inpatient acute care setting to a less expensive alternative care setting (day treatment or partial day treatment) without compromising the quality of care, you may qualify for a maximum of 60 days per academic year. Residential treatment is not covered
- Any prior inpatient days will be applied to your maximum 60 day alternative care benefit with one inpatient day equaling two alternative care days
- Several categories of serious mental health disorders, such as schizophrenia and bipolar disorder, may be approved for additional visits. Please call Deseret Mutual for more information
- This benefit includes treatment of autism
- Preauthorization is required

Office Visits

- 80% after a \$25 copayment: Contract provider
- 50% after a \$25 copayment: Non-contract provider
- Preventative care for children younger than 18
- Preauthorization is required
- Office visits at the Student Health Center are covered at 100% after the \$10 copayment

Physical Therapy – Outpatient

- 100% after a \$10 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 and a referral from the SHC are required. If you do not preauthorize your care, you will be charged an additional \$100 copayment

Prescription Drugs

- 80% for mail-service and 70% for retail: Formulary drugs
- 50%: Non-formulary drugs
- Because of state and/or federal regulations, certain medications may only be available in limited amounts
- Birth control medications must be preauthorized for medical necessity
- Some items that may be prescribed but are not covered include:
 - Contraceptive pills for birth control
 - Dietary or nutritional products, including special diets for medical problems
 - Medications for male pattern hair loss including Propecia
 - Sexual dysfunction products including Viagra
 - Vitamins (except prescribed prenatal vitamins and prescribed infant vitamins)
 - Weight reduction aids
- To locate a pharmacy in your area or for answers to questions Medco Health's 24-hour customer service line or visit their Internet Web site. Their phone numbers and Web site address are:

24-Hour Customer Service Line: 1-800-711-4542

Web Site: www.medcohealth.com

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
- Limited to new diagnosis requiring prosthetic, not simply for replacement of an old or less technical prosthetic, replacements for lost prosthetics are not a benefit

Radiation Therapy

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

Radiology Services (Mammograms, X-rays, CT Scans, MRIs, etc.)

- 80%: Contract provider
- 50%: Non-contract provider
- Routine mammograms are covered once every plan year. For women with a personal or family history of breast cancer, a mammogram is covered upon the recommendation of her physician
- Some services, like Magnetic Resonance Imaging (MRI), must be preauthorized

Surgery – Inpatient Hospital Services

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

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

Well Baby Care

- 80% after a \$25 copayment: Contract provider
- 50% after a \$25 copayment: Non-contract provider
- Preauthorization is required
- Services are provided at the Health Center for a \$10 copayment

Are There Services the Plan Does Not Cover?

Yes. Please refer to [page 21](#) for a list of plan exclusions.

What Is Deseret Mutual's Preferred Provider Network?

If you are away from Oahu 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 contracted providers under Deseret Mutual's Preferred Provider Network. If you do, your benefit will be higher, and the contracted providers will not bill you for fees in excess of Deseret Mutual's maximum allowable amounts.

For information about contracted 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 for services from non-contracted providers are covered at 50 percent (see [page 3](#)).

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/student/provpick.htm

All other states: First Health Medical Network
1-800-237-5702 or www.firsthealth.com

What Should I Do in an Emergency?

Preauthorization is not required for emergency room visits. However, the cost for services in emergency rooms are considerably higher which could increase your out-of-pocket costs. If you are faced with a life-threatening emergency, you should seek immediate medical treatment from a qualified, accessible provider.

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 such an emergency occurs when the SHC is closed, call the after-hours telephone number. If you are directed to seek care from another qualified, accessible provider, contact the SHC within two working days to coordinate care.

What About Follow-Up to Emergency Care?

Contact the SHC 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 preauthorization from Deseret Mutual before you receive the care.

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

How Do I Submit a Claim for Payment?

To receive plan benefits for services provided outside the SHC, submit an itemized bill and claim form, along with the preauthorization, to:

Deseret Mutual
BYU Hawaii #1972
55-220 Kulanui Street
Laie, Hawaii 96762

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 Hawaii provides Large Claims Coverage for all full-time students and their eligible dependents. This policy is separate from the Student Health Plan; you must be enrolled as a full-time student at BYU Hawaii but you do not need to be enrolled in the Student Health Plan to be covered by BYU Hawaii's Large Claims Coverage Plan.

Large Claims Coverage is secondary to any other 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 related to the original illness or accident 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 illness 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 the Student Insurance Office if you need assistance from the Large Claims Coverage Plan. For more information about the plan's coverage and limitations, see the Large Claims Coverage Agreement, available for review at Deseret Mutual's Hawaii office.

Exclusions

The following exclusions apply 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:

Alternative Care

- 1.1 Holistic, homeopathic, ecological, or environmental treatment
- 1.2 Acupuncture
- 1.3 Vertebral column rehabilitation (chiropractic care) or massage therapy

Congenital Anomalies

- 2.1 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

Convenience Services

- 3.1 Care, treatment, supplies, or other services incurred primarily for convenience, contentment, or other non-therapeutic purposes

Custodial Care

- 4.1 Hospice care, custodial care, education, training, or rest cures

Dental Care

- 5.1 Dental treatment, except that made necessary by accidental injury to sound natural teeth, as provided for in the plan

Diagnostic & Experimental Services

- 6.1 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
 - 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 policy

Educational Programs

- 7.1 Educational programs (except for diabetes education) provided outside the SHC (PMS clinics, etc.)

Fertility / Family Planning / Home Delivery

- 8.1 Reproductive organ prostheses
- 8.2 Care, treatment, or operations provided in connection with sexual dysfunction
- 8.3 Abortions, except where the life of the mother would be seriously endangered if the fetus were carried to term
- 8.4 Charges associated with family planning, including surgery, contraception, and/or birth control devices and drugs
- 8.5 Planned home delivery for childbirth
- 8.6 Services related to the evaluation and treatment of the cause(s) of multiple miscarriages (the miscarriage itself is covered)

Government / War

- 9.1 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
- 9.2 Services covered, or which could have been covered, by any governmental plans (including, but not limited to, Medicare or Medicaid)
- 9.3 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

Hearing

- 10.1 The purchase or fitting of hearing aids

Legal Exclusions

- 11.1 Services provided before coverage begins, including hospital stays in progress on the effective date of coverage and services after coverage ends
- 11.2 Accidents sustained as a result of play, practice, or participation in intercollegiate sports, the ROTC program, professional contests, or vehicular contests
- 11.3 Care, treatment, diagnostic procedures, or any other expenses when it has been determined by Deseret Mutual that brain death has occurred
- 11.4 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
- 11.5 Any services where the covered person has no legal obligation to pay
- 11.6 Any services that a third party or the liability insurance of a third party or the uninsured motorist insurance pays or is obligated to pay
- 11.7 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

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- 11.8 Direct complications resulting from excluded services
 - 11.9 Benefits or services not specified as covered
 - 11.10 Care, treatment, or operations incurred after termination of benefits

Medical Equipment

- 12.1 Breast pumps, knee braces used solely for sports, and learning devices
- 12.2 Multipurpose equipment or facilities, including related appurtenances, controls, accessories, or modifications thereof. This includes, but is not limited to, air conditioning units, air filtration systems, exercise equipment, heating lamps or pads, humidifiers, spa memberships, whirlpool baths, vibrating beds or chairs, motor vehicles, handrails, or lift chairs
- 12.3 Modifications to homes, other structures, or motor vehicles to accommodate activities of daily living

Medical Necessity / Cosmetic

- 13.1 Care, treatment, or operations that are not clearly a medical necessity
- 13.2 Wart removal, treatment of toenails, corns, calluses, or bunions provided outside the SHC
- 13.3 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
- 13.4 Care, treatment, diagnostic procedures, or any other expenses for an abdominoplasty, lipectomy, panniculectomy, skin furrow removal, or diastasis rectus repair
- 13.5 Special formulas, food supplements, or special diets except in cases of inborn metabolic disorders
- 13.6 Cardiopulmonary fitness training or conditioning, either as a preventive or therapeutic measure

Mental Health / Counseling / Chemical Dependency

- 14.1 Marriage or family counseling provided outside the SHC
- 14.2 Care or treatment provided outside the SHC in connection with anorexia, bulimia, or other eating disorders

Miscellaneous

- 15.1 Physical exams for the purpose of obtaining insurance, employment, or government licensing
- 15.2 Care, treatment, diagnostic procedures, or any other services for sleep disorders, chronic fatigue, or fibromyalgia provided outside the SHC
- 15.3 Aviation-related accidents (including but not limited to parachuting, hang gliding, or ballooning events), other than to passengers on scheduled commercial airlines
- 15.4 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

Obesity

- 16.1 Care, treatment, or operations provided outside the SHC in connection with obesity or weight loss (including gastric bypass surgery)

Other Insurance / Workers' Compensation

- 17.1 Which coverage is provided by applicable Workers' Compensation statutes
- 17.2 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

Pain Control

- 18.1 Services provided outside the SHC for chronic pain management

Prescription Drugs, Formulas, & Supplements

- 19.1 Preventive medicine or vaccines, including immunizations except for children younger than 18
- 19.2 Special formulas, food supplements, or special diets except in cases of inborn metabolic disorders

Routine Services

- 20.1 Routine physical exams for adults 18 years and older

Speech Therapy

- 21.1 Speech therapy and evaluation

TMJ

- 22.1 Services and materials in connection with disturbances of the temporomandibular joint (TMJ)
- 22.2 Jaw surgery (osteotomy)

Testing

- 23.1 Diagnostic purposes that are not related to an injury or sickness, unless otherwise provided for by the terms of the plan

Transplants

- 24.1 Care, treatment, diagnostic procedures, or operations in relation to organ (donor or artificial) transplants

Vision

- 25.1 Eyeglasses and contact lenses or the replacement or prescription thereof
- 25.2 Care, treatment, diagnostic procedures, or any other expenses for surgery to correct visual acuity

Legal Notice

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

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.

55-220 Kulanui St. #1972
 Laie, Hawaii 96762
 1-808-293-3970

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 about 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 table below. It shows when you must submit appeal requests, as well as when you can expect written responses to those requests.

	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)

Coordination of Benefits

The Student Health Plans (the basic BYU Hawaii Student Health Plan, Away-From-Campus Coverage, Extended Coverage, and Large Claims Coverage) are primary to all other insurance coverage.

Therefore, if you are covered as a dependent on another group insurance plan, you should submit your claims to the Student Health Plan first and then to the other plan for payment.

Subrogation

If you have an injury that is the liability of another party and you have the right to recover damages, DMIC has the right of subrogation and will require reimbursement for any amount it has paid when damages are recovered from the third party. DMIC 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
- Regardless of how the settlement is allocated by the third party or insurance carrier

Your acceptance of DMIC 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.

Notification of Benefit Changes

DMIC 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

DMIC and its administrators have full discretionary authority to interpret the plan and to determine benefit eligibility. Also, DMIC has the sole right to construe plan terms except where a specific statute applies. All DMIC decisions relating to plan terms or eligibility for benefits are binding and conclusive.

Fraud Policy Statement

It is unlawful to knowingly provide false, incomplete, or misleading facts or information with the intent of defrauding Deseret Mutual. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial, or termination of benefits or coverage under the policy and recovery of any amounts Deseret Mutual may have paid. Non-compliance with a contract prepared by Deseret Mutual addressing abuse of health care benefits or systems may also lead to reduction, denial, or termination of benefits or coverage under the policy and recovery of any amounts Deseret Mutual may have paid.

Important Dates

SPRING 2005

- Apr. 18 Insurance coverage begins / IWES check-in
- Apr. 27 Classes begin / spring term premiums due
- May 15 Last day for new students to submit 2005-2006 insurance enrollment or waiver and certification of other coverage
- Jun. 18 Spring term coverage ends / commencement

SUMMER 2005

- Jun. 13 IWES check-in
- Jun. 19 Insurance coverage begins
- Jun. 22 Classes begin
- Jul. 15 Last day for students to submit 2005-2006 insurance enrollment or waiver and certification of other coverage
- Aug. 20 Summer term ends

FALL 2005

- Aug. 21 Insurance coverage begins / IWES check-in
- Aug. 31 Classes begin / fall semester premiums due
- Sep. 15 Last day for students to submit 2005-2006 insurance enrollment or waiver and certification of other coverage
- Dec. 31 Fall semester coverage ends

WINTER 2006

- Jan. 1 Insurance coverage begins / IWES check-in
- Jan. 11 Classes begin / winter semester premiums due
- Jan. 27 Last day for new students to submit 2005-2006 insurance enrollment or waiver and certification of other coverage
- Apr. 22 Winter semester coverage ends

SPRING 2006

- Apr. 23 Insurance coverage begins / IWES check-in
- May 3 Classes begin / spring term premiums due
- May 11 Last day for new students to submit 2005-2006 insurance enrollment or waiver and certification of other coverage
- Jun. 24 Spring term coverage ends / commencement

SUMMER 2006

- Jun. 18 IWES check-in
- Jun. 25 Insurance coverage begins
- Jun. 28 Classes begin
- Jul. 6 Last day for students to submit 2005-2006 insurance enrollment or waiver and certification of other coverage
- Aug. 19 Summer term ends

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.

Coinsurance

The balance the insured member is responsible for paying after applicable copayments and other benefits have been paid.

Contracted Facilities

Hospitals, clinics, 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 insured 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.

Day Treatment Program for Mental Illness

An outpatient program that is staffed and managed by licensed, clinical professionals providing mental illness treatment for a portion of the day, typically eight hours.

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 insurance 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
- 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
- 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

Formulary

A list of preferred drugs that are covered at a higher benefit.

Inpatient Hospital for Mental Illness

A general acute care hospital that has designated beds and is licensed by the state and certified by Medicare and/or Medicaid for the treatment of mental illness disorders, or a freestanding psychiatric hospital that is licensed by the state as a health care facility and is certified by Medicare and/or Medicaid for the treatment of mental illness.

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 Supply

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, 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.

Residential Treatment Center for Mental Illness

A facility that is licensed by the state to provide residential treatment of mental illness that has licensed, clinical professionals providing specific treatment for either mental illness or chemical dependency.

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
- That does not provide services or other accommodations for patients to stay overnight



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