

Deseret Mutual Benefit Administrators

BRIGHAM YOUNG UNIVERSITY – HAWAII

Student Health Plan 2009-2010

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



I'M SICK! WHAT SHOULD I DO?

Is it an emergency?

- Heart attack
- Severe bleeding
- Loss of consciousness
- Convulsions
- Temperature above 104°F
- Severe, sudden onset of symptoms that threaten to impair bodily functions

Get help immediately!

Facility	Copayment
Urgent Care.....	\$25
Emergency Room.....	\$50

After the Emergency

Call Deseret Mutual at 808-675-3972:

- If you're admitted to the hospital or receive emergency care in a physician's office after business hours, call within two business days to preauthorize
- Call before you receive any follow-up care outside of the SHC

What do I pay to a provider outside of the SHC?

That depends on the services you receive. For more information, see [pages 9 to 17](#) of the Student Plan Handbook.

Is it a non-emergency?

- Family medicine
- Internal medicine
- X-ray and lab services
- Orthopedics
- Pediatrics
- Pharmacy

Go to the Student Health Center (SHC)

Call for an appointment at 808-675-3510. You will pay \$10 up front, and the plan will cover you for 100% of eligible services.

If you need to be treated immediately, but the SHC isn't open, go to the nearest urgent care facility or emergency room.

What if the SHC can't treat me?

The SHC will refer you to a contracted medical provider in the community. The SHC will also contact Deseret Mutual to preauthorize the services you're referred to receive.

What if an outside provider recommends additional care?

Before receiving any care that is not specified in an SHC referral, call Deseret Mutual. Preauthorization to see an outside provider does not guarantee payment for every treatment a provider recommends. Make sure you understand plan guidelines, benefits, and exclusions before you receive services.

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 are paid at 100% after your \$10 copayment. Any service provided outside of 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 of the SHC, you must obtain a referral from the SHC before making an appointment with the specialist.	
Preauthorization	You must preauthorize all services outside of the SHC, except emergency room visits. Before you receive the medical care, you or your provider must call Deseret Mutual at 808-675-3972 to obtain your preauthorization number (see page 7).	
Copayments	SHC: \$10 for regular visits and \$15 for urgent care visits. Outside of 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 academic year for services outside of the SHC. For coverage of medical expenses above the maximum benefit, refer to BYU-Hawaii's Large Claims Coverage (see page 18).	
Explanation of Covered Expenses	Plan payments are subject to maximum allowable charges, determined by Deseret Mutual (see page 6).	
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 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	
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 eligible DME (see page 13)	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 	<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: Chemotherapy, dialysis, and Radiation therapy (See pages 9, 10 and 16)	80% of allowable charges after copayment	50% of allowable charges after copayment
Physical Therapy (See page 15)	100% of allowable charges after \$10 copayment	50% of allowable charges after \$25 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 non-formulary drugs 	<ul style="list-style-type: none"> • 50% for non-formulary drugs • 50% for non-formulary drugs

This summary of benefits provides a brief review of plan benefits. For complete details of coverage, including limitations and exclusions, please read this entire Student Health Plan handbook.

Who to Contact

Enrollment, Premium, & Coverage Information

Student Insurance Office	808-675-3512
Fax	808-675-3657
Deseret Mutual	808-675-3970
Deseret Mutual Preauthorization	808-675-3972
SHC Appointment Scheduling & Referrals	808-675-3510
SHC After-hours Emergencies (On-call Nurse)	808-675-3911

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

To contact Deseret Mutual online, go to:

<https://www.dmba.com/sc/dmba/SecureMessage.aspx>

Deseret Mutual's Preferred Provider Network

Hawaii: MDX (formerly, Queen's Health Care Plan Network)
808-675-3970

Idaho & Utah: Deseret Mutual Contracted Providers
1-800-777-3622 or www.dmba.com/nsc/medical/providermain.aspx

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.aspx

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Introduction

Having good health is important for you to achieve your goals at BYU-Hawaii. And having adequate medical coverage is important to your good health. Without adequate coverage, unexpected expenses could alter your future dramatically. An accident, illness, or hospitalization could result in a financial burden to you, your family, and the community. For this reason, BYU-Hawaii requires all students to have adequate medical coverage.

To help provide this coverage, the BYU-Hawaii Student Health Plan was designed to offer a wide range of benefits for students, spouses, and their children at a relatively low cost. This plan is administered by BYU-Hawaii and Deseret Mutual Benefit Administrators (Deseret Mutual), based in Salt Lake City, Utah. For your convenience, Deseret Mutual has a Hawaii office to serve you locally.

This 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's your responsibility to become familiar with the plan provisions and guidelines. Exceptions to the plan's contractual provisions cannot be granted.**

University Insurance Requirement

Many providers in Hawaii don't accept international or out-of-state insurance policies. Therefore, BYU-Hawaii requires all international students and their dependents to enroll in the BYU-Hawaii Student Health Plan for as long as they have continuing student status. That means you must have coverage the entire time you are a continuing BYU-Hawaii student, including during any summers you take off or other short-term breaks from classes. Domestic students are strongly encouraged to enroll in the Student Health Plan, but may waive this requirement if they're currently covered by a parent employee plan that meets BYU-Hawaii's requirements (see [pages 2 to 3](#)).

All students enrolled for 9 or more credit hours during fall and winter semesters and 4.5 credit hours during each term will be enrolled in the Student Health Plan automatically when they first enroll for classes. Your enrollment will remain in effect until you graduate from BYU-Hawaii or lose your continuing student status, whichever comes first. You will also be covered by the plan while you are traveling to and from school, before or after a semester or term. Students who meet the requirements to waive coverage may do so by submitting the waiver and verification forms by the insurance deadline dates (see [pages 2 to 3](#)).

If you are married, your spouse and children will not be enrolled in the plan automatically, but you may enroll them by completing a *Dependent Coverage Enrollment Form*. If your spouse is also a student, he/she will be enrolled automatically.

Enrollment

Enrolling Yourself

If you are a continuing student, you will be enrolled in the Student Health Plan automatically for individual coverage at the beginning of your first semester/term at BYU-Hawaii. Generally, your enrollment will remain in effect until you graduate or withdraw from BYU-Hawaii (for coverage periods, see [page 5](#)). As long as you are a continuing student, your individual enrollment will renew at the beginning of each fall semester.

When you enroll in the plan, you must enroll for the entire school year. If you later obtain health coverage that meets BYU-Hawaii's insurance requirement, you may waive Student Health Plan coverage (for more information, see [page 5](#)).

If you don't enroll for classes for one semester but intend to return the following semester, you must maintain your enrollment in the plan. If you are leaving school for two or more semesters, you may enroll in Extended Coverage (for more information, see [page 4](#)).

Enrolling Your Family

If you want to enroll your eligible dependents, you may change your enrollment from individual to family coverage at the beginning of your first semester/term, or at the beginning of each fall semester thereafter.

If you enroll your family, their enrollment will generally remain in effect until you graduate or withdraw from BYU-Hawaii (for coverage periods, see [page 5](#)). BYU-Hawaii will renew enrollment for your family at the beginning of each fall semester based on their enrollment for the previous semester. If you want to change your family's enrollment, remember to notify the Student Insurance Office.

To enroll your family, complete an enrollment form and return it to the Student Insurance Office. Enrollment forms are due during the first week of classes. If you are a new student, you must return the form during the first week of your first semester/term. If you are a continuing student, you must return the form during the first week of the next fall semester.

Remember, if you don't enroll your dependents at the beginning of your first semester/term or at the beginning of the fall semester, you can't add them to your coverage midyear. You must wait until the next fall semester unless you meet one of the special circumstances outlined below.

Changing Enrollment Midyear

If you enroll for individual coverage and don't enroll your dependents, you cannot add them to your coverage midyear. However, if you acquire a new dependent through marriage, birth, or adoption, you may enroll in the plan or change your enrollment to include coverage for your new spouse and/or child as long as you apply within 60 days. If this changes your coverage option, you will be assessed the appropriate premium retroactive to the beginning of the semester/term that the qualifying event occurred. Remember, you must formally enroll a newborn or adopted child in the plan; it isn't done automatically for you when the child is born or placed in your care.

Newborn and adopted newborn dependents with medically diagnosed congenital defects and birth abnormalities will be covered for care and treatment from the date of birth for 31 days. To receive this coverage, you must add the newborn to your Student Health Plan policy (including Extended Coverage plans). Adopted dependents who are not newborns will be covered automatically from the date of placement for 31 days (with premium payment).

In the case of an adopted child, "placed" means physical placement in the care of the adoptive subscriber or other member of the covered group. When physical placement is prevented because the child requires care in a medical facility, "placed" means when the adoptive subscriber or other member of the covered group signs agreements for adoption and assumes financial responsibility for the child.

If you waive enrollment in the plan (or if you don't enroll your dependents) because you have other coverage that meets BYU-Hawaii's requirements, but you later lose that coverage, you may enroll yourself and your dependents in the Student Health Plan for the semester/term when coverage was lost. You must apply within 31 days of losing the other coverage. If you don't enroll within this 31-day window, you must wait until the beginning of the following fall semester.

If you enroll in the Student Health Plan, but you later obtain other coverage that meets BYU-Hawaii's requirements, you may waive enrollment in the Student Health Plan at the beginning of the next semester/term. To do so, submit a waiver form and certification of the other coverage to the Student Insurance Office by the deadlines listed beginning on [page 23](#). You may also drop dependents from coverage at the beginning of any semester/term.

Waiving Enrollment

You may waive Student Health Plan coverage if your parent is willing to sign an affidavit of responsibility that you are covered in the Oahu area by a parent employee plan that:

- Provides a minimum of 80% coverage for all services (office visits, physician services, hospitalization, and ancillary care)

- Has an annual deductible of no more than \$500
- Has an annual limit of no less than \$25,000
- Includes medical care and treatment in Hawaii

You must submit a waiver form and certification of the other coverage to the Student Insurance Office before the insurance deadline for each semester (one week after the semester begins).

If your coverage from another insurance plan ends while you are attending BYU-Hawaii, contact the Student Insurance Office immediately. You must either enroll in the Student Health Plan within 31 days after the coverage ends or provide verification of coverage from another qualified plan.

Eligibility

The following individuals are eligible to enroll in the Student Health Plan.

Students: You will be enrolled in the plan automatically if you are a full-time student.

- Domestic students may waive coverage if they certify that they are covered by other insurance that meets BYU-Hawaii’s requirements
- International students and their eligible dependents are required to enroll in the Student Health Plan

Recent Students: Upon loss of continuing student status, you may continue enrollment in the plan for up to nine months by enrolling in Extended Coverage (see [page 4](#)).

Dependents: If you enroll in the plan, you may also enroll your eligible dependents, including:

- Your legal spouse or certified reciprocal beneficiary
- Your eligible children. Eligible children are your unmarried children who are younger than 26 including:
 - Natural children (including infants from date of birth), legally-adopted children, and children appointed by a court of law to your custody or your spouse’s custody. In the case of a child who is committed by a court of law to your custody or your spouse’s custody, you must submit a copy of the certified court order granting the adoption, custody, or guardianship.
 - A child placed with you under the direction of a licensed child placement agency and for which you are the legal guardian
 - Your unmarried child who is 26 or older and incapable of self-support because of mental or physical disability that existed before the child reached 26, and who is primarily dependent upon you for support. You must submit proof of the incapacity within 31 days of your child’s 26th birthday. This exception is subject to approval of Deseret Mutual.
 - Your stepchild (child of your spouse) younger than 26. If the stepchild is younger than 18, your spouse must have a court order granting full or partial custody.

Coverage

Coverage Options

There are two coverage options within the Student Health Plan. You will be enrolled in the appropriate option, based on your student status.

If you are ...	Your coverage option is ...
Admitted as a continuing student and enrolled in classes	Regular On-Campus Coverage
Graduated or withdrawn from school	Extended Coverage (optional, see page 4)

Please be aware that benefits and plan requirements may be different in each option. These differences are noted in this handbook. **Remember, you must preauthorize all services received outside of the SHC, other than emergency and well-baby care.**

While You're Away from BYU-Hawaii

In the following instances, you may continue your Student Health Plan coverage even while you are away from the BYU-Hawaii campus.

- **Short Breaks from School:** If you enroll in the plan for the academic year and then decide to take a semester off, but you don't withdraw from BYU-Hawaii or otherwise lose your continuing student status, you will be covered by the Student Health Plan during that semester/term.
- **Internships and Performing Groups:** If you enroll in the 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 Student Health Plan during that semester/term unless you submit a waiver and proof of other coverage.
- **Missions:** If you leave BYU-Hawaii to serve a mission, you will not be covered by the plan during that time. You may re-enroll when you return to BYU-Hawaii.
- **After Leaving BYU-Hawaii:** Within certain limitations, you may continue enrollment in the Extended Coverage option after you graduate or withdraw from BYU-Hawaii. For more information, continue reading below.

Extended Coverage Option

Your Student Health Plan coverage ends the day before the beginning of the next semester after you graduate, withdraw, or otherwise lose your continuing student status. If you were enrolled in the plan during your last semester or term and would like to continue coverage after you leave school, you may enroll in Extended Coverage for up to nine consecutive calendar months.

To enroll, pick up an Extended Coverage enrollment form from the Student Insurance Office and submit it to the Membership Team at Deseret Mutual before the end of your last semester/term at BYU-Hawaii. You must also pay your premium for the first month of coverage.

You must renew your coverage on a month-to-month basis. To do this, submit an enrollment form to the Membership Team at Deseret Mutual before the end of the previous month. If you don't submit your renewal application within five working days of the end of the previous month, it will not be accepted. Premiums are due by the 15th of each month. Please remember these important deadlines! **If you don't renew your coverage in time, it will end and you will not be eligible to re-enroll.**

Your dependents may enroll in Extended Coverage only if they were enrolled in family coverage during your last semester or term. You may add newly acquired dependents to your coverage as outlined on [page 2](#). 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.

If 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. For more information about the Preferred Provider Network, see [page 17](#).

Extended Coverage plans are not eligible for Large Claims Coverage (see [page 18](#)).

Coverage Periods

When does coverage begin?	For You and Current Dependents	For a New Spouse	For a Newborn (Natural or Adopted)	For an Adopted Child (Non-newborn)
Regular On-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 for specific conditions**	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 for specific conditions**	Automatically covered from date of placement for 31 days**
Mid-Year Enrollment	First day of classes for the semester/term in which you enroll.			

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

** **This automatic coverage only applies to medically diagnosed congenital defects and birth abnormalities.** If you want full coverage for your newborn, you must formally enroll your dependent within 60 days of birth or placement. You will be charged a premium retroactive to the baby's birth date.

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

When does coverage end?	After You Graduate or Lose Continuing Student Status	After Your Dependent Loses Eligibility	After You Move to Other Qualified Insurance
Regular On-Campus Coverage	End of last semester/term in school	End of semester/term in which the 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		

When you enroll in the plan, you enroll for an entire academic year. The coverage level you choose (either individual or family coverage) will generally remain in effect until the end of the academic year (see the [calendar](#) beginning on page 23). 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.

After your coverage ends, you may request a *Certificate of Creditable Coverage* by calling 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 plan, this certificate may help reduce the length of time that pre-existing conditions can be excluded from coverage.

Coverage at Other Church Universities

If you receive services at the SHC of another Church university, you must pay a \$10 copayment and you will be covered at 100% for eligible services. You don't need preauthorization.

Premiums

	Regular On-Campus Coverage	Extended Coverage
Single Student Only	Semester \$ 236.00 Term \$ 79.00	\$135 per month
Married Student Only	Semester \$ 296.00 Term \$ 99.00	\$162 per month
Single Student Plus One or More Dependents	Semester \$ 812.00 Term \$ 271.00	\$288 per month
Married Student Plus One or More Dependents	Semester \$ 1,216.00 Term \$ 405.00	\$590 per month

Premiums are due at the same time as tuition for each semester or term. Premiums are charged to your student account automatically unless you have submitted a waiver to the Student Insurance Office by the deadlines listed in the calendar beginning on page 23.

If you change enrollment midyear, your premium (or additional premium, if necessary) will be due immediately when you enroll for the semester/term in which the change becomes effective.

How the Plan Works

Overview

You should receive or coordinate all your medical care at the SHC (see [page 8](#)). When you receive services at the SHC, you pay an up front **copayment** of \$10. If the SHC cannot treat you, you will be referred to a medical provider in the community.

If you receive authorized services outside of the SHC, you pay an up front **copayment** to the medical provider. A copayment is a fixed dollar amount (usually \$25) that you owe at the time services are received.

After you pay your copayment, the amount covered by the plan is your **plan benefit** (for example, 80%). The amount you pay (the remaining 20%) is your **coinsurance**.

If you receive services outside of the SHC, you or your medical provider must submit an itemized bill to Deseret Mutual (see [page 18](#)). Deseret Mutual will process your claim, send a check for the plan benefit to the medical provider, and send you an **explanation of benefits** statement. This statement will itemize the charges, your copayment, the plan benefit, and your coinsurance. You must pay your copayment (if you haven't already done so) and your coinsurance to the medical provider.

In some cases, the medical provider will bill more than Deseret Mutual's **maximum allowable limit** for the services you received (see [page 26](#)). 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 **contracted providers**, you don't have 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. (For information about contracted providers, see [page 17](#).)
- If you receive your care from a provider who is *not* contracted with Deseret Mutual, you are responsible to pay any charges over the maximum allowable limit.

You are also responsible to pay your medical provider for any services that aren't covered by the plan.

For more definitions of insurance terms used in this handbook, see [page 24](#).

Insurance Identification Card

During the first semester that you enroll in the Student Health Plan, you will receive an insurance identification card. This card will be mailed to the address that BYU-Hawaii submits to Deseret Mutual. You may request another card from Deseret Mutual by calling 1-800-777-3622.

Copayments

You should receive or coordinate all your medical care at the SHC (see [page 8](#)). If the SHC cannot treat you, you will be referred to a medical provider in the community. Your office visit fees and copayments are as follows:

Services at the SHC	Services Outside of the SHC
Physician Services: \$10 during regular clinic hours \$15 for after-hours visits	Physician Services and Other Outpatient Care: \$25 per service
	Hospital Emergency Room: \$50 per visit
	Hospital Admission: \$200 per hospital admission \$50 for newborn infants

Plan Benefits and Coinsurance

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

	Services at the SHC	Services Outside of the SHC
The plan pays:	100%	Contracted providers: 80% Non-contracted providers: 50%
You pay:	0%	Contracted providers: 20% Non-contracted providers: 50%

Maximum Plan Benefit

For services outside of the SHC, the maximum benefit is \$30,000 per person per academic year. For expenses that exceed the plan maximum, please see [page 18](#) for information about Large Claims Coverage.

Preauthorization

All services received outside of the SHC, other than emergency and well-baby care, must be preauthorized by Deseret Mutual (not required for Extended coverage). You must preauthorize before you receive the medical care. If you are referred by an SHC physician, this preauthorization will occur automatically. Otherwise, you or your provider must call Deseret Mutual at 808-675-3972.

If your referred provider recommends care that is not specified in the referral from the SHC (such as additional office visits, tests at another facility, or consultation with another health-care provider), **you must contact Deseret Mutual for preauthorization before you receive the additional care.** Remember, care beyond the scope of the original SHC referral must also be authorized in advance by Deseret Mutual. **If you don't preauthorize services you receive outside of the SHC, you pay an additional \$100 copayment per service.**

Even if you have preauthorization from Deseret Mutual to see an outside provider, that does not guarantee payment for any treatment you may receive. The guidelines, benefits, and exclusions of the plan will determine claims payment.

Discounted Dental

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

Student Health Center

The Student Health Center (SHC) provides or coordinates all medical care that is covered by the plan. It is open to all students, spouses, and dependents who are covered by the Student Health Plan. If you need eligible services that the SHC can't provide, you'll 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.

The SHC provides some limited durable medical equipment and medical supplies. Medical equipment that is reusable, such as crutches, must be returned to the SHC. If you don't return the equipment, you'll be charged a fee that covers the cost of the item.

Some routine physical exams and services that are available at the SHC are not covered by the plan.

Operating Hours

SHC hours are as follows (last appointment available one-half hour before closing):

Monday through Friday	Wednesday Afternoons	Exceptions
8 a.m. to 5 p.m.	Reserved for obstetrician visits	Closed every weekend, for all school observed holidays, and for administrative purposes as needed

Services Outside of 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. **You must preauthorize all care you receive outside of the SHC, except for emergency and well-baby care.**

Not all services are covered by the plan. To see which services are not covered, please carefully read the exclusions beginning on [page 19](#).

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

Allergy Services

- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- You must preauthorize

Ambulance (Land & Air)

- When medically necessary, the plan covers licensed ambulance services to the nearest medical facility equipped to furnish the appropriate care
- The plan pays 80% after your \$25 copayment; you pay 20%

Anesthesia

- The plan pays 80%; you pay 20%

Chemotherapy

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You must preauthorize

Dental Accident Benefit

- The plan pays 80% after your \$25 copayment; you pay 20%
- The maximum benefit is \$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 and within two years of the accident.
- You must preauthorize

Diabetes Education

- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- The maximum benefit is \$300 per plan year
- You must preauthorize

Diabetic Supplies

- The plan pays 80%; you pay 20%

Dialysis

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You must preauthorize

Emergency Room

- The plan pays 80% after your \$50 copayment; you pay 20%
- You do not need to authorize the initial visit, but you must preauthorize any outside follow-up care with Deseret Mutual

Eye Exams

- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- One routine eye exam per person is eligible for benefits each plan year with no preauthorization
- Eye exams for medical conditions, such as glaucoma, may be eligible for benefits more often, but you must preauthorize

Food Supplements

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- Food supplements for inborn errors of metabolism, such as phenylketonuria (PKU), are covered

Home Health Care

- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- To be eligible for benefits, services must be performed by a licensed Registered Nurse or a Licensed Practical Nurse
- Custodial care, such as maintaining someone beyond the acute phase of injury or illness, including room, meals, bathing, dressing, and home health aides, is not eligible for benefits
- You must preauthorize

Immunizations for Children

- The plan pays 100% for children younger than 6

Infertility

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- In vitro fertilization is eligible for benefits for one time only. See [In Vitro Fertilization](#) below.
- You must preauthorize

Injections (Allergy, Intramuscular, etc.)

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%

Inpatient Hospital Services

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You pay a \$200 copayment per admission and \$50 for newborn infants
- When semi-private rooms are available, the plan does not pay for private rooms
- You must preauthorize. If you do not preauthorize your hospital stay, you will be charged an additional \$100 copayment.
- For more information, please see [Maternity — Hospitalization](#) on page 12

Inpatient Physician Services

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You must preauthorize

In Vitro Fertilization

- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- In vitro fertilization is eligible for benefits for one time only
- You must have at least a five-year history of infertility associated with endometriosis, diethylstilbestrol (DES), blockage or removal of fallopian tube, or abnormal male factors
- You must have exhausted other methods of covered infertility treatment
- 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
- You must preauthorize

Laboratory Services

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%

Maternity

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- To be eligible for benefits, you must maintain maternity coverage continuously from the date of conception to the date of delivery
- The SHC provides pregnancy tests, but you will be referred to a contracted provider for other ongoing maternity care
- You will receive separate bills for the newborn baby's medical care. If you want to add your newborn child to your Student Health Plan coverage and receive plan benefits for the baby's expenses, you must enroll the child within 60 days of the birth (see [page 2](#)). You will be charged a premium retroactive to the date of the baby's birth.

Maternity – Hospitalization

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You pay a \$200 copayment per admission (\$50 for newborn infants)
- You must preauthorize medically necessary hospital stays 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 and you will be charged an additional \$100 copayment. For preauthorization, contact Deseret Mutual before your stay is extended.
- 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

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You pay a \$25 copayment per visit (maximum total copayment of \$150 for routine care)
- The contracted rate covers 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
- 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 (Durable)

- Durable medical equipment is a device that is durable, primarily serves a medical purpose, generally is not useful to people in the absence of illness, injury, or congenital defect, and is appropriate for use in the home. Not all equipment that meets these requirements is eligible for benefits.
- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- To be eligible for benefits, you must have a prescription from your physician
- You must preauthorize certain medical equipment. For information about equipment requiring preauthorization, please refer to the table below. 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 apply to replacing some equipment
- You are responsible for expenses associated with the maintenance and upkeep of your medical equipment

Medical Equipment		
Must be preauthorized	Does not need to be preauthorized	Is not eligible for benefits
Bone growth stimulators Communication devices CPM machines Gait trainers Helmet therapy Hospital beds / mattresses Insulin pumps Intermittent limb compression device Light boxes for dermatological problems Lymphopresses Oxygen concentrators Respirators / ventilators Scooters Standers Tens units / EMS units ThAIRpy vests Wheelchairs	Apnea monitors (newborns only) Bilirubin lights Blood pressure kits Breast prosthetics (external) Canes Commodes Crutches Enteral infusion pumps / Kangaroo feeding pumps Glucometers Hoyer lifts Nebulizers / Pulmoaides Orthopedic braces Overhead trapeze Oxygen Pacemakers Reflux boards Side rails for beds Transfer boards Walkers	Air filtration systems Breast pumps Exercise equipment Eye glasses / contact lenses Hearing devices Humidifiers / dehumidifiers Interferential stimulators Learning devices Lift chairs Modifications associated with: <ul style="list-style-type: none"> • Activities of daily living • Homes / structures • Vehicles Spa memberships Thermal therapy devices (cold / hot) Whirlpools

Medical Supplies

- Medical supplies are disposable, one-use-only medical items for immediate use. These include dressings and ace bandages.
- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- To be eligible for benefits, you must have a prescription from your physician

Mental Health Therapy

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- Residential treatment is not covered
- To be eligible for benefits, services must be provided by a physician, psychologist, clinical social worker, or advanced practice registered nurse
- You must preauthorize all mental health services outside of the SHC

Office Visits

- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- This benefit covers preventive care for children younger than 18
- You must preauthorize
- For office visits at the SHC, the plan pays 100% after your \$10 copayment

Pain Clinics

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- The benefit is for either inpatient or outpatient care
- When semi-private rooms are available, the plan does not pay for private rooms
- Outpatient services have a five visit or \$1,500 benefit limit. Each visit is subject to the contracted and non-contracted rates after your \$25 copayment.
- You must preauthorize

Physical Therapy – Outpatient

- Contracted provider: The plan pays 100% after your \$10 copayment
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- The plan covers up to 20 visits per person per academic year
- Inpatient visits do not count toward your annual outpatient visit limit
- If you don't use a contracted provider, you must preauthorize and obtain a referral from the SHC. If you do not preauthorize, you will be charged an additional \$100 copayment.

Physicals

- One visit per year, at the SHC only
- 100% after your \$10 copayment

Prescription Drugs

- Formulary drugs: For prescriptions purchased through the mail-service pharmacy, the plan pays 80%; you pay 20%. For prescriptions purchased at a Medco Health participating pharmacy, the plan pays 70%; you pay 30%.
- Non-formulary drugs: The plan pays 50%; you pay 50%
- For certain classes of drugs, coverage is limited in the quantity of medication covered per prescription. This is in accordance with FDA and manufacturer guidelines.
- You must preauthorize birth control medications for medical necessity
- Some items that can be prescribed but are not eligible for benefits include:
 - Contraceptive pills for birth control
 - Dietary or nutritional products, including special diets for medical problems
 - Hair loss treatments
 - Medications for sexual dysfunction
 - Vitamins, except prescribed prenatal vitamins and prescribed infant vitamins
 - Weight reduction aids
- Learn more about Medco Health and participating pharmacies at www.medcohealth.com or call 1-800-711-4542

Prosthetics

- This benefit includes prosthetics such as artificial arms or legs
- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- To be eligible for benefits, you must have a prescription from your physician
- You must preauthorize
- This benefit is limited to a new diagnosis requiring prosthetic. Replacements of old, less technical, or lost prosthetics are not eligible for benefits.

Radiation Therapy

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You must preauthorize

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

- The plan pays 80% after your \$25 copayment; you pay 20%
- 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.
- You must preauthorize some services, like MRI, PET, SPECT scans

Substance Abuse

- Contracted provider: The plan pays 80% after your \$25 copayment (for outpatient services); you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- Residential treatment is not covered
- You must preauthorize

Surgery – Inpatient Hospital Services

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- You must preauthorize

Surgery – Outpatient Hospital Services

- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- You must preauthorize

Surgery – Physician Services

- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- You must preauthorize

Well-baby Care

- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- You must preauthorize
- Services provided at the SHC have a \$10 copayment

Deseret Mutual's Preferred Provider Network

If you are away from Oahu while you're enrolled in the Student Health Plan, you may obtain care from any qualified, appropriately licensed medical provider. However, it's 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 and the providers will not bill you for fees that exceed Deseret Mutual's maximum allowable amounts.

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.

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

Hawaii and Utah: Deseret Mutual Contracted Providers
1-800-777-3622 or www.dmba.com/nsc/medical/providermain.aspx

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

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

Emergencies

In an emergency, you should always get the appropriate care immediately. For non-life threatening situations, you'll pay \$10 at the SHC. At an urgent care facility, you'll pay a \$25 copayment plus 20% coinsurance. At a hospital emergency room, you'll pay a \$50 copayment plus 20% coinsurance.

Life-threatening Emergencies

If you are faced with a life-threatening emergency, you should seek immediate medical treatment from a qualified, accessible provider. Plan benefits for treatment outside of the SHC will apply.

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° Fahrenheit.

Other Medical Emergencies

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 while the SHC is open, you should obtain care from the SHC.

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.

If you receive services in an emergency room and you are subsequently admitted to the hospital, you must call Deseret Mutual to preauthorize the admission within two business days. If you receive emergency care in a physician's office after business hours, you must also call Deseret Mutual for preauthorization.

Follow-up to Emergency Care

For all emergencies, contact Deseret Mutual at 808-675-3972 before you receive any follow-up care. If you need to receive follow-up care outside of the SHC, **you must preauthorize with Deseret Mutual before you receive the care.**

Submitting Claims for Payment

Most providers in Hawaii will submit your claim to Deseret Mutual directly. If you pay for services, please bring your receipts to the Hawaii Deseret Mutual office.

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

Large Claims Coverage

BYU-Hawaii provides Large Claims Coverage for all students and their enrolled dependents. This policy is separate from the Student Health Plan. You must be enrolled as a student at BYU-Hawaii, but you don't need to be enrolled in the Student Health Plan to be covered by BYU-Hawaii's Large Claims Coverage Plan. Extended Coverage plans are not eligible for Large Claims Coverage.

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

The BYU-Hawaii Large Claims Coverage limit is \$90,000 per person per academic year.

Before you can be eligible for benefits, you must document annual or academic year 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% 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 and paid premium.

If you need help from the Large Claims Coverage Plan, contact the Student Insurance Office. 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.

Repatriation of Remains

If a covered accident or illness causes the death of an insured student while he or she is in a foreign country (that is, the student is not a citizen of the country), the plan will pay expenses for returning the body to the country of citizenship up to a maximum benefit of \$7,500. To be eligible for coverage, expenses must be approved in advance. For more information, call Deseret Mutual at 1-800-777-3622.

Exclusions

Services that do not meet the definitions of eligible, as previously defined, are not eligible for coverage by any coverage option. In addition, the following services and their associated costs are excluded from coverage:

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 of 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 by the plan

Diagnostic & Experimental Services

- 6.1 Care, treatment, diagnostic procedures, or operations that on January 1, 1986, and/or thereafter were:
 - Considered medical research
 - Investigative/experimental technology
 - 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
 - Illegal

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

Educational Programs

- 7.1 Educational programs (except for diabetes education) provided outside of 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 in cases of rape or incest or when the life of the mother would be seriously endangered if the fetus were carried to term
- 8.4 Family planning, including contraception, birth control devices, surgery, and/or 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) or infertility of less than 5 years

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

Exclusions (Continued)

Government / War (Continued)

- 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 devices

Legal Exclusions

- 11.1 Services provided before coverage begins and services after coverage ends
- 11.2 Accidents sustained as a result of participation in 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 Services for which the covered person has no legal obligation to pay
- 11.6 Services that a third party, the liability insurance of a third party, or the uninsured motorist insurance pays or is obligated to pay
- 11.7 Conditions 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
- 11.8 Complications resulting from excluded services
- 11.9 Services not specified as covered

Medical Equipment

- 12.1 Breast pumps and learning devices
- 12.2 Multipurpose equipment or facilities, such as those listed in the [Medical Equipment](#) chart on page 13
- 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 of the SHC
- 13.3 Care, treatment, or operations that are performed primarily for cosmetic purposes (non-suspicious mole removal, 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 other expenses for an abdominoplasty, breast reduction, 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 (meaning reimbursement for gym, health, or fitness club memberships or fees), either as a preventive or therapeutic measure

Mental Health / Counseling / Chemical Dependency

- 14.1 Marriage and family counseling provided outside of the SHC
- 14.2 Care or treatment provided outside of the SHC in connection with anorexia, bulimia, or other eating disorders
- 14.3 Care of treatment for mental health, counseling, or substance abuse received in a residential treatment center

Exclusions (Continued)

Miscellaneous

- 15.1 Care, treatment, diagnostic procedures, equipment, or any other services for sleep disorders, chronic fatigue, or fibromyalgia provided outside of the SHC
- 15.2 Deseret Mutual excludes sex change operations and all associated procedures and services (medical, psychological, pharmaceutical, surgical, etc.) from benefits in all medical plans
- 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 practitioner of the healing arts who ordinarily resides in the same household with you or your dependents, or has legal responsibility for financial support and maintenance of you or your dependents

Obesity

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

Other Insurance / Workers' Compensation

- 17.1 Services covered or that could have been covered by applicable workers' compensation statutes
- 17.2 Services or materials covered or that could have been covered by insurance required or provided by any statute had the participant complied with the statutory requirements, including but not limited to no-fault insurance

Prescription Drugs, Specialty Pharmacy Medications, Formulas, & Supplements

- 19.1 Preventive medicine or vaccines, including immunizations except for children younger than 6
- 19.2 Special formulas, food supplements, or special diets except in cases of inborn metabolic disorders
- 19.3 Specialty pharmacy medications for conditions including but not limited to: hemophilia (i.e., Factor Products, Benefix); multiple sclerosis (Avonex or Copaxone); HIV / AIDS; hepatitis C (Peg-Intron); oral or self-administered chemotherapy agents (Gleevec, Procrit, or Epogen); drugs administered to treat infertility (Clomid); Crohn's disease (Remicade); rheumatoid arthritis (Raptiva or Enbrel); growth hormone deficiencies (Humatrope or Nutropin); asthma (Xolair); diabetes (Byetta); or RSV (Synagis)

Routine Services

- 20.1 Routine physical exams for adults 18 years and older performed outside of the SHC

Speech Therapy

- 21.1 Speech therapy and evaluation

TMJ Dysfunction

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

Testing

- 23.1 Diagnostic services that are not related to an injury or illness, unless otherwise provided for by the plan

Transplants

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

Vision

- 25.1 Eyeglasses and contact lenses or the replacement or prescription thereof
- 25.2 Care, treatment, diagnostic procedures, or other expenses for elective surgeries to correct vision

Claims Review Procedures

If you have questions, concerns, or complaints, please bring them to our attention. This includes complaints about the

SHC, contracted and non-contracted physicians and facilities, administrative procedures, claims payments, or preauthorization procedures.

If you have concerns about the Student Health Plan, the SHC, its staff, or services you receive there, contact the SHC director at 808-675-3510 or 808-675-3487, or visit or write to 55-220 Kulanui St. #1916, Laie, Hawaii 96762.

If you have concerns about services you received outside of the SHC, please contact the Deseret Mutual Hawaii Manager at 808-675-3970.

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

- Come to the Hawaii Deseret Mutual office to discuss your complaint
- If your complaint is not resolved, prepare a written statement explaining the nature of your complaint and request a formal review by the Student Health Plan committee. This committee meets on a monthly basis and is comprised of the Medical Director, the Vice President of Administrative Services, and professional personnel from BYU-Hawaii and Deseret Mutual.
- 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.

Request for Review by Insurance Commissioner

You may request a review by a panel selected by the Hawaii Insurance Commissioner. To do this, submit your review request within 60 days of the date of our decision to the Insurance Commissioner at:

Hawaii Insurance Division
Attention: Health Insurance Branch—External Appeals
335 Merchant Street, Room 213
Honolulu, HI 96813
Telephone: 808-586-2804

If the Commissioner accepts your review request, a hearing will be conducted within 60 days. A decision will be issued within 30 days of the hearing. You may request an expedited review if following the above time frames may:

- Seriously jeopardize your life or health,
- Seriously jeopardize your ability to gain maximum function, or
- Subject you to severe pain that can't be managed without the care or treatment that is the subject of the appeal

The expedited appeal will be determined no later than 72 hours after the Commissioner receives your request.

Coordination of Benefits

The Student Health Plans (the basic BYU-Hawaii Student Health Plan, Extended Coverage, and Large Claims Coverage) are usually 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, 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 and/or underinsured 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 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.

Notification of Benefit Changes

Deseret Mutual reserves the right to amend or terminate the plan at any time. If benefits change, we will notify you at least 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.aspx.

Eligibility and Benefit Determinations

Deseret Mutual Insurance Company (DMIC) is a fiduciary under the plan for the purposes of (1) determining all questions of eligibility of members, (2) determining the amount and type of benefits payable to any members in accordance with the plan, and (3) interpreting the provisions including those necessary to determine benefits. DMIC's determinations and interpretations, and its decisions on these matters, are subject to *de novo* review by an impartial reviewer as provided for in the plan.

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.

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.

Important Dates

Fall Semester 2009

Sept. 11 Insurance coverage begins / fall semester premiums due

-
- Sep. 23 Last day for students to submit 2009-2010 insurance enrollment or waiver and certification of other coverage
- Dec. 29 Fall semester coverage ends

Winter Semester 2010

- Dec. 30 Insurance coverage begins / winter semester premiums due
- Jan. 8 Last day for students to submit 2009-2010 insurance enrollment or waiver and certification of other coverage
- Apr. 11 Winter semester coverage ends

Spring Term 2010

- Apr. 12 Insurance coverage begins / spring term premiums due
- Apr. 21 Last day for students to submit 2009-2010 insurance enrollment or waiver and certification of other coverage
- Jun. 2 Spring term coverage ends / commencement

Summer Term 2010

- Jun. 3 Insurance coverage begins / summer term premiums due
- Jun. 9 Last day for students to submit 2009-2010 insurance enrollment or waiver and certification of other coverage
- Jul. 22 Summer term ends

First Term 2010

- Jul. 23 Insurance coverage begins / first term premiums due
- Jul. 28 Last day for students to submit 2009-2010 insurance enrollment or waiver and certification of other coverage
- Sep. 10 Fall 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 illness.

Acute

Having rapid onset, severe symptoms, and a short course; opposite of chronic.

Coinsurance

The percentage of eligible expenses you are responsible for paying after you make the applicable copayments and your plan benefits have been paid.

Continuing Student

A BYU-Hawaii student who is enrolled at least 3/4-time for the current semester or term.

Contracted Facilities

Hospitals, labs, and other health-care facilities that have contracted with Deseret Mutual to provide services to participants.

Contracted Providers

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

Copayment

The initial dollar amount you pay for an eligible medical expense at the time services are rendered.

Custodial Care

Maintaining a patient beyond the acute phase of injury or illness. Custodial care includes room, meals, bed, or skilled medical care in any hospital or extended care facility, or at home to help the patient with feeding, bowel and bladder care, respiratory support, physical therapy, administration of medications, bathing, dressing, ambulation, and so on. 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 you become eligible for benefits.

Eligible Charges / Expenses

Expenses incurred by you or a dependent for treatment of injury or illness and that are:

- Medically necessary for the care and treatment of the injury or illness 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 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 enrollment in the plan

Eligible charges incur 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 part of an institution, 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 illness as an inpatient.

Formulary Medications

A preferred list of medications that have been reviewed by an independent pharmacy and therapeutics committee for safety and efficacy. Formulary medications are covered at a higher benefit.

Illness

A bodily disorder, disease, pregnancy, mental or emotional infirmity, or all sickness that is a result of the same cause or a related cause.

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 (Limit)

The maximum dollar 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, illness, 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 illness.

Non-contracted Facilities

Hospitals, labs, and other health-care facilities that have not contracted with Deseret Mutual to provide services to participants.

Physician

A person who has been educated, trained and licensed as a physician to practice the art and science of medicine pursuant to the laws and regulations in the locality where the services are rendered.

Preauthorization

A process of advance notification that is required for a number of benefits. When you preauthorize services with Deseret Mutual, you receive guidelines about what services are eligible for benefits before you commit to the costs.

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.

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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