

BRIGHAM YOUNG  
UNIVERSITY — IDAHO

Student Health Plan  
2004-2005

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



## WHO TO CONTACT

For information that is not included in this brochure, or if you have a question, please contact the following offices:

Enrollment and Premium Information:

### Regular and Away-From-Campus Coverage

Accounting Office, 130 Kimball  
1-208-496-1039

### Extended Coverage

Deseret Mutual Enrollment Team  
P.O. Box 45530  
Salt Lake City, Utah 84145  
1-800-777-3622

### Student Health Center

Appointments & Referrals  
100 Student Health Center  
BYU Idaho  
Rexburg, ID 83460-2010  
1-208-496-1300  
[www.byui.edu/healthcenter](http://www.byui.edu/healthcenter)

### Deseret Mutual

Deseret Mutual Customer Service and Preauthorization:

60 East South Temple  
P.O. Box 45530  
Salt Lake City, Utah 84145  
1-800-777-3622  
1-801-578-5600

Deseret Mutual's Preferred Provider Network:

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

Idaho & Utah: Deseret Mutual Contract Providers  
1-800-777-3622 or [www.dmba.com/nsc/medical/provpick.htm](http://www.dmba.com/nsc/medical/provpick.htm)

All other states: First Health Medical Network  
1-800-237-5702 or [www.firsthealth.com](http://www.firsthealth.com)

Access the Student Health Plan Handbook:

[www.dmba.com/nsc/student/handbooks.htm](http://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.

The Brigham Young University – Idaho (BYU-Idaho) Student Health Plan offers a wide range of benefits. Coverage for students' spouses and children is also available.

### Insurance Requirement

BYU-Idaho requires that all matriculating students have adequate medical insurance coverage in the Rexburg area as long as they have Continuing Student Status. If you are a continuing student, you must have insurance the entire time you are at BYU-Idaho, including during any periods you take off or other short-term breaks from classes.

To satisfy the University's insurance requirement, you will automatically be enrolled in the Student Health Plan when you first enroll for classes. Your enrollment will remain in effect until you graduate from BYU-Idaho 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.

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. However, if your spouse is also a student, he/she should obtain insurance as a student. Please contact the BYU-Idaho Accounting Office for more information.

### Waiving Enrollment in the Student Health Plan

If you already have adequate medical insurance and therefore do not want to enroll in the BYU-Idaho Student Health Plan, you may waive automatic enrollment in the plan. To do so, complete an online waiver before the enrollment deadline, available through BYU-Idaho's Registration Web site at [www.byui.edu/accountingoffice](http://www.byui.edu/accountingoffice). Or complete a form and return it to the BYU-Idaho Accounting Office. The waiver providing verification of adequate insurance coverage must be completed at the beginning of each academic semester.

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Enrollment in a medical insurance plan provided by your employer or your spouse's or parents' employer fulfills the insurance requirement if it covers you while you are in the Rexburg area. Also, for any other medical insurance plan to meet the BYU-Idaho insurance 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; and
- have an annual plan limit of no less than \$25,000.

If your coverage from the other plan is discontinued while you are attending BYU-Idaho, contact the Accounting Office immediately. You may either enroll in the Student Health Plan within 63 days of the discontinuance or provide verification of coverage from another qualified plan.

## **BYU-IDAHO STUDENT HEALTH PLAN FOR 2004-2005**

The Student Health Plan offered by BYU-Idaho provides a wide range of basic medical coverage. The plan is administered by BYU-Idaho and Deseret Mutual Benefit Administrators (Deseret Mutual). The Student Health Center (SHC) on the campus of BYU-Idaho is the main health care resource for students enrolled in the plan. Deseret Mutual has also contracted with a nationwide network of hospitals and physicians in a broad range of specialties to provide necessary medical services.

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

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

## **2004-2005 Plan Changes**

- Beginning Fall 2004, the Student Health Center will provide services for children enrolled in the Student Health Plan.
- Beginning Summer 2004, the SHC pharmacy, lab, and X-ray will be open during summer hours.
- Deseret Mutual is introducing the BirthWISE program. This program provides excellent resources and support for you and your baby during pregnancy. See [Maternity - General Information](#) on page 22.

## **Important Keys to Remember**

- The Student Health Center (SHC) should always be your primary source for medical care. Therefore, always consult the SHC first.
- In an emergency, you should always get the appropriate care immediately. For non-life threatening situations, you'll pay \$6 at the SHC. At an urgent care facility, your copayment is \$25 and at a hospital emergency room, your copayment is \$50. Please see [page 30](#) for more information about what to do in an emergency.
- As a member of the plan, Deseret Mutual will assign you a unique identification number. This Deseret Mutual ID is your policy number. A Student Health Plan ID card will be sent to you after you enroll in the plan. You do not need to have an ID card to be eligible to receive medical benefits. Once you receive your ID card, present it to the provider at the time of service. You should always carry this card in your wallet or purse. Contact Deseret Mutual if you do not receive your ID card within six weeks of your first day of class or if you have lost your card.
- A referral from the SHC and preauthorization from Deseret Mutual are required before you receive care outside the SHC (see inside front cover for contact information). A referral from your physician does not constitute preauthorization. You must contact Deseret Mutual to preauthorize services outside the SHC. However, if you are referred by an SHC physician, preauthorization will occur automatically. If you are enrolled in Away-From-Campus or Extended Coverage, a referral from the SHC is not required (see pages [11](#) and [12](#) respectively).

- 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 30](#) 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.
- To be eligible for maternity coverage, you must be continuously enrolled in a **married student option** of the plan from the date of conception to the date of delivery.
- New dependents must be enrolled within 60 days of the qualifying event (marriage, birth, or adoption placement).
- Notify the Accounting 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 33](#) carefully to see which services are not covered.
- It is important for you to maintain continuous insurance coverage, even if you are away from school during the summer. A break in your coverage could restart the pre-existing conditions exclusion.
- Your student account will be charged the appropriate premium (based on the coverage option you choose) at the beginning of each semester and block during the academic year. This includes spring and summer blocks.

### ***How Does the Student Health Plan Work?***

Medical care that is covered by this plan is provided by or coordinated through the BYU-Idaho Student Health Center (SHC).

If you need eligible services that the SHC cannot provide, you will be referred to contracted medical providers in the community. These providers have contracted with Deseret Mutual to offer care at a reduced cost to participants. The discounts will be reflected in the portion of charges that you are responsible to pay.

Please see [pages 7 to 10](#) for more information about enrollment in the plan and its various coverage options.

### ***How Are Medical Services Paid?***

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

In addition, for non-student spouses there is a \$3,850 **deductible** for maternity expenses. This means that non-student spouses need to pay the first \$3,850 of the cost for their prenatal care and the delivery of the baby. Regular plan benefits and coinsurance apply to eligible expenses over \$3,850. (Please note that this deductible does not apply to students. Students may receive regular benefits for maternity expenses without meeting a deductible first.) For more information, please see [page 24](#).

When you receive services outside the SHC, you or the provider of your care will need to submit an itemized bill to Deseret Mutual (see [page 32](#)). Deseret Mutual will process your claim, send a check for the plan benefit to the provider of the care, and send you an **explanation of benefits (EOB)** statement. This statement will itemize the charges, your deductible (if applicable), your copayment, the plan benefit, and your coinsurance. You will be responsible to pay the provider of the care your copayment (if you haven't already done so) and your coinsurance amount.

In some cases, the provider of the care will bill more than Deseret Mutual's **maximum allowable charges** for the services given (see [page 47](#)). 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 Healthcare's **contract 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 30](#) 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.

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

### Your Copayments

For physician services you receive at the SHC, including office visits and emergency care, your copayments are \$6 per visit.

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
- \$300 per hospital admission
- If you do not preauthorize services you receive outside the SHC when necessary, you pay a \$100 copayment per service.

As you can see, it is very important to preauthorize services you receive outside the SHC. Please see [page 17](#) for more information.

### 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:
<b>Services at the SHC</b>	
100% for physician services 80% for lab and X-ray	0% for physician services 20% for lab and X-ray
<b>Services Outside the SHC</b>	
Contracted providers: 80% Non-contracted providers: 50%	Contracted providers: 20% Non-contracted providers: 50%

Benefits for all services outside the SHC are based on the lesser of billed charges, contracted rates, or the maximum allowable charges for the services received, as determined by Deseret Mutual. The maximum benefit is \$20,000 per enrolled member per academic year. For expenses that exceed this plan maximum, please see the information on [page 33](#) regarding BYU-Idaho Large Claims Coverage.

## ENROLLMENT

### Who Is Eligible to Enroll?

**Students:** You may enroll in the BYU-Idaho Student Health Plan if you are a continuing student, as defined by BYU-Idaho.

**Recent Students:** Upon loss of continuing status, you may continue enrollment in the BYU-Idaho Student Health Plan for a maximum of nine months by enrolling in the Extended Coverage Option (see [page 12](#) for more information).

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

- your legal spouse, and/or
- your unmarried children 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 26.)

### How Do I Enroll?

If you are a continuing student and therefore required to have insurance as previously explained, you will automatically be enrolled in the Student Health Plan for individual coverage at the beginning of your first semester/block at BYU-Idaho. Generally, your enrollment will remain in effect until the end of your enrollment at BYU-Idaho (see [When Does Coverage End?](#) on page 14).

As long as you are a continuing student, your individual enrollment will renew at the beginning of each academic year (at the beginning of each fall semester).

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## ***When Can I Enroll My Family?***

If you want to insure your eligible dependents, you may change your enrollment from individual coverage to family coverage at the beginning of your first semester/block at BYU-Idaho or at the beginning of each academic year thereafter, at the beginning of each fall semester.

If you enroll your family, their enrollment will generally remain in effect until the end of your enrollment at BYU-Idaho (see [When Does Coverage End?](#) on page 14). BYU-Idaho will renew enrollment for your family at the beginning of each academic year, based on their enrollment for the previous semester. Remember to notify the Accounting Office if you need to change your family's enrollment.

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

## ***How Do I Enroll My Family?***

To insure your family, enroll online at [www.byui.edu/accountingoffice](http://www.byui.edu/accountingoffice). Or you may complete an enrollment form and return it to the BYU-Idaho Accounting 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/block. If you are a continuing student, you must return the form during the first week of the next academic year (fall semester).

Enrollments will not be accepted after the end of the enrollment period unless you meet one of the special circumstances outlined below. Please contact the Accounting Office for more information.

## ***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 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. If this

changes your coverage option, you will be assessed the appropriate premium retroactive to the beginning of the coverage period. (Please remember, you must formally enroll your newborn child in the Student Health Plan; it is not automatically done for you when the child is born.)

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. Or in those circumstances where such physical placement is prevented because of the medical needs of the child requiring placement in a medical facility, it means when the adoptive subscriber or other member of the covered group signs an agreement for adoption of such child and signs an agreement assuming financial responsibility for such child.

If you waive enrollment in the Student Health Plan for yourself (or if you do not enroll your dependents) because you have other insurance that meets the BYU-Idaho requirements and you subsequently lose eligibility to continue the other coverage, you may enroll in the Student Health Plan for yourself and/or your dependents if you apply within 60 days of losing eligibility for the other coverage. If you fail to enroll within 60 days, you must wait until the beginning of the next semester to enroll.

If you enroll in the Student Health Plan and subsequently obtain other insurance that meets the BYU-Idaho requirements, you may discontinue your enrollment in the Student Health Plan at the beginning of the next semester/block. To do so, submit an online waiver from BYU-Idaho's Web site at [www.byui.edu/accountingoffice](http://www.byui.edu/accountingoffice) before the beginning of the semester/block. Or you can complete a form and submit it to the BYU-Idaho Accounting Office. For your information, dependents may be dropped at the beginning of any semester/block.

Pursuant to Idaho insurance law, if BYU-Idaho should terminate the Student Health Plan contract, any unused portion of the premium can return to BYU-Idaho as the policy holder.

## ***What About Internships & Student Tours?***

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-Idaho student tour, you will be covered by the Away-From-Campus option of the Student Health Plan during that semester. Please see [What is "Away-From-Campus Coverage"?](#) on page 11 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 off by not enrolling in classes 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. Please see [What is "Away-From-Campus Coverage"?](#) on page 11 for more information.

## What If I Go on a Mission?

If you leave BYU-Idaho 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-Idaho.

## Can I Continue My Enrollment After I Leave BYU-Idaho?

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

## 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, pick up an Extended Coverage enrollment form from the BYU-Idaho Accounting Office and submit it to the Enrollment Team at Deseret Mutual (see inside front cover) before the end of your last semester/block at BYU-Idaho. 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 to the Enrollment Team at Deseret Mutual 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. Premiums are due by the 15th of the month of coverage. 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.

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

## COVERAGE OPTIONS

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

If you are:	Your coverage option is:
Admitted as a continuing student and enrolled in classes on campus	Regular On-Campus coverage
Enrolled in an internship required for your degree or on tour as part of a BYU-Idaho program	Away-From-Campus coverage (see <a href="#">page 11</a> )
Admitted as a continuing student but taking a semester or term off	Away-From-Campus coverage (see <a href="#">page 11</a> )
Graduated, or withdrawn from school	Extended Coverage (Optional: separate enrollment required). (see <a href="#">page 12</a> )

The benefits for services received outside the SHC are the same for all coverage options. All services received outside the SHC, other than Emergency and Well Baby Care, require preauthorization.

## What Is "Away-From-Campus Coverage"?

The Away-From-Campus option of the Student Health Plan provides insurance coverage for students who are temporarily away from campus and therefore do not have access to the SHC.

If you are enrolled in the Student Health Plan for the academic year, you will be enrolled in the Away-From-Campus option while you:

- participate in an internship;
- travel as a member of a BYU-Idaho academic tour or performing group on tour; or

- take a temporary break from 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.

### **How Does Away-From-Campus Coverage Work?**

While you are enrolled in the Away-From-Campus option, you may still receive medical care at the SHC if you are in the Rexburg area. If you are away from Rexburg, 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 30](#)). You will still need to preauthorize any care you receive outside the SHC.

### **What Is "Extended Coverage"?**

Your Student Health Plan coverage terminates the day before the beginning of the next semester after you graduate, withdraw from BYU-Idaho, or otherwise lose your status as a continuing student. (Please see the [calendar](#) on pages 42-44 for the dates that coverage ends.)

If you were enrolled in the Student Health Plan during your last semester at BYU-Idaho and you would like to continue insurance after you leave school, you may enroll in Extended Coverage for up to nine consecutive calendar months. If you have been on Away-From-Campus Coverage, your nine month eligibility for Extended Coverage will be reduced by the amount of time you were on Away-From-Campus Coverage.

Your dependents may be insured by Extended Coverage only if they were enrolled in the Student Health Plan during your last semester at BYU-Idaho.

You may add newly acquired dependents to your coverage only as outlined starting on [page 9](#). 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.

Please note, because participants enrolled in Extended Coverage are no longer considered BYU-Idaho students, coverage by the Large Claims Coverage Plan is limited.

### **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 (please see [page 30](#)). You will still need to preauthorize any care you receive outside the SHC.

### **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.

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

## When Does Coverage End?

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

	<b>Graduation, Loss of Continuing Student Status, or Move to Other Available Insurance</b>	<b>Loss of Eligibility for Dependent</b>
<b>Regular On-Campus or Away-From-Campus Coverage</b>	Last day before the next semester/block begins	Last day before the beginning of the semester/block following the semester/block in which the dependent becomes ineligible
<b>Extended Coverage</b>	12:01 a.m. on the first day of the month after the last month for which premiums have been paid	

Please see the [calendar](#) on pages 42-44 for the exact dates that coverage begins and ends for the 2004-2005 academic year.

After your coverage ends, you may request a Certificate of Creditable Coverage 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 may be excluded from coverage.

## 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 18 to 29](#) for coverage amounts. You will not need preauthorization.

## PREMIUMS

### What Are the Student Health Plan Premiums?

	Regular On-Campus and Away-From-Campus Coverage	Extended Coverage
Single Student Only	\$184 / semester \$92 / block	\$346 / month
Single Student Plus One Dependent	\$590 / semester \$295 / block	\$692 / month
Single Student Plus Two or More Dependents	\$996 / semester \$498 / block	\$1,038 / month
Married Student Only	\$374 / semester \$187 / block	\$346 / month
Married Student Plus One Dependent	\$780 / semester \$390 / block	\$693 / month
Married Student Plus Two or More Dependents	\$1,186 / semester \$593 / block	\$1,038 / month

To be eligible for maternity coverage, you must be continuously enrolled in a **married student option** of the plan from the date of conception to the date of delivery.

### When Are Premiums Due?

Premiums are due at the same time as tuition for each semester or block. See [pages 42-44](#) for the exact dates that premiums are due.

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

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## STUDENT HEALTH CENTER

The Student Health Center (SHC) is located on the first floor of the new Student Health and Counseling Center. It is open to all students, spouses, and dependents who are covered by the Student Health Plan.

### ***What Medical Services Are Available at the SHC?***

Student health services are available for BYU-Idaho matriculating students, spouses, and dependents. The SHC has a staff of physicians and specialists who provide medical care in the following areas:

- Diagnostic X-ray
- Family Practice
- Internal Medicine
- Laboratory Services
- Orthopedics
- Pediatrics
- Pharmacy

### ***What Do I Pay for Services I Receive at the SHC?***

Students are responsible for all costs incurred during each visit to the SHC except for the portion that is covered by the Student Health Plan.

Your copayment is \$6 per visit for physician services provided at the SHC. If your spouse (if any) is not at least a half-time student, he/she will be charged a Health Center access fee the first time he/she receives care at the SHC each semester or term. The access fee is \$8 each semester or \$4 each term and is in addition to the regular \$6 copayment per visit.

In addition to the physician copayments noted above, SHC services such as laboratory tests, X-rays, etc., will be covered at normal plan benefits or 80 percent of billed charges. In other words, students will be responsible for the remaining 20 percent of billed charges for these services (in addition to your office visit copayment). You may

pay for these services at the time of your visit or have the charges billed to your personal student account.

Routine physical exams and premarital exams, as well as related laboratory services, are not covered by the plan (see [exclusion 3](#) on page 34). However, these services are available at the SHC. Students are responsible for the full cost of such services.

Also, the Student Health Plan does not cover prescription drugs, but you will receive a discount on all prescriptions that you purchase at the SHC.

### ***When Is the SHC Open?***

While school is in session, the Student Health Center hours are as follows:

- On Mondays, Wednesdays, Thursdays, and Fridays:  
8 a.m. to 5 p.m. (last appointment at 4:30 p.m.)
- On Tuesdays:  
8 a.m. to 2 p.m. (last appointment at 1:30 p.m.) and  
3 p.m. to 5 p.m. (last appointment at 4:30 p.m.)

The last appointment available is one-half hour before closing.

The SHC is closed on holidays and during the break between Fall and Winter semesters.

The SHC will be open during breaks between Winter and Summer semesters and between Summer and Fall semesters.

## SERVICES OUTSIDE THE SHC

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

### **Preauthorization**

For services from another provider to be eligible for maximum plan benefits, you must receive a referral from the SHC (not required for

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Away-From-Campus and Extended Coverage) and preauthorization from Deseret Mutual before you receive the medical care. If you are referred by an SHC physician, this preauthorization will occur automatically. (For information about emergency care, please see the instructions on [page 30](#)).

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

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

Even though you must have preauthorization from Deseret Mutual to see an outside provider, the authorization does not 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 18-29](#) for information about the benefits payable for services outside the SHC.

If you have questions about benefits or preauthorization requirements for any medical services, please call the SHC or Deseret Mutual (see inside front cover).

The following are examples of 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 percent 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.

#### **Chemotherapy**

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

#### **Dental Accident Benefit**

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

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### Diabetic Supplies

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

### Dialysis

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

### Emergency Room

- 80 percent after a \$50 copayment.
- See [Hospital Emergency Room](#) on page 21 or [Urgent Care Facility](#) on page 29.

### 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 academic year.
- Eye exams for medical conditions such as glaucoma may be available more often. Preauthorization is required.

### Hearing Tests

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

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### 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.).
- To preauthorize benefits or if you would like more information before you receive services, contact Deseret Mutual.
- Preauthorization is required.

### Hospital Emergency Room

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

### Injections (Allergy, Intramuscular, Etc.)

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

### Inpatient Hospital Services

- 80%: Contract facility.
- 50%: Non-contract facility.
- \$300 copayment per admission.
- The plan covers any prescription drugs that are administered as part of an inpatient hospital service.
- When semi-private rooms are available, the plan will not pay for private rooms.
- Preauthorization is required. If you do not preauthorize your hospital stay, you will be charged an additional \$100 copayment.

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## Inpatient Physician Services

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

## Laboratory Services

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

## Maternity – General Information

- Non-student spouses do not have coverage for normal maternity expenses. However, eligible expenses in excess of \$3,850 that are incurred as a direct result of complications of pregnancy will be covered, subject to normal plan provisions (see *Maternity – Non-Student Spouse* below).
- Contact the Student Health Center before you begin your prenatal care with an OB/GYN or Certified Nurse Midwife. To maximize your benefits, you should also contact Deseret Mutual to preauthorize care.
- During this important time, we strongly encourage participation in Deseret Mutual's BirthWISE program. The BirthWISE program provides expert resources and clinical support in an effort to make sure you have access to sound, reliable health information for you and your baby. For example, BirthWISE provides an excellent pregnancy resource book as well as other educational materials throughout your pregnancy.

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

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## Maternity – Students

### Hospitalization

- 80%: Contract facility.
- 50%: Non-contract facility.
- \$300 copayment per admission (newborn infants are considered a separate admission from the mother and will also be subject to the copayment).
- When you deliver at a contracted hospital, services are provided at discounted rates.
- Preauthorization is required for hospital stays (when medically necessary) of more than two days for a vaginal delivery or four days for a cesarean section delivery. If you do not preauthorize your extended hospital stay, additional days will be subject to medical review 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. Preauthorization is required.

### Physician / Nurse-Midwife Services

- 80%: Contract provider.
- 50%: Non-contract provider.
- \$25 copayment per visit (maximum total copayment of \$250 for routine care).
- To be eligible for maternity benefits, you must maintain coverage continuously in a married student option of the plan from the date of conception to the date of delivery. If you have been covered by another health insurance plan before enrolling in the Student Health Plan, you must enroll in the plan within 63 days of losing your other coverage to be eligible for maternity benefits.

- For students, regular plan benefits apply to all eligible maternity expenses. For information on non-student spouse benefits, see *Maternity – Non-Student Spouse* below.
- When you receive maternity care from a contracted provider in Rexburg, services are provided at discounted rates.
- The contracted rates are for prenatal care and delivery provided by one physician throughout the term of the pregnancy. If you are away from Rexburg for part of the pregnancy, or if your care must be provided by more than one doctor, be sure to get preauthorization.
- Other physicians involved in the medical care for you and your baby, such as anesthesiologists or pediatricians, will bill you separately. Regular plan benefits and copayments will also apply to these charges.
- Remember, you will receive separate bills for the newborn baby's medical care. If you want to insure your newborn child and receive plan benefits for the baby's expenses, contact the BYU-Idaho Accounting Office within 60 days of the birth (see [Can I Change My Enrollment Midyear?](#) on page 8).

### Maternity – Non-Student Spouse

For non-student spouses, regular plan benefits apply only to eligible maternity expenses in excess of \$3,850. The first \$3,850 of expenses (as shown below) will be your responsibility. The \$3,850 deductible also applies to expenses related to preterm labor or miscarriage.

#### Hospitalization

- \$2,000 deductible for the mother's hospital bill. This includes the \$300 hospitalization copayment.
- \$300 deductible for the baby's hospital bill.
- 80 percent of the remaining eligible expenses from a contract provider.
- 50 percent of the remaining eligible expenses from a non-contract provider.

#### Physician / Nurse-Midwife Services

- \$1,550 deductible for the mother's physician bill for prenatal care and delivery. This includes the \$250 maximum physician copayment.

- 80 percent of the remaining eligible expenses from a contract provider.
- 50 percent of the remaining eligible expenses from a non-contract provider.

### Medical Equipment

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

Durable medical equipment is defined as equipment that:

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

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

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

## **MEDICAL EQUIPMENT**

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

## **Medical Supplies**

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

## **Office Visits**

- 80% after a \$25 copayment: Contract provider.
- 50% after a \$25 copayment: Non-contract provider.
- Preauthorization is not required for children.
- For students, spouses, and dependents, preauthorization is required unless you are enrolled in the Away-From-Campus or Extended Coverage options (see [pages 11 and 12](#)).

## **Physical Therapy – Outpatient**

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

## **Prosthetics**

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

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### **Prosthetics (continued)**

- To be eligible for benefits, you must have a prescription from your physician.
- This benefit includes prosthetics such as artificial arms, legs, or eyes.
- Preauthorization is required.

### **Radiation Therapy**

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

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

- 80 percent.
- \$25 copayment for CT Scans and MRIs.
- Some services, like Magnetic Resonance Imaging (MRI), must be preauthorized.
- This benefit covers mammograms for women as follows:
  - 1) one baseline mammogram for ages 35 through 39
  - 2) one mammogram every two years for ages 40 through 49, or more frequently upon recommendation of a physician
  - 3) one mammogram every year for ages 50 and older
  - 4) one mammogram for any woman desiring a mammogram for medical necessity

### **Surgery – Inpatient Hospital Services**

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

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### **Surgery – Outpatient Hospital Services**

- 80% after a \$200 copayment: Contract facility.
- 50% after a \$200 copayment: Non-contract facility.
- Preauthorization is required.

### **Surgery – Physician Services**

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

### **Urgent Care Facility**

- 80% after a \$25 copayment.
- You do not need to coordinate the initial visit with Deseret Mutual. But you must notify Deseret Mutual to preauthorize any follow-up care that may be needed. For more information about what to do in an emergency, see [page 30](#).

### **Well Baby Care**

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

### **Women's Health & Cancer Act**

A law called the Women's Health and Cancer Rights Act of 1998 requires group health plans that cover mastectomies to cover breast reconstruction and prostheses. We're proud that Deseret Mutual's health plans already comply with this law as shown below:

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

### ***Are There Services the Plan Does Not Cover?***

Yes. Please refer to [page 33](#) for a list of plan exclusions.

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## ***What Is Deseret Mutual's Preferred Provider Network?***

If you are away from the Rexburg area while you are enrolled in the Student Health Plan, you may obtain care from any qualified, appropriately licensed medical provider. However, it is to your advantage to make sure the physicians and hospitals providing your care are part of Deseret Mutual's Preferred Provider Network. If you do, your benefit will be higher (see [page 6](#)) and the providers will not bill you for fees in excess of Deseret Mutual's maximum allowable amounts. (See pages [5](#) and [47](#).)

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

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

Remember, eligible expenses for services from contracted providers are covered at 80 percent, while eligible expenses for services from non-contracted providers are covered at 50 percent (see [page 6](#)).

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

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

All other states: First Health Medical Network  
1-800-237-5702 or [www.firsthealth.com](http://www.firsthealth.com)

## ***What Should I Do in an Emergency?***

In an emergency, you should always get the appropriate care immediately. For non-life threatening situations, you'll pay \$6 at the SHC. At an urgent care facility, your copayment is \$25 and at a hospital emergency room, your copayment is \$50.

### **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 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 degrees 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 any emergency occurs when the SHC is closed, you should go to the Madison Memorial Hospital Emergency Room or the Urgent Care Facility listed below. Plan benefits for treatment outside the SHC, as outlined previously, will apply.

Community Care Center  
72 East Main Street  
Rexburg, ID 83404  
(208) 359-1770

## ***What About Follow-Up to Emergency Care?***

Students, spouses, and dependents should contact Deseret Mutual before receiving any follow-up care. If you need to receive follow-up care outside the SHC, you must have an authorization from Deseret Mutual before you receive the care. Remember, if you receive follow-up care outside the SHC without preauthorization, you must pay a \$100 copayment per service.

## ***What Is a Pre-existing Condition?***

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

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### ***Are Pre-existing Conditions Covered by the Plan?***

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

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

If you have a break in coverage under the Student Health Plan (you let coverage lapse for more than 63 days), the pre-existing conditions limitation will begin anew when you re-enroll in the plan, unless your break in coverage was for the time you were serving a mission.

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

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

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

### ***How Do I Submit a Claim for Payment?***

To receive plan benefits for services provided outside the SHC, submit an itemized bill and claim form (available from Deseret Mutual), along with the preauthorization, to:

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

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

### **LARGE CLAIMS COVERAGE**

BYU-Idaho provides Large Claims Coverage for all students and their eligible dependents. This policy is separate from the Student Health Plan; you must be enrolled as a student at BYU-Idaho but you do not need to be enrolled in the Student Health Plan to be covered by the BYU-Idaho 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 \$25,000. All eligible expenses that exceed \$25,000 and are not covered by a group plan or other primary insurance will be covered at 100 percent, to a maximum of \$100,000 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 BYU-Idaho Financial Services if you need assistance from the Large Claims Coverage Plan or more information about the plan's coverage and limitations.

### **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:

1. services provided before coverage begins, including hospital stays in progress on the effective date of coverage and services after coverage ends;
2. services provided outside the SHC for pre-existing conditions for 12 months following the participant's effective date of coverage;

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3. routine physical exams, pap smears, premarital services, and other routine X-ray exams, or routine psychological testing and screening exams;
  4. preventive medicine or vaccines, including immunizations;
  5. physical exams for the purpose of obtaining insurance, employment, or government licensing;
  6. diagnostic purposes that are not related to an injury or sickness, unless otherwise provided for by the terms of the plan;
  7. dental treatment, except that made necessary by accidental injury to sound natural teeth, as provided for by the plan;
  8. holistic, homeopathic, ecological, or environmental treatment;
  9. care, treatment, supplies, or other services incurred primarily for convenience, contentment, or other non-therapeutic purposes;
  10. care, treatment, diagnostic procedures, or operations that on January 1, 1986, and thereafter were:
    - illegal;
    - considered medical research;
    - experimental (unproven care, treatment, procedures, or operations);
    - not recognized by the U.S. medical profession as usual and/or common; and
    - determined by Deseret Mutual not to be usual and/or common medical practice.

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

11. accidents sustained as a result of play, practice, or participation in intercollegiate sports, professional contests, or vehicular contests;
12. care, treatment, or operations that are not clearly a medical necessity;

13. breast pumps, knee braces used solely for sports, and learning devices;
14. eyeglasses and contact lenses or the replacement or prescription thereof;
15. the purchase or fitting of hearing aids;
16. 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;
17. modifications to homes, other structures, or motor vehicles to accommodate activities of daily living;
18. reproductive organ prostheses;
19. care, treatment, or operations provided in connection with sexual dysfunction;
20. wart removal, treatment of toenails, corns, calluses, or bunions;
21. 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;
22. 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;
23. care, treatment, or operations in connection with obesity or weight loss (including gastric bypass surgery);
24. services and materials in connection with disturbances of the temporomandibular joint (TMJ);
25. jaw surgery (osteotomy);
26. care, treatment, diagnostic procedures, or any other expenses for an abdominoplasty, lipectomy, panniculectomy, skin furrow removal, or diastasis rectus repair;

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27. care, treatment, diagnostic procedures, or operations in relation to organ (donor or artificial) transplants;
  28. care, treatment, diagnostic procedures, or any other expenses for surgery to correct visual acuity;
  29. care, treatment, or operations in connection with infertility;
  30. care, treatment, or operations in relation to in vitro fertilization;
  31. abortions, except where the life of the mother would be seriously endangered if the fetus were carried to term;
  32. acupuncture;
  33. services or materials in connection with surgical procedures undertaken to remedy a condition diagnosed as psychological;
  34. educational programs (PMS clinics, etc.) except diabetes education;
  35. marriage or family counseling;
  36. care or treatment in connection with anorexia, bulimia, or other eating disorders;
  37. speech therapy and evaluation;
  38. care, treatment, diagnostic procedures, or any other services for sleep disorders, chronic fatigue, or fibromyalgia;
  39. evaluation and/or treatment for learning disabilities;
  40. inpatient or outpatient treatment for emotional illness or for mental or emotional conditions, with or without a manifest psychiatric disorder or specific symptoms;
  41. cardiopulmonary fitness training or conditioning, either as a preventive or therapeutic measure;
  42. vertebral column rehabilitation (chiropractic care) or massage therapy;
  43. custodial care, education, training, or rest cures;
  44. charges associated with family planning, including surgery, contraception and/or birth control devices and drugs;
  45. special formulas, food supplements, or special diets;

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46. services provided by a pain control center for a pain control program;
  47. care and treatment provided outside the SHC for the abuse of or addiction to alcohol or drugs;
  48. prescription drugs, except drugs administered as part of an inpatient hospital stay or emergency room visit;
  49. care, treatment, diagnostic procedures, or any other expenses when it has been determined by Deseret Mutual that brain death has occurred;
  50. 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;
  51. 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;
  52. 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;
  53. any services where the covered person has no legal obligation to pay;
  54. 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;
  55. services covered, or which could have been covered, by any governmental plans (including, but not limited to, Medicare or Medicaid);
  56. which coverage is provided by applicable Workers' Compensation statutes;
  57. services or materials covered, or which could have been covered, by insurance required or provided by any statute, including but not limited to no-fault insurance, except as provided at the SHC;
  58. conditions caused by or resulting from war or act of war or service in the military forces of any country at war, declared or undeclared. War includes hostilities conducted by force or arms

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by one country against another country, or between countries or factions within a country, either with or without a formal declaration of war;

- 59. conditions caused by or resulting from catastrophic events defined as an earthquake, fire, any other accidental occurrence or series of one event, or a group of related events within seven days or less resulting in the death or serious injury of 20 or more covered students.
- 60. direct complications resulting from excluded services;
- 61. benefits or services not specified as covered; or
- 62. care, treatment, or operations incurred after termination of benefits.
- 63. planned home delivery for childbirth.

## OTHER IMPORTANT INFORMATION

### *Claims Review Procedures*

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

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

108 Student Health Center  
BYU-Idaho, Rexburg, ID 83460-2010  
208-496-3434

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.

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

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

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

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

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

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

	<b>Urgent-care Health Claims</b>	<b>Pre-service Health Claims</b>	<b>Post-service Health Claims</b>
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)

### ***Subrogation***

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

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

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

### ***Notification of Benefit Changes***

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

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

### ***Notification of Discretionary Authority***

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

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## **Legal Notice**

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

## **Important Dates**

### **FALL SEMESTER 2004**

Aug. 31	Classes begin / Insurance coverage effective
Sep. 7	End of open enrollment period Last day to purchase dependent insurance for the 2004-2005 academic year Last day to waive enrollment in the Student Health Plan by submitting verification of other insurance coverage
Sep. 8	Fall semester tuition and insurance premium payment deadline
Jan. 4	Fall semester coverage ends for students leaving BYU-Idaho*

### **FALL SECOND BLOCK 2004**

Oct. 22	Classes begin / Insurance coverage effective
Oct. 29	End of second block enrollment period: Last day for new students starting on the block to purchase dependent insurance for the 2004-2005 academic year Last day to waive enrollment in the Student Health Plan by submitting verification of other insurance coverage
Nov. 1	Second block tuition and insurance premium payment deadline
Jan. 4	Second block coverage ends for students leaving BYU-Idaho*

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### **WINTER SEMESTER 2005**

Jan. 5	Classes begin / Insurance coverage effective
Jan. 12	End of winter semester enrollment period Last day for new students to purchase dependent insurance for the 2004-2005 academic year Last day to waive enrollment in the Student Health Plan by submitting verification of other insurance coverage
Jan. 13	Winter semester tuition and insurance premium payment deadline
May 1	Winter semester coverage ends for students leaving BYU-Idaho*

### **WINTER SECOND BLOCK 2005**

Mar. 1	Classes begin / Insurance coverage effective
Mar. 8	End of second block enrollment period Last day for new students starting on the block to purchase dependent insurance for the 2004-2005 academic year Last day to waive enrollment in the Student Health Plan by submitting verification of other insurance coverage
Mar. 9	Second block tuition and insurance premium payment deadline
May 1	Second block coverage ends for students leaving BYU-Idaho*

### **SUMMER SEMESTER 2005**

May 2	Classes begin / Insurance coverage effective
May 9	End of summer semester enrollment period Last day for new students to purchase dependent insurance for the 2004-2005 academic year

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	Last day to waive enrollment in the Student Health Plan by submitting verification of other insurance coverage
May 10	Summer semester tuition and insurance premium payment deadline
Aug. 28	Summer semester coverage ends for students leaving BYU-Idaho*

### **SUMMER SECOND BLOCK 2005**

Jun. 27	Classes begin / Insurance coverage effective
Jul. 4	End of second block enrollment period
	Last day for new students to purchase dependent insurance for the 2004-2005 academic year
	Last day to waive enrollment in the Student Health Plan by submitting verification of other insurance coverage
Jul. 5	Second block tuition and insurance premium payment deadline for new students
Aug. 28	Second block coverage ends for students leaving BYU-Idaho*

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

### **Definitions**

#### **Accident**

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

#### **Acute**

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

#### **Coinsurance**

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

#### **Contracted Facilities**

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

#### **Contracted Providers**

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

#### **Copayment**

The amount an insured person is expected to pay for a medical expense at the time services are rendered.

#### **Custodial Care**

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

#### **Elective Surgery**

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

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### 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; and
- incurred during a period of active employment in the plan.

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

### Emergency Care

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

### Extended Care Facility

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

- has organized facilities for medical treatment and provides 24-hour nursing service under the full-time supervision of a physician or a registered nurse;
- maintains daily clinical records for each patient and has available the services of a physician under an established agreement;
- provides appropriate methods of dispensing and administering drugs and medicines; and
- has transfer arrangements with one or more hospitals, a utilization review plan in effect, and operational policies developed with the advice and review of a professional group, including at least one physician.

### Maximum Allowable Charge

The maximum amount Deseret Mutual will pay for covered services as defined by Deseret Mutual's maximum allowable fee schedule. This fee schedule is based on Medicare MDR, a nationally recognized database of prevailing fees.

### Medical Equipment

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

### Medical Supplies

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

### Medical Treatment

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

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## 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.

## Sickness

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

## Surgical Center

Any licensed public or private establishment:

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

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