

Deseret Mutual Benefit Administrators

BRIGHAM YOUNG UNIVERSITY — IDAHO

Student Health Plan 2005-2006

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



BYU-IDAHO 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. Physician services at the SHC will be paid at 100% after a \$6 copayment. Additional services, such as lab tests, x-rays, etc., will be covered at 80%. A SHC access fee of \$8 per semester is also charged to spouses who are non-students (see page 4). Any service provided outside the SHC requires a referral from the SHC and preauthorization from Deseret Mutual.	
Referrals	If you or your covered dependents need to see a specialist outside the SHC, you must obtain a referral from the SHC before making an appointment with the specialist. This referral from the SHC will automatically initiate a request for preauthorization with Deseret Mutual.	
Preauthorizations	All services outside the SHC, except for emergency room visits and well baby care, require preauthorization. If you are being referred by the SHC, the preauthorization will automatically be requested. Otherwise, you must contact Deseret Mutual at 1-800-777-3622 before you receive the medical care (see page 11).	
Copayments	SHC: \$6 for physician services. Outside the SHC: \$25 per service for physician, urgent care, and other outpatient care (\$100 per service that is not preauthorized); \$50 for hospital emergency room visits; \$300 per hospital admission (\$400 per hospital admission that is not preauthorized).	
Maximum Benefit	There is a maximum benefit of \$20,000 per person per policy year for services outside the SHC. For coverage of medical expenses above the maximum benefit, refer to BYU-Idaho's Large Claims Coverage (see page 22).	
Explanation of Covered Expenses	All benefits are subject to the pre-existing conditions provision of the plan (see page 21). Plan payments are subject to maximum allowable charges, determined by Deseret Mutual (see page 3).	
Covered Services	Contracted Provider	Non-Contracted Provider
Hospital Medical Services: Semi-private room, surgical services & supplies, outpatient medical care	80% of allowable charges after copayment	50% of allowable charges after copayment
Ambulatory Surgical Center: Outpatient surgery, services, & supplies	80% of allowable charges after copayment	50% of allowable charges after copayment
Physician Medical Services: Office visits, hospital & skilled nursing facility visits, surgeon, surgical assistant, and anesthesiologist	80% of allowable charges after copayment	50% of allowable charges after copayment
Emergency Care: Emergency room services & supplies	80% of allowable charges after copayment	
Skilled Nursing Facility: Semi-private room, services, & supplies	80% of allowable charges after copayment	50% of allowable charges after copayment
Home Health Care: Services & supplies from a home health agency	80% of allowable charges after copayment	50% of allowable charges after copayment
Durable Medical Equipment: Rental or purchase of DME (see page 17)	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 (See pages 14 to 16)	<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 \$250 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 \$250 for routine care
Diagnostic X-ray & Lab Services: CT, MRI, ultrasound, lab, and pathology	80% of allowable charges after copayment	50% of allowable charges after copayment
Outpatient Therapy: Radiation therapy, chemotherapy, dialysis, physical therapy (See page 18)	80% of allowable charges after copayment	50% of allowable charges after copayment
Ambulance: Licensed land or air transport	80% of allowable charges after copayment	50% of allowable charges after copayment

*Maternity coverage is included for all students / policyholders. Non-student spouses do not have coverage for normal maternity expenses. This summary of benefits provides a brief review of plan benefits. For complete details of coverage, including limitations and exclusions, refer to the Student Plan Handbook at www.dmba.com/nsc/student/handbooks.htm or pick up a copy at the Student Health Center Office.

Who To Contact

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 (see [page 7](#))

Accounting Office, 130 Kimball
1-208-496-1039
Email: gibsonp@byui.edu

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

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

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

Access the Student Health Plan Handbook:

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

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To All Students

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

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 block.

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 will automatically be enrolled. 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 be enrolled in the BYU-Idaho Student Health Plan, you may waive 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. 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 and may be done when registering for classes on the Web.

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 requirements, it must:

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

If your coverage from the other plan is discontinued while you are attending BYU-Idaho, contact the Accounting Office immediately. You must 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 2005-2006

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.**

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 20](#) 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. 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 7 and 8](#)).
- 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 20](#) 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 22 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 4 to 6](#) 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 14](#).

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 22](#)). 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 32](#)). 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 20](#) 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 11](#) 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:
Services at the SHC	
100% for physician services 80% for lab and X-ray	0% for physician services 20% for lab and X-ray
Services Outside the SHC	
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 22](#) about BYU-Idaho's Large Claims Coverage.

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 7](#) for more information).

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

- Your spouse. Your spouse is a person of the opposite sex who is your legal husband or your legal wife.
- Your eligible children. Eligible children are your unmarried children who are younger than 26 including:
 - Natural children (including infants from the 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 the custody of your spouse, you must submit a copy of the certified court order granting the adoption or 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 incapacity that existed before the child reached 26, and who is primarily dependent upon you for support.
 - 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.

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 8).

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).

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 8). 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. 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 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 7 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 7 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 7.

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 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 7.

Coverage Options

There are three coverage options within the Student Health Plan. You will be enrolled in the appropriate option, based on your student status. You should be aware that 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 page 7)
Admitted as a continuing student but taking a semester or block off	Away-From-Campus coverage (See page 7)
Graduated, or withdrawn from school	Extended Coverage (Optional: separate enrollment required). (See page 7)

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
- 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 20](#)). 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 29 to 30 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. Please contact the BYU-Idaho Accounting Office to enroll in Extended 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 on [page 5](#). 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 20](#)). 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.

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

	Graduation, Loss of Continuing Student Status, or Move to Other Available Insurance	Loss of Eligibility for Dependent
Regular On-Campus or Away-From-Campus Coverage	Last day before the next semester/block begins	Last day before the beginning of the semester following the semester in which the dependent becomes ineligible
Extended Coverage	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 29 to 30 for the exact dates that coverage begins and ends for the 2005-2006 academic year.

After your coverage ends, you may request a Certificate of Creditable Coverage from Deseret Mutual. This is a document certifying the length of time you were covered by the Student Health Plan.

When you enroll in another health insurance plan, you may be able to present this certificate to reduce the length of time that pre-existing conditions 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 and at the contracted provider benefit. However, you will need to pay the SHC for the total bill at the time of service and submit the claim provided by the SHC to Deseret Mutual for reimbursement of the covered portion. See [pages 11 to 20](#) for coverage amounts. You will not need preauthorization

What Are the Student Health Plan Premiums?

	Regular On-Campus and Away-From-Campus Coverage	Extended Coverage
Single Student Only	\$202 / semester \$101 / block	\$432 / month
Single Student Plus One Dependent	\$688 / semester \$344 / block	\$864 / month
Single Student Plus Two or More Dependents	\$1,174 / semester \$587 / block	\$1,296 / month
Married Student Only	\$426 / semester \$213 / block	\$432 / month
Married Student Plus One Dependent	\$912 / semester \$456 / block	\$864 / month
Married Student Plus Two or More Dependents	\$1,398 / semester \$699 / block	\$1,296 / 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 29 to 30](#) 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.

Student Health Center

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

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. All dependents who are not students at BYU-Idaho will be charged a Health Center access fee the first time they receive care at the SHC each semester or block. The access fee is \$8 each semester or \$4 each block 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 22.1](#) on page 26). However, these services are available at the SHC. Students are responsible for the full cost of such services.

When Is the SHC Open?

While school is in session, the SHC 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 from 9 a.m. to 3 p.m. 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 a provider outside of the SHC to be eligible for maximum plan benefits, you must receive a referral from the SHC (not required for Away-From-Campus and Extended coverages) and preauthorization from Deseret Mutual before you receive the medical care. If you are referred by an SHC physician, this preauthorization will occur automatically.

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

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.

Even if you 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 11 to 20](#) 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.

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

Diabetic Supplies

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

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 13 or [Urgent Care Facility](#) on page 19

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

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

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

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](#) on page 15)
- 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, BirthWISE offers a financial incentive for successfully completing the program. For more information and to sign up for the program, visit www.dmba.com/nsc/student/student.htm (click on Request a BirthWISE consultation) or call 1-877-638-2556

Maternity – 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

Maternity – Students (Continued)

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](#) on page 15
- 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 5)

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

Maternity – Non-Student Spouse (Continued)

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
- Must be appropriate for use in your home

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

For information about which types of equipment must be preauthorized, please refer to the [table](#) on page 17. This table also includes a list of excluded items. Please be aware, this table is not intended to be comprehensive but it will give you an idea of the types of medical equipment that are eligible for benefits.

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

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

Medical Supplies

- 80%: Contract provider
- 50%: Non-contract provider
- To be eligible for benefits, you must have a prescription from your physician
- This benefit includes medical supplies such as bandages, cotton swabs, 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 7 and 8](#))

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
- 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

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 20](#)

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 22](#) for a list of plan exclusions.

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 4](#)) and the providers will not bill you for fees in excess of Deseret Mutual's maximum allowable amounts (see pages [3](#) and [32](#)).

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 4](#)).

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/provpick.htm

All other states: First Health Medical Network
1-800-237-5702 or 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

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.

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.

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 block 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:

Alternative Care

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

Congenital Anomalies

- 2.1 Care, treatment, or operations provided outside the SHC in connection with congenital anomalies when such services are performed to restore normal body form or appearance, the conditions are not immediately life threatening, and/or the timing is subject to the choice or decision of the patient and physician. This exclusion does not apply to care, treatment, or operations to treat congenital anomalies in children for whom coverage by the plan has been maintained since birth

Convenience Services

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

Custodial Care

- 4.1 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 thereafter were:

- Illegal
- Considered medical research
- Experimental (unproven care, treatment, procedures, or operations)
- Not recognized by the U.S. medical profession as usual and/or common
- Determined by Deseret Mutual not to be usual and/or common medical practice

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

Educational Programs

- 7.1 Educational programs (PMS clinics, etc.) except diabetes education

Fertility / Family Planning / Home Delivery

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

Government / War

- 9.1 Services furnished by a hospital or facility owned or operated by the United States Government or any agency thereof; any charges for services, treatments, or supplies furnished by or for the United States Government or any agency thereof
- 9.2 Services covered, or which could have been covered, by any governmental plans (including, but not limited to, Medicare or Medicaid)
- 9.3 Conditions caused by or resulting from war or act of war or service in the military forces of any country at war, declared or undeclared. War includes hostilities conducted by force or arms by one country against another country, or between countries or factions within a country, either with or without a formal declaration of war

Hearing

- 10.1 The purchase or fitting of hearing aids

Legal Exclusions

- 11.1 Accidents sustained as a result of play, practice, or participation in intercollegiate sports, professional contests, or vehicular contests
- 11.2 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
- 11.3 Any services where the covered person has no legal obligation to pay
- 11.4 Any services that a third party or the liability insurance of a third party or the uninsured motorist insurance pays or is obligated to pay
- 11.5 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
- 11.6 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
- 11.7 Direct complications resulting from excluded services
- 11.8 Benefits or services not specified as covered
- 11.9 Care, treatment, or operations incurred after termination of benefits

Medical Equipment

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

Medical Necessity / Cosmetic

- 13.1 Care, treatment, or operations that are not clearly a medical necessity
- 13.2 Wart removal, treatment of toenails, corns, calluses, or bunions
- 13.3 Care, treatment, or operations that are performed primarily for cosmetic purposes (non-suspicious mole removal, breast reduction, normal or abnormal hair loss, etc.), except for expenses incurred as a result of injury suffered while covered by this plan
- 13.4 Care, treatment, diagnostic procedures, or any other expenses for an abdominoplasty, lipectomy, panniculectomy, skin furrow removal, or diastasis rectus repair
- 13.5 Cardiopulmonary fitness training or conditioning, either as a preventive or therapeutic measure

Mental Health / Counseling / Chemical Dependency

- 14.1 Services or materials in connection with surgical procedures undertaken to remedy a condition diagnosed as psychological
- 14.2 Marriage or family counseling
- 14.3 Care or treatment in connection with anorexia, bulimia, or other eating disorders
- 14.4 Treatment and ongoing evaluation for learning disabilities and/or physical or mental developmental delay, including pervasive developmental disorders and/or cognitive dysfunctions
- 14.5 Inpatient or outpatient treatment for emotional illness or for mental or emotional conditions, with or without a manifest psychiatric disorder or specific symptoms
- 14.6 Care and treatment provided outside the SHC for the abuse of or addiction to alcohol or drugs

Miscellaneous

- 15.1 Physical exams for the purpose of obtaining insurance, employment, or government licensing
- 15.2 Care, treatment, diagnostic procedures, or any other services for sleep disorders, chronic fatigue, or fibromyalgia
- 15.3 Care, treatment, diagnostic procedures, or any other expenses when it has been determined by Deseret Mutual that brain death has occurred
- 15.4 Services of any provider of the healing arts who ordinarily resides in the same household with the participant and/or his dependents, or has legal responsibility for financial support and maintenance of the participant and/or his dependents

Obesity

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

Other Insurance / Workers' Compensation

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

Pain Control

- 18.1 Services provided outside the SHC for chronic pain management

Plan Coverage

- 19.1 Services provided before coverage begins, including hospital stays in progress on the effective date of coverage and services after coverage ends
- 19.2 Accidents sustained as a result of play, practice, or participation in intercollegiate sports, professional contests, or vehicular contests

Pre-existing Conditions

- 20.1 Services provided outside the SHC for pre-existing conditions for 12 months following the participant's effective date of coverage

Prescription Drugs, Formulas, & Supplements

- 21.1 Preventive medicine or vaccines, including immunizations
- 21.2 Special formulas, food supplements, or special diets
- 21.3 Prescription drugs, except drugs administered as part of an inpatient hospital stay or emergency room visit

Routine Services

- 22.1 Routine physical exams, pap smears, premarital services, and other routine X-ray exams, or routine psychological testing and screening exams

Speech Therapy

- 23.1 Speech therapy and evaluation

TMJ

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

Testing

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

Transplants

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

Vision

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

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.

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

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

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

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

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

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

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

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
- 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.

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.

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-Idaho Student Health Plan and constitutes a legal contract between you and Deseret Mutual.

Important Dates

FALL SEMESTER 2005

- Aug. 29 Classes begin / insurance coverage effective
- Sep. 5 End of open enrollment period
- Last day to purchase dependent insurance for the 2005-2006 academic year
- Last day to waive enrollment in the Student Health Plan by submitting verification of other insurance coverage
- Fall semester insurance premium payment deadline
- Jan. 8 Fall semester coverage ends for students leaving BYU-Idaho*

FALL SECOND BLOCK 2005

- Oct. 21 Classes begin / insurance coverage effective
- Oct. 28 End of second block enrollment period:
- Last day for new students starting on the block to purchase dependent insurance for the 2005-2006 academic year
- Second block insurance premium payment deadline
- Jan. 8 Second block coverage ends for students leaving BYU-Idaho*

WINTER SEMESTER 2006

- Jan. 9 Classes begin / insurance coverage effective
- Jan. 16 End of winter semester enrollment period
- Last day for new students to purchase dependent insurance for the 2005-2006 academic year
- Last day to waive enrollment in the Student Health Plan by submitting verification of other insurance coverage
- Winter semester insurance premium payment deadline
- May 7 Winter semester coverage ends for students leaving BYU-Idaho*

WINTER SECOND BLOCK 2006

- Mar. 6 Classes begin / insurance coverage effective
- Mar. 13 End of second block enrollment period
- Last day for new students starting on the block to purchase dependent insurance for the 2005-2006 academic year
- Last day to waive enrollment in the Student Health Plan by submitting verification of other insurance coverage
- Second block insurance premium payment deadline
- May 7 Second block coverage ends for students leaving BYU-Idaho*

SUMMER SEMESTER 2006

- May 8 Classes begin / insurance coverage effective
- May 15 End of summer semester enrollment period
- Last day for new students to purchase dependent insurance for the 2005-2006 academic year
- Last day to waive enrollment in the Student Health Plan by submitting verification of other insurance coverage
- Summer semester insurance premium payment deadline
- Sep. 4 Summer semester coverage ends for students leaving BYU-Idaho*

SUMMER SECOND BLOCK 2006

- Jul. 3 Classes begin / insurance coverage effective
- Jul. 10 End of second block enrollment period
- Last day for new students to purchase dependent insurance for the 2005-2006 academic year
- Last day to waive enrollment in the Student Health Plan by submitting verification of other insurance coverage
- Second block insurance premium payment deadline
- Sep. 4 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.

Eligibility Date

The date a student becomes eligible for insurance benefits.

Eligible Charges

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

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

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

Emergency Care

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

Extended Care Facility

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

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

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 Medicode 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.

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



DESERET MUTUAL
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