

Deseret Mutual Benefit Administrators

BRIGHAM YOUNG UNIVERSITY – IDAHO

Student Health Plan 2007-2008

Offered by: Deseret Mutual Insurance Company

Administered by: Deseret Mutual Benefit Administrators

This policy is filed as a Blanket Policy according State of Idaho regulation



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 are paid at 100% after your \$10 copayment. Additional services, such as lab tests, x-rays, etc., are covered at 80%. 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.
Preauthorization	You must preauthorize all services outside the SHC, except emergency room visits and well baby care. If you are referred by the SHC, the preauthorization is requested automatically. Otherwise, you must contact Deseret Mutual at 1-800-777-3622 before you receive the medical care (see page 11).
Copayments	SHC: \$10 for physician services. Outside the SHC: \$25 per service for physician, urgent care, and other outpatient care; \$50 for hospital emergency room visits; \$300 per hospital admission (\$400 per hospital admission that is not preauthorized).
Deductibles	For married student plans, there is a \$750 deductible per person with a \$1,500 policy maximum. For non-student spouses, there is a \$4,750 maternity deductible plus all applicable copayments.
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 visits, surgeon, surgical assistant, and anesthesiologist	80% of allowable charges after copayment	50% of allowable charges after copayment
Emergency Care: Emergency room services & supplies	80% of allowable charges after copayment	
Home Health Care: Services & supplies from a home health agency	80% of allowable charges after copayment	50% of allowable charges after copayment
Durable Medical Equipment: Rental or purchase of DME (see page 16)	80% of allowable charges after copayment	50% of allowable charges after copayment
Maternity Care*: <ul style="list-style-type: none"> • Hospital and ancillary services • Physician office visits (See pages 14 to 15)	<ul style="list-style-type: none"> • 80% of allowable charges after copayment • 80% of allowable charges after \$25 copayment per visit to a maximum of \$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 17)	80% of allowable charges after copayment	50% of allowable charges after copayment
Ambulance: Licensed land or air transport	80% of allowable charges after copayment	50% of allowable charges after copayment

*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, please read this entire Student Plan Handbook.

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 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:

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

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

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

To contact Deseret Mutual online, go to:

www.dmba.com/sc/dmba/email.asp

CONTENTS

<u>To All Students</u>	1
<u>The Importance of Medical Coverage</u>	1
<u>Insurance Requirement</u>	1
<u>Waiving Enrollment in the Student Health Plan</u>	1
<u>BYU-Idaho Student Health Plan for 2007-2008</u>	1
<u>Important Keys to Remember</u>	2
<u>How does the Student Health Plan work?</u>	2
<u>How are medical services paid?</u>	3
<u>Who is eligible to enroll?</u>	4
<u>How do I enroll?</u>	4
<u>When can I enroll my family?</u>	5
<u>How do I enroll my family?</u>	5
<u>Can I change my enrollment midyear?</u>	5
<u>What about internships and student tours?</u>	6
<u>What about short breaks from school?</u>	6
<u>What if I go on a mission?</u>	6
<u>Can I continue my enrollment after I leave BYU-Idaho?</u>	6
<u>How do I enroll in Extended Coverage?</u>	6
<u>Coverage Options</u>	6
<u>What is “Away-from-Campus Coverage”?</u>	7
<u>How does Away-from-Campus Coverage work?</u>	7
<u>What is “Extended Coverage”?</u>	7
<u>How does Extended Coverage work?</u>	8
<u>When does coverage begin?</u>	8
<u>When does coverage end?</u>	8
<u>What if I visit another Church university?</u>	9
<u>What are the Student Health Plan premiums?</u>	9
<u>When are premiums due?</u>	9
<u>What are the plan deductibles?</u>	9
<u>Student Health Center</u>	10
<u>What medical services are available at the SHC?</u>	10
<u>What do I pay for services I receive at the SHC?</u>	10
<u>When is the SHC open?</u>	10
<u>Services Outside the SHC</u>	11
<u>What services are covered outside the SHC?</u>	11
<u>Allergy Services</u>	11
<u>Ambulance (Land and Air)</u>	11
<u>Anesthesia</u>	11
<u>Chemotherapy</u>	12
<u>Dental Accident Benefit</u>	12
<u>Diabetes Education</u>	12
<u>Diabetic Supplies</u>	12
<u>Dialysis</u>	13

<u>Emergency Room</u>	13
<u>Eye Exams</u>	13
<u>Hearing Testing</u>	13
<u>Home Health Care</u>	13
<u>Inpatient Hospital Services</u>	14
<u>Inpatient Physician Services</u>	14
<u>Laboratory Services</u>	14
<u>Maternity — General Information</u>	14
<u>Maternity — Students</u>	14
<u>Maternity — Non-student Spouse</u>	15
<u>Medical Equipment (Durable)</u>	16
<u>Medical Supplies</u>	17
<u>Office Visits</u>	17
<u>Pain Clinics</u>	17
<u>Physical Therapy — Outpatient</u>	17
<u>Prosthetics</u>	18
<u>Radiation Therapy</u>	18
<u>Radiology Services (X-rays, CT Scans, MRIs, etc.)</u>	18
<u>Surgery — Inpatient Hospital Services</u>	18
<u>Surgery — Outpatient Hospital Services</u>	18
<u>Surgery — Physician Services</u>	19
<u>Urgent Care Facility</u>	19
<u>Well Baby Care</u>	19
<u>Women’s Health & Cancer Act</u>	19
<u>Are there services the plan does not cover?</u>	19
<u>What is Deseret Mutual’s Preferred Provider Network?</u>	19
<u>What should I do in an emergency?</u>	20
<u>What about follow-up to emergency care?</u>	20
<u>What is a pre-existing condition?</u>	21
<u>Are pre-existing conditions covered by the plan?</u>	21
<u>How do I submit a claim for payment?</u>	21
<u>Large Claims Coverage</u>	22
<u>Repatriation of Remains</u>	22
<u>Exclusions</u>	22
<u>Claims Review Procedures</u>	25
<u>Subrogation</u>	26
<u>Notification of Benefit Changes</u>	27
<u>Notification of Discretionary Authority</u>	27
<u>Fraud Policy Statement</u>	27
<u>Legal Notice</u>	27
<u>Important Dates</u>	27
<u>Definitions</u>	28
<u>Index</u>	31

To All Students

The Importance of Medical Coverage

Your health is essential to achieving your goals at BYU-Idaho. Access to adequate health care and medical coverage is essential to your good health. Without adequate coverage, unexpected medical expenses could alter your future dramatically. For this reason, BYU-Idaho requires all students to have adequate medical coverage.

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.

The BYU-Idaho Student Health Plan offers a wide range of benefits for students, spouses, and their children at a relatively low cost. The plan is not as comprehensive as a normal plan where the major portion of the costs is paid for by an employer. But it also is not nearly as expensive, which is good, since student premiums have to cover those costs. We work diligently to keep premiums low while still maintaining appropriate benefits.

Insurance Requirement

BYU-Idaho requires all matriculating students to have adequate medical coverage in the Rexburg area as long as they have continuing student status. In other words, you must have coverage the entire time you are a continuing BYU-Idaho student, including during any summers you take off or other short-term breaks from classes.

To satisfy the University's requirement, you will be enrolled in the Student Health Plan automatically 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 be enrolled automatically. Please contact the BYU-Idaho Accounting Office for more information.

Waiving Enrollment in the Student Health Plan

You may waive BYU-Idaho Student Health Plan coverage if you are covered in the Rexburg area by your parent's insurance or by a group insurance plan provided by your employer or your spouse's employer. Other private insurances will not be accepted. If you have an unusual situation, you may submit a *Petition to Waive Student Insurance* by going to www.byui.edu/accountingoffice.

The waiver information must be submitted online or in the Accounting Office before the insurance deadline for each semester (one week after the semester begins).

If your coverage from another insurance 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 after the coverage ends or provide verification of coverage from another qualified plan.

BYU-Idaho Student Health Plan for 2007-2008

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 handbook for more information about eligible charges and coverage limitations.

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

Important Keys to Remember

- **The Student Health Center (SHC) is your primary source for medical care. Always consult the SHC first.**
- In an emergency, you should always get the appropriate care immediately. For non-life threatening situations, you'll pay \$10 at the SHC. At an urgent care facility, your copayment is \$25, and at a hospital emergency room, your copayment is \$50. Please see [page 20](#) for information about what to do in an emergency.
- As a participant in the plan, Deseret Mutual will assign you a unique identification number. This Deseret Mutual ID number 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. After 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 benefits may be lower. See [page 19](#) for information on the Preferred Provider Network.
- If you use non-contracted providers, you will be responsible to pay any charges that exceed 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 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 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.

Annual Enrollment Requirement

BYU-Idaho has an annual enrollment requirement for the Student Health Plan. This means that when you enroll, you enroll for the entire school year. You may waive the Student Health Plan if you gain private insurance (see [page 1](#) for information about how to waive enrollment).

If you don't enroll for classes for one semester but intend to return for the following semester, the University requires you to maintain your enrollment in the Student Health Plan. If you are leaving school for two or more semesters, you may enroll in Extended Coverage.

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 pay a **copayment** to the provider of the care at the time you receive the service. This is a fixed dollar amount (for example, \$25 for most services outside the SHC). After your copayment, the amount covered by the plan (for example, 80 percent) is your **plan benefit**, and the amount you pay (the remaining 20 percent) is your **coinsurance** amount. Please note that for the Married Students and Family plans, plan benefits will be paid **after** you meet your annual deductible of \$750 per person (see [What are the plan deductibles?](#) on page 9).

In addition, for non-student spouses there is a \$4,750 **deductible** for maternity expenses. This means that non-student spouses need to pay the first \$4,750 of the cost for their prenatal care and the delivery of the baby. Regular plan benefits and coinsurance apply to eligible expenses over \$4,750. For more information, please see [page 15](#).

- For physician services you receive at the SHC your office visit fee is \$10.

When you receive services outside the SHC, you or the provider of your care must submit an itemized bill to Deseret Mutual (see [page 21](#)). Deseret Mutual will process your claim, send a check for the plan benefit to the provider of the care, and send you an **explanation of benefits** statement. This statement will itemize the charges, your deductible (if applicable), your copayment, the plan benefit, and your coinsurance. You must pay your copayment to the provider of the care (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 limit** for the services given (see [page 30](#)). If so, your explanation of benefits statement will also itemize how much of the bill is over the **maximum allowable limit**.

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

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

Your Copayments

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

As you can see, it's very important to preauthorize services you receive outside the SHC. Please see [page 11](#) for more information.

Amount Paid by the Student Health Plan and Your Coinsurance

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

	The Plan Pays:	You Pay:
Services at the SHC	80% for lab and x-ray	20% for lab and x-ray
Services Outside the SHC	Contracted providers: 80% Non-contracted providers: 50%	Contracted providers: 20% Non-contracted providers: 50%

Remember, benefits for all care received outside the SHC are based on the lesser of billed charges, contracted rates, or the maximum allowable limits for the services received, as determined by Deseret Mutual.

The maximum benefit is \$20,000 per person per academic year. For expenses that exceed the plan maximum, please see the information on [page 22](#) about BYU-Idaho's Large Claims Coverage.

Who is eligible to enroll?

Students: You will be enrolled in the BYU-Idaho Student Health Plan automatically if you are a matriculating student, as defined by BYU-Idaho, unless you certify before or at class registration that you are covered by other group insurance.

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, 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 are therefore required to have insurance as previously explained, you will be enrolled in the Student Health Plan automatically 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 (fall semester) thereafter.

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

How do I enroll my family?

To cover 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 coverage midyear; you must wait until the beginning of the next academic year to do so.

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

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 group coverage and you subsequently lose eligibility to continue the other coverage, you will be enrolled in the Student Health Plan for the semester/block when coverage was lost. If you wish to enroll your dependents in the Student Health Plan, you must apply for dependent coverage within 60 days of losing eligibility for the other coverage. If you do not enroll your dependents within this 60-day window, you must wait until the beginning of the following fall semester.

If you enroll in the Student Health Plan and subsequently obtain other coverage that meets BYU-Idaho's 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 and 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 Membership Team at Deseret Mutual before the end of your last semester/block at BYU-Idaho. Also, you must pay your premium payment for your first month of coverage.

To renew your coverage from month to month, submit your enrollment form to the Membership 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 below)
Admitted as a continuing student but taking a semester or block off	Away-from-Campus coverage (See below)
Graduated, or withdrawn from school	Extended Coverage (Optional: separate enrollment required) (See below)

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 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.

If you have enrolled your dependents in the plan for the year, they will also be covered by this option while you are.

How does Away-from-Campus Coverage work?

While you are enrolled in the Away-from-Campus option, you must 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 19](#)). **You will still need to preauthorize any care you receive outside the SHC.**

What is “Extended Coverage”?

Your Student Health Plan coverage ends 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](#) beginning on page 27 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 your coverage after you leave school, you may enroll in Extended Coverage for up to nine consecutive calendar months. To enroll in Extended Coverage, contact the BYU-Idaho Accounting Office.

Your dependents may be covered by Extended Coverage only if they were enrolled with you for family coverage 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 Extended Coverage, you may receive your medical care from any qualified, appropriately licensed medical provider. However, it will be to your advantage to use providers who are part of Deseret Mutual's national Preferred Provider Network whenever possible (please see [page 19](#)). **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 Coverage	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 27 to 28 for the exact dates that coverage begins and ends for the 2007-2008 academic year.

After your coverage ends, you may request a Certificate of Creditable Coverage by calling Deseret Mutual. This is a document certifying the length of time you were covered by the Student Health Plan. When you enroll in another health plan, you may be able to present this certificate to reduce the length of time that pre-existing conditions can 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 [page 4](#) 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	\$208 / semester \$104 / block	\$555 / month
Single Student Plus One Dependent	\$670 / semester \$335 / block	\$ 1,110 / month
Single Student Plus Two or More Dependents	\$1,550 / semester \$775 / block	\$1,665 / month
Married Student Only	\$264 / semester \$132 / block	\$555 / month
Married Student Plus One Dependent	\$986 / semester \$493 / block	\$1,110 / month
Married Student Plus Two or More Dependents	\$1,866 / semester \$933 / block	\$1,665 / 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 27 to 28](#) 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.

What are the plan deductibles?

For married student plans, there is a \$750 annual deductible per person with a \$1,500 policy maximum. Remember to send your claims to Deseret Mutual so that your deductible amounts can be tracked. The deductible does not apply to all covered services provided in the Student Health Center.

For non-student spouses, there is a \$4,750 maternity deductible plus all applicable copayments (see [page 15](#)).

The term for these deductibles is from September to August of every year.

Student Health Center

The 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.

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 and laboratory services
- Family medicine
- Internal medicine
- 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 office visit fee is \$10 per visit for physician services provided at the SHC. In addition to the physician office visit fee, SHC services such as laboratory tests, x-rays, etc., are covered at normal plan benefits or 80 percent of billed charges. In other words, you are responsible for the remaining 20 percent of billed charges for these services (in addition to your office visit fee). 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 25). However, these services are available at the SHC. You are responsible for the full cost of such services.

When is the SHC open?

While school is in session, the SHC hours are:

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

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 [page 4](#) for information about the benefits payable for services outside the SHC. If you have questions about benefits or preauthorization requirements for any medical service, please call the SHC or Deseret Mutual.

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

Allergy Services

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- You must preauthorize

Ambulance (Land and Air)

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- When medically necessary, the plan covers licensed ambulance services to the nearest medical facility equipped to furnish the appropriate care
- The plan pays 80% after your \$25 copayment; you pay 20%

Anesthesia

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- The plan pays 80%; you pay 20%

Chemotherapy

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You must preauthorize

Dental Accident Benefit

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- The maximum benefit is \$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 and within two years of the accident
- You must preauthorize

Diabetes Education

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- The maximum benefit is \$300 per academic year
- You must preauthorize

Diabetic Supplies

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- Insulin is considered a prescription drug and is not covered
- You must preauthorize

Dialysis

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You must preauthorize

Emergency Room

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- The plan pays 80% after your \$50 copayment; you pay 20%
- You do not need to authorize the initial visit, but you must preauthorize any follow-up care with Deseret Mutual
- If care at an urgent care facility is appropriate as a less expensive alternative, see [page 19](#)

Eye Exams

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- One routine eye exam per person is eligible for benefits each academic year
- Eye exams for medical conditions, such as glaucoma, may be eligible for benefits more often. You must preauthorize

Hearing Testing

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You must preauthorize

Home Health Care

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- To be eligible for benefits, services must be performed by a licensed Registered Nurse or a Licensed Practical Nurse
- Custodial care, such as maintaining someone beyond the acute phase of injury or illness including room, meals, bathing, dressing, and home health aides, is not eligible for benefits
- You must preauthorize
- For more information, contact Deseret Mutual

Inpatient Hospital Services

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You pay a \$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
- You must preauthorize

Inpatient Physician Services

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%

Laboratory Services

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%

Maternity – General Information

- Non-student spouses do not have coverage for normal maternity expenses. However, eligible expenses of more than \$4,750 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

Maternity – Students

Hospital Services

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You pay a \$300 copayment per admission. (Newborn infants are considered a separate admission from the mother and will also be subject to the copayment, if they are enrolled in the Student Health Plan.)
- When you deliver at a contracted hospital, services are provided at discounted rates
- You must preauthorize 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. For preauthorization, contact Deseret Mutual before your stay is extended

Maternity – Students (Continued)

- 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 hospital copayments will apply to these charges. You must preauthorize

Physician / Nurse-Midwife Services

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You pay a \$25 copayment per visit (maximum total copayment of \$250 for routine care)
- To be eligible for 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 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 add your newborn child to your Student Health Plan coverage 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, benefits are available only for eligible expenses of more than \$4,750. The first \$4,750 of expenses (as shown below) will be your responsibility. The \$4,750 deductible also applies to expenses related to pre-term labor or miscarriage.

Hospital Services

- You pay a \$2,850 deductible and copayment for the mother's hospital bill. This includes the \$300 hospital copayment
- You pay a \$300 deductible and copayment for the baby's hospital bill, if they are enrolled in the Student Health Plan
- Contracted provider: The plan pays 80% of the remaining eligible expenses; you pay 20%
- Non-contracted provider: The plan pays 50% of the remaining eligible expenses; you pay 50%

Physician / Nurse-Midwife Services

- You pay a \$1,900 deductible and copayment for the mother's physician bill for prenatal care and delivery. This includes the \$250 maximum physician copayment
- Contracted provider: The plan pays 80% of the remaining eligible expenses; you pay 20%
- Non-contracted provider: The plan pays 50% of the remaining eligible expenses; you pay 50%

Medical Equipment (Durable)

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Durable medical equipment is a device that is durable, primarily serves a medical purpose, generally is not useful to people in the absence of illness, injury, or congenital defect, and is appropriate for use in the home. Please note, not all equipment that meets these requirements is eligible for benefits
- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- To be eligible for benefits, you must have a prescription from your physician
- You must preauthorize certain medical equipment. For information about equipment requiring preauthorization, please refer to the table below. If you do not, the purchase or rental of the equipment will be reviewed retrospectively (after the fact) to determine if it is eligible for coverage
- Time limitations apply to replacing some equipment
- You are responsible for expenses associated with the maintenance and upkeep of your medical equipment
- In some instances, if you purchase the equipment after you rent it, the rental price may be applied to the purchase price

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

Medical Supplies

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Medical supplies are disposable, one-use-only medical items for immediate use. These include dressings and ace bandages
- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- To be eligible for benefits, you must have a prescription from your physician

Office Visits

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- You do not need to preauthorize well-care visits for children
- Students, spouses, and other dependents must preauthorize unless you are enrolled in the Away-from-Campus or Extended Coverage option (see [pages 7 and 8](#))

Pain Control

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- The benefit is for either inpatient or outpatient care
- When semi-private rooms are available, the plan does not pay for private rooms
- Outpatient services have a five visit or \$1,500 benefit limit
- You must preauthorize

Physical Therapy – Outpatient

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- The plan covers up to 20 visits per person per academic year
- Inpatient visits do not count toward your annual outpatient visit limit
- You must preauthorize. You may receive preauthorization for a series of visits at one time

Prosthetics

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- This benefit includes prosthetics such as artificial arms or legs
- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- To be eligible for benefits, you must have a prescription from your physician
- You must preauthorize

Radiation Therapy

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You must preauthorize

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

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- The plan pays 80%; you pay 20%
- You pay a \$25 copayment for CT Scans and MRIs
- You must preauthorize some services, such as Magnetic Resonance Imaging (MRI)
- Routine mammograms are eligible for benefits 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

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- You must preauthorize

Surgery – Outpatient Hospital Services

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80% after your \$200 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$200 copayment; you pay 50%
- You must preauthorize

Surgery – Physician Services

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- You must preauthorize

Urgent Care Facility

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- The plan pays 80% after your \$25 copayment; you pay 20%
- You do not need to authorize the initial visit, but you must preauthorize any follow-up care with Deseret Mutual
- For more information about what to do in an emergency, see [page 20](#)

Well Baby Care

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- Immunizations are not eligible for benefits
- You don't need to preauthorize well-baby care

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:

- For married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to a \$1,500 policy maximum)
- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%

Are there services the plan does not cover?

Yes. Please see [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. Your benefits will be higher (see [page 4](#)) and the providers will not bill you for fees that exceed Deseret Mutual's maximum allowable amounts (see [page 3](#)).

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

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

Remember, eligible expenses for services from contracted providers are covered at 80 percent while eligible expenses from non-contracted providers are covered at 50 percent (see [page 4](#)).

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

Idaho and Utah: Deseret Mutual Contracted 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 (Login ID: DMB)

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 \$10 at the SHC. At an urgent care facility, your copayment is \$25 and at a hospital emergency room, your copayment is \$50, plus 20 percent coinsurance.

Life-threatening Emergencies

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

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

Other Medical Emergencies

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

In the case of an emergency that is not life threatening while the SHC is open, you should obtain care from the SHC.

If 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?

For all emergencies, contact Deseret Mutual at 1-800-777-3622 before you receive any follow-up care. If you need to receive follow-up care outside the SHC, you must preauthorize with Deseret Mutual before you receive the care.

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

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

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

How do I submit a claim for payment?

To receive plan benefits for services provided outside the SHC, submit an itemized bill 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 enrolled 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 BYU-Idaho's Large Claims Coverage Plan.

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

Beginning January 1, 2008 the BYU-Idaho Large Claims Coverage limit will be \$980,000 per person per academic year. All claims with service dates after this point will be eligible for coverage under the new limit. Participants who had reached the previous Large Claims Coverage limit for the 2007-2008 academic year will be allowed to re-enroll in the Large Claims Coverage effective January 1, 2008.

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 \$980,000 per person per academic year.

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

Contact BYU-Idaho Financial Services if you need assistance from the Large Claims Coverage Plan or for more information about the plan's coverage and limitations.

Repatriation of Remains

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

Exclusions

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

Alternative Care

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

Congenital Anomalies

- 2.1 Care, treatment, or operations provided outside 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, including legally adopted children

Convenience Services

- 3.1 Care, treatment, supplies, or other services incurred primarily for convenience, contentment, or other non-therapeutic purposes, or are not clearly a medical necessity

Custodial Care

- 4.1 Custodial care, education, training, or rest cures

Exclusions (Continued)

Dental Care

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

Diagnostic & Experimental Services

- 6.1 Care, treatment, diagnostic procedures, or operations that on January 1, 1986, and/or thereafter were:
- Considered medical research
 - Investigative/experimental technology
 - Not recognized by the U.S. medical profession as usual and/or common
 - Determined by Deseret Mutual not to be usual and/or common medical practice
 - Illegal

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

Educational Programs

- 7.1 Educational programs (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 in cases where the life of the mother would be seriously endangered if the fetus were carried to term
- 8.6 Family planning, including contraception, birth control devices, surgery, and/or 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 that could have been covered by any governmental plan had the participant complied with the requirements of the plan, including but not limited to Medicare or Medicaid
- 9.3 Services required as a result of war or act of war or service in the military forces of any country at war, declared or undeclared. War includes hostilities conducted by force or arms by one country against another country, or between countries or factions within a country, either with or without a formal declaration of war

Hearing

- 10.1 The purchase or fitting of hearing devices

Legal Exclusions

- 11.1 Accidents sustained as a result of play, practice, or participation in professional activities (including intercollegiate sports and vehicular contests)
- 11.2 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 Services that the individual is not, in the absence of this coverage, legally obligated to pay
- 11.4 Services that a third party, 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 that 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

Exclusions (Continued)

Legal Exclusions (Continued)

- 11.6 Conditions 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 Complications resulting from excluded services
- 11.8 Services not specified as covered
- 11.9 Care, treatment, or operations incurred after coverage ends

Medical Equipment

- 12.1 Breast pumps, knee braces used solely for sports, and learning devices
- 12.2 Multipurpose equipment or facilities, such as those listed in the [Medical Equipment chart](#) on page 16
- 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 the plan
- 13.4 Care, treatment, diagnostic procedures, or 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 and materials in connection with surgical procedures undertaken to remedy a condition diagnosed as psychological
- 14.2 Marriage and family counseling
- 14.3 Care or treatment in connection with anorexia, bulimia, or other eating disorders
- 14.4 Evaluation and/or treatment 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, equipment, or any other services for sleep disorders, chronic fatigue, or fibromyalgia
- 15.3 Care, treatment, diagnostic procedures, or other expenses when it has been determined by Deseret Mutual that brain death has occurred
- 15.4 Services of any practitioner of the healing arts who ordinarily resides in the same household with you or your dependents, or has legal responsibility for financial support and maintenance of you or your dependents

Obesity

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

Other Insurance / Workers' Compensation

- 17.1 Services covered or that could have been covered by applicable workers' compensation statutes

Plan Coverage

- 18.1 Services provided before coverage begins, including hospital stays in progress on the effective date of coverage and services after coverage ends

Exclusions (Continued)

Pre-existing Conditions

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

Prescription Drugs, Specialty Pharmacy Medications, Formulas, & Supplements

20.1 Preventive medicine or vaccines, including immunizations

20.2 Special formulas, food supplements, or special diets

20.3 Prescription drugs, except drugs administered as part of an inpatient hospital stay or emergency room visit

20.4 Specialty pharmacy medications for conditions including but not limited to: hemophilia (i.e., Factor Products, Benefix); multiple sclerosis (Avonex or Copaxone); HIV / AIDS; hepatitis C (Peg-Intron); oral or self-administered chemotherapy agents (Gleevec, Procrit, or Epogen); infertility (Clomid); Crohn's disease (Remicade); rheumatoid arthritis (Raptiva or Enbrel); growth hormone deficiencies (Humatrope or Nutropin); asthma (Xolair); or diabetes (Byetta)

Routine Services

21.1 Routine physical exams, pap smears, premarital services, x-ray exams, psychological testing, and screening exams

Speech Therapy

22.1 Speech therapy and evaluation

TMJ

23.1 Services and materials in connection with disturbances of the temporomandibular joint (TMJ)

23.2 Jaw surgery (osteotomy)

Testing

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

Transplants

25.1 Medications, care, treatment, diagnostic procedures, or operations in relation to transplants (donor or artificial)

Vision

26.1 Eyeglasses and contact lenses or the replacement or prescription thereof

26.2 Care, treatment, diagnostic procedures, or any other expenses for elective surgeries to correct vision

Claims Review Procedures

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

If you have concerns about the Student Health Plan, the SHC, its staff, or services you receive there, please contact the SHC Director at 208-496-3434, or visit or write to 108 Student Health Center, BYU-Idaho, Rexburg, ID 83460-2010.

If you have concerns about services you received outside the SHC, please contact the Student Health Plan 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 following table 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 and/or underinsured motorist insurance carrier
- Whether the recovery is obtained by settlement, judgment, or from any other source
- Regardless of how the settlement is allocated by the third party or insurance carrier

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

Notification of Benefit Changes

Deseret Mutual reserves the right to amend or terminate the plan at any time. If benefits change, we will notify you at least 30 days before the effective date of change.

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

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 2007

- Sep. 12 Classes begin/insurance coverage effective
- Sep. 19 End of open enrollment period
 - Last day to purchase dependent insurance for the 2007-2008 academic year
 - Last day to waive enrollment in the Student Health Plan by submitting verification of other insurance coverage
- Jan. 8 Fall Semester coverage ends for students leaving BYU-Idaho

FALL SECOND BLOCK 2007

- Oct. 24 Classes begin/insurance coverage effective
- Oct. 31 End of second block enrollment period
 - Last day for new students starting on the block to purchase dependent insurance for the 2007-2008 academic year
 - Second block insurance premium payment deadline
- Jan. 8 Second block coverage ends for students leaving BYU-Idaho

WINTER SEMESTER 2008

- 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 2007-2008 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
- Apr. 20 Winter semester coverage ends for students leaving BYU-Idaho

WINTER SECOND BLOCK 2008

- Feb. 22 Classes begin / insurance coverage effective
- Feb. 29 End of second block enrollment period
- Last day for new students starting on the block to purchase dependent insurance for the 2007-2008 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
- Apr. 20 Second block coverage ends for students leaving BYU-Idaho

SUMMER SEMESTER 2008

- Apr. 21 Classes begin / insurance coverage effective
- Apr. 28 End of summer semester enrollment period
- Last day for new students to purchase dependent insurance for the 2007-2008 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. 8 Summer semester coverage ends for students leaving BYU-Idaho

SUMMER SECOND BLOCK 2008

- Jun. 4 Classes begin / insurance coverage effective
- Jun 11 End of second block enrollment period
- Last day for new students to purchase dependent insurance for the 2007-2008 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. 8 Second block coverage ends for student leaving BYU-Idaho

Definitions

Accident

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

Acute

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

Coinsurance

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

Contracted Facilities

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

Contracted Providers

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

Copayment

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

Custodial Care

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

Elective Surgery

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

Eligibility Date

The date you become eligible for benefits.

Eligible Charges / Expenses

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

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

Eligible charges incur on the date the service is performed or the purchase is made.

Emergency Care

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

Extended Care Facility

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

Illness

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

Matriculating Student

A student admitted to BYU-Idaho on one of the three regular enrollment tracks (fall-winter, winter-summer, summer-fall), or on the “fast track” enrollment option.

Maximum Allowable Charge (Limit)

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

Medical Equipment

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

Medical Supply

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

Medical Treatment

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

Non-contracted Facilities

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

Physician

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

Preauthorization

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

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

INDEX

Accident	28
Acute	29
After-hours emergencies	20
Allergy services	11
Alternative care	22
Ambulance	11
Anesthesia	11
Away-from-Campus Coverage	7
Beginning of coverage	8
Benefit changes	27
Chemotherapy	12
Claims, payment of	21
Claims, review procedures	25
Coinsurance	29
Contact information (phone, email, addresses)	ii
Contracted facilities	29
Contracted providers	29
Copayment	3, 29
Hospitalization	3
Maternity care	14, 15
Services at the SHC	3
Services outside the SHC	3
Cosmetic	24
Counseling	24
Coverage options	6
Coverage, periods of	8
Custodial care	29
Dates and deadlines	27
Definitions	28
Dental accident benefit	12
Dependents	4
Diabetes education	12
Diabetic supplies	12
Dialysis	12
Discretionary authority	27
Deseret Mutual	ii
Elective surgery	29
Eligibility	4
Eligibility date	29

Eligible charges	29
Emergency	13, 29
Ending of coverage	8
Enrollment	4
Away-from-Campus	7
Changes	5
Extended	6, 7
Exclusions	22
Explanation of benefits	3
Extended care facility	30
Extended coverage	7
Eye exams	13
Graduation or change of status	6
Hearing testing	13
Home health care	13
Hospital	
Emergency	13
Inpatient	14
Maternity	14, 15
Illness	30
Immunizations	19, 25
Importance of medical coverage	1
Important keys to remember	2
Internal medicine	10
Laboratory services	14
Large claims coverage	22
Leaving BYU-Idaho	6
Maternity	14
Hospitalization	14, 15
Physician services	14, 15
Matriculating student	30
Maximum allowable charges	30
Medical equipment	16, 30
Medical supplies	17, 30
Medical treatment	30
Mental health	24
Missionary service	6
Non-contracted facilities	30
Office visits	17
Orthopedics	10

Pain clinics	17
Pediatrics	10
Pharmacy	10
Physical therapy	17
Physician	30
Physician services	
Inpatient	14
Maternity	14, 15
Office visits	17
SHC	10
Surgery	19
Plan benefit	4
Plan changes	27
Preauthorization	30
Pre-existing conditions	21
Preferred Provider Network	19
Premiums	9
Prescription drugs	14, 25
Prosthetics	18
Radiation therapy	18
Radiology services	18
Repatriation	22
Services at other university health centers	9
Student Health Center (SHC)	10
Copayments	3
Hours	10
Services	10
Subrogation	26
Surgery	
Outpatient	18
Inpatient	18
Physician services	19
Surgical center	30
Telephone numbers	ii
Urgent care (walk-in clinic)	19
Waiving enrollment	1
Well baby care	19
Who to contact	ii
X-rays	18



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