



Student Health Plan 2010–2011

BYU
IDAHO

Offered by: Deseret Mutual Insurance Company
Administered by: Deseret Mutual Benefit Administrators
This policy is filed as a Blanket Policy according to State of Idaho regulation

Who to Contact

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

Frequently Asked Questions: See [pages 30 to 31](#) of this handbook

Enrollment and Premium Information:

Regular, Away-from-Campus, and 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
1-208-496-9330

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 Contracted Providers
1-800-777-3622 or www.dmba.com (click on "Find a Provider")

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.aspx

To contact Deseret Mutual online, go to:

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

I'M SICK! WHAT SHOULD I DO?

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

- Is it a non-emergency?**
- Family medicine
 - Internal medicine
 - X-ray and lab services
 - Orthopedics
 - Pediatrics
 - Pharmacy

Get help immediately!

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

Go to the Student Health Center (SHC)

Call for an appointment at 1-208-496-9330. For answers to your medical questions, go to www.byui.edu/healthcenter. You will pay \$10 up front, plus 20% of the remaining bill.

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

After the Emergency

Call Deseret Mutual at 1-800-777-3622:

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

What if the SHC can't treat me?

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

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

That depends on the services you receive. For more information, see [pages 9 to 16](#) of the Student Plan Handbook.

What if an outside provider recommends additional care?

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

For more information, see *Frequently Asked Questions* on [pages 30 to 31](#)

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 of the SHC requires a referral from the SHC and preauthorization from Deseret Mutual.
Referrals	If you or your covered dependents need to see a specialist outside of the SHC, you must obtain a referral from the SHC before making an appointment with the specialist. This referral from the SHC will automatically initiate a request for preauthorization with Deseret Mutual.
Preauthorization	You must preauthorize all services outside of 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 8).
Copayments	SHC: \$10 for physician services. Outside of the SHC: \$25 per service for physician, urgent care, and other outpatient care; \$50 for hospital emergency room visits; \$300 per hospital admission.
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 of the SHC. If you exceed this maximum benefit, you and your enrolled dependents are eligible for Large Claims Coverage. The maximum benefit for Large Claims Coverage is \$1,000,000. For more information, see page 19 .
Explanation of Covered Expenses	All benefits are subject to the pre-existing conditions provision of the plan (see page 18). Plan payments are subject to maximum allowable charges, determined by Deseret Mutual (see page 7).

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 pages 13 to 14)	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 11 to 13)	<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: Chemotherapy, dialysis, physical and radiation therapy (see pages 9, 10, and 15)	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.

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. For more information, see *Frequently Asked Questions* on [pages 30 to 31](#).

BYU-IDAHO STUDENT HEALTH PLAN SUMMARY OF MATERNITY BENEFITS

General Information	Maternity coverage is included for all students / policyholders. 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.	
Preauthorization	<p>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 call Deseret Mutual at 1-800-777-3622 to preauthorize care.</p> <p>In addition, you must preauthorize hospital stays of more than two days for a vaginal delivery or four days for a cesarean section delivery. Call Deseret Mutual before your stay is extended.</p>	
Copayments	<p>Physician / Nurse-Midwife Services: \$25 per visit, up to a total of \$250 for routine care</p> <p>Hospital Services: \$300 per hospital 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.</p>	
Deductibles	<p>Married students: \$750 per person up to a total of \$1,500 per policy</p> <p>Non-student spouses: \$4,750 plus all applicable copayments (see “Non-student Spouses” below).</p>	
Pre-existing Conditions	If your pregnancy began before you enrolled in the Student Health Plan, it is considered a pre-existing condition and you won’t be covered for services you receive outside of the SHC. However, if you can provide proof that you had other insurance coverage at the time of conception, your pregnancy will not be considered a pre-existing condition as long as you had no breaks in coverage that lasted longer than 63 days. Maternity services received on or after January 1, 2011, will no longer be considered pre-existing conditions.	
Non-student	Non-student spouses must pay a deductible of \$4,750 before maternity expenses will be covered. After meeting this deductible, benefits are paid according to normal plan provisions (see page 13).	
	Covered Services	Contracted Provider
	Non-Contracted Provider	
Hospital Services	80% of allowable charges after copayment	50% of allowable charges after copayment
Physician / Nurse-Midwife Services	80% of allowable charges after copayment	50% of allowable charges after copayment

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. For more information, see *Frequently Asked Questions* on [pages 30 to 31](#).

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Introduction

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

To help provide this coverage, the BYU-Idaho Student Health Plan was designed to offer a wide range of benefits for students, spouses, and their children at a relatively low cost. This plan is administered by BYU-Idaho and Deseret Mutual Benefit Administrators (Deseret Mutual).

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

University Insurance Requirement

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

To satisfy this 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*. If your spouse is also a student, he/she will be enrolled automatically.

Enrollment

Enrolling Yourself

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

When you enroll in the plan, you must enroll for the entire school year. If you later obtain health coverage that meets BYU-Idaho's insurance requirement, you may waive Student Health Plan coverage (for more information, see [page 2](#)).

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

Enrolling Your Family

BYU-Idaho does not require your eligible dependents to be enrolled in the Student Health Plan.

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

If you enroll your family, their enrollment will generally remain in effect until you graduate or withdraw from BYU-

Idaho (for coverage periods, see [page 5](#)). BYU-Idaho will renew enrollment for your family at the beginning of each fall semester based on their enrollment for the previous semester. If you want to change your family's enrollment, remember to notify the insurance personnel at the Student Health Center.

To enroll your family, go to the insurance personnel at the Student Health Center. 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 fall semester.

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

Changing Enrollment Midyear

If you enroll for individual coverage and don't enroll your dependents, you cannot add them to your coverage midyear. However, you have 60 days to enroll new family members acquired through marriage, birth, or adoption. Coverage for a new spouse or stepchildren will begin the first month following your marriage date. Newborns or newborn adopted children are covered on their birth dates; adopted children older than 60 days are covered effective the date they are placed with you. After adding a dependent through birth or adoption, any additional premium must be paid within 31 days after you have received notice of the billing.

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

If you waive enrollment in the plan (or if you don't enroll your dependents) because you have other group coverage, but you later lose that coverage, you will be enrolled in the Student Health Plan for the semester/block when coverage was lost. If you want to enroll your dependents as well, you must apply within 60 days of losing the other coverage. If you don't enroll them within this 60-day window, you must wait until the beginning of the following fall semester.

If you enroll in the Student Health Plan, but you later obtain other coverage that meets BYU-Idaho's requirements, you may waive enrollment in the Student Health Plan at the beginning of the next semester/block. To do so, submit an online waiver at www.byui.edu/healthcenter/insurance.htm before the beginning of the semester/block. Or you may complete a form and submit it to the insurance personnel at the Student Health Center. You may also drop dependents from coverage at the beginning of any semester/block.

Waiving Enrollment

You may waive 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/healthcenter/insurance.htm.

You must submit waiver information online or to the insurance personnel at the Student Health Center before the insurance deadline for each semester (one week after the semester begins).

If your coverage from another insurance plan ends while you are attending BYU-Idaho, contact the insurance personnel at the Student Health Center 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.

Eligibility

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

Students: You will be enrolled in the plan automatically if you are a matriculating student, unless you certify that you meet the waiver requirement (see [page 2](#)).

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

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

- Your spouse. Your spouse is a person of the opposite sex who is your legal husband or wife.
- Your eligible children. Eligible children are your unmarried children who are younger than 26 including:
 - Natural children (including infants from date of birth), legally-adopted children, and children appointed by a court of law to your custody or your spouse's custody. In the case of a child who is committed by a court of law to your custody or your spouse's custody, you must submit a copy of the certified court order granting the adoption, custody, or guardianship.
 - A child placed with you under the direction of a licensed child placement agency and for which you are the legal guardian.
 - Your unmarried child who is 26 or older and incapable of self-support because of mental or physical 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.

Coverage

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.

If you are ...	Your coverage option is ...
Admitted as a continuing student and enrolled in classes	Regular On-Campus coverage
Enrolled in an internship required for your degree or on tour as part of a BYU-Idaho program	Away-from-Campus coverage (see page 4)
Admitted as a continuing student but taking a semester/block off	Away-from-Campus coverage (see page 4)
Graduated or withdrawn from school	Extended Coverage (optional, see page 4)

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

While You're Away from BYU-Idaho

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

-
- **Short Breaks from School:** If you enroll in the plan for the academic year and then decide to take a semester off, but you don't withdraw from BYU-Idaho or otherwise lose your continuing student status, you will be covered by the Away-from-Campus option during that semester. For more information, see below.
 - **Internships and Student Tours:** If you enroll in the plan and you participate in an internship required by your department or you travel as a member of a BYU-Idaho student tour, you will be covered by the Away-from-Campus option during that semester. For more information, see below.
 - **Missions:** If you leave BYU-Idaho to serve a mission, you will **not** be covered by the plan during that time. You may re-enroll when you return to BYU-Idaho.
 - **After Leaving BYU-Idaho:** Within certain limitations, you may continue enrollment in the Extended Coverage option after you graduate or withdraw from BYU-Idaho. For more information, see below.

Away-from-Campus Coverage Option

This option 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 (such as an off-track semester or taking the a semester off), but do not withdraw from the University or otherwise lose your continuing student status

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

While you're enrolled in this 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. For more information about the Preferred Provider Network, see [page 17](#). **You must still preauthorize any care you receive outside of the SHC, other than emergency and well-baby care.**

Extended Coverage Option

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

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

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

Your dependents may enroll in Extended Coverage only if they were enrolled in family coverage during your last semester. You may add newly acquired dependents to your coverage as outlined on [page 2](#). If adding a new dependent changes your coverage option and premium, the additional premium for the month in which the dependent became eligible must be included with the enrollment form within 31 days after you have received notice of the billing.

If you are enrolled in Extended Coverage, you may receive your medical care from any qualified, appropriately licensed medical provider. However, it will be to your advantage to use providers who are part of Deseret Mutual's national Preferred Provider Network whenever possible. For more information about the Preferred Provider Network, see [page 17](#).

Extended Coverage plans are not eligible for Large Claims Coverage (see [page 19](#)).

Coverage Periods

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

You have 60 days to enroll new family members acquired through marriage, birth, or adoption. Coverage for a new spouse or stepchildren will begin the first month following your date of marriage. Newborns or newborn adoptive children have coverage on their date of birth; adoptive children older than 60 days will have coverage effective on their date of placement with you. After adding a dependent due to an adoption, you have 31 days to pay any applicable premiums.

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

When does coverage begin?	For You and Current Dependents	For a New Dependent
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

When does coverage end?	After You Graduate, Lose Continuing Student Status, or Gain Other Coverage	After Your Dependent Loses Eligibility
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	

Coverage at Other Church Universities

If you receive services at the SHC of another Church university, you will be covered as if you had received services at the BYU-Idaho SHC. You must pay the SHC copayment at the time of service. You don't need preauthorization.

Premiums

Premiums are due at the same time as tuition for each semester or block. For the exact dates that premiums are due, see the dates on [page 26](#).

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

	Regular On-Campus & Away-from-Campus Coverage	Extended Coverage
Single Student Only	Semester.....\$ 228.00	\$615 per month
	Block.....\$ 114.00	
	Summer Session.....\$ 76.00	
Single Student Plus One Dependent	Semester.....\$ 676.00	\$ 1,230 per month
	Block.....\$ 338.00	
	Summer Session.....\$ 226.00	
Single Student Plus Two or More Dependents	Semester.....\$ 1,490.00	\$1,845 per month
	Block.....\$ 745.00	
	Summer Session.....\$ 497.00	
Married Student Only	Semester.....\$ 282.00	\$615 per month
	Block.....\$ 141.00	
	Summer Session.....\$ 94.00	
Married Student Plus One Dependent	Semester.....\$ 990.00	\$ 1,230 per month
	Block.....\$ 495.00	
	Summer Session.....\$ 330.00	
Married Student Plus Two or More Dependents	Semester.....\$ 1,804.00	\$1,845 per month
	Block.....\$ 902.00	
	Summer Session.....\$ 602.00	

How the Plan Works

Overview

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

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

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

For married student and family plans, plan benefits will not be paid for services received outside of the SHC until you meet your **annual deductible** of \$750 per person (see [page 8](#)). Also, non-student spouses must meet 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, see [page 13](#).

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

In some cases, the medical provider will bill more than Deseret Mutual's **maximum allowable limit** for the services you received (see [page 29](#)). If so, your explanation of benefits statement will also itemize how much of the bill is over the maximum allowable limit.

- If you receive your care from one of Deseret Mutual's contracted providers, you don't have to pay any amount over the maximum allowable limit. When health-care providers contract with Deseret Mutual, they agree not to bill you for more than the maximum allowable. (For information about contracted providers, see [page 17](#).)
- If you receive your care from a provider who is **not** contracted with Deseret Mutual, you are responsible to pay any charges over the maximum allowable limit.

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

For more definitions of insurance terms used in this handbook, see [page 27](#).

Insurance Identification Card

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

Copayments and Office Visit Fees

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

Services at the SHC	Services Outside of the SHC
Physician Services: \$10 office visit fee	Physician Services, Outpatient Care, and Urgent Care: \$25 copayment
	Hospital Emergency Room: \$50 copayment
	Hospital Admission: \$300 copayment

Plan Benefits and Coinsurance

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

	Services at the SHC	Services Outside of the SHC
The plan pays:	80% for lab and x-ray	Contracted providers: 80% Non-contracted providers: 50%
You pay:	20% for lab and x-ray	Contracted providers: 20% Non-contracted providers: 50%

Maximum Plan Benefit

The maximum benefit is \$20,000 per person per academic year. For expenses that exceed the plan maximum, please see [page 19](#) for information about Large Claims Coverage.

Deductibles

For married student and family plans, there is a \$750 annual deductible per person (up to \$1,500 per family) for services received outside of the SHC. This means that every plan year you must pay the first \$750 of eligible medical expenses before you begin to receive plan benefits. Remember to send your claims to Deseret Mutual so that your deductible amounts can be tracked. This deductible does not apply to services provided by the SHC.

For non-student spouses, there is a \$4,750 deductible for maternity expenses in addition to the applicable copayments (see [page 13](#)).

The plan year for all deductibles runs from September 1 to August 31.

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). **You must also receive 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. Preauthorization requests will be responded to within two days.

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

Student Health Center

The Student Health Center (SHC) provides or coordinates all medical care that is covered by the plan. If you need eligible services that the SHC can't provide, you'll be referred to contracted medical providers in the community. These providers have contracted with Deseret Mutual to offer care at a reduced cost to participants. The discounts will be reflected in the portion of charges that you are responsible to pay.

The SHC 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.

Available Services

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
- Premarital exams
- Routine physical exams

Payment for Services

You 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 for physician services. In addition to the office visit fee, SHC services are covered at normal plan benefits of 80%. That means you are responsible for paying the remaining 20% of charges in addition to your office visit fee. The cost for these services will be billed automatically to your personal student account.

Operating Hours

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

Mondays, Wednesdays, Thursdays, and Fridays	Tuesdays	Exceptions
8 a.m. to 5 p.m.	8 a.m. to 2 p.m. and 3 p.m. to 5 p.m.	Closed holidays and selected days during break between fall and winter semester.

Services Outside of the SHC

The Student Health Plan covers hospitalization and many other specialized medical services that the SHC does not provide. If you need such services, you will be referred to a medical provider in the community. **You must preauthorize all care you receive outside of the SHC, except for emergency and well-baby care. Also, for married student plans, benefits are paid after you meet the annual deductible (\$750 per person up to \$1,500 per family).**

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

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

Allergy Services

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

Ambulance (Land and Air)

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

Anesthesia

- The plan pays 80%; you pay 20%

Chemotherapy

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

Dental Accident Benefit

- The plan pays 80% after your \$25 copayment; you pay 20%
- The maximum benefit is \$3,000 per academic year
- Benefits apply only to services made necessary as a direct result of a traumatic accidental injury (such as a car accident or a facial injury) that occurs while you are covered by the plan
- Benefits apply only to services received while you are insured by the plan and within two years of the accident

Diabetes Education

- The plan pays 80% after your \$25 copayment; you pay 20%
- The maximum benefit is \$300 per academic year

Diabetic Supplies

- The plan pays 80%; you pay 20%
- Insulin is considered a prescription drug and is not covered

Dialysis

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

Emergency Room

- The plan pays 80% after your \$50 copayment; you pay 20%
- You do not need to authorize the initial visit, but you must preauthorize any follow-up care with Deseret Mutual
- If an urgent care facility is appropriate and available as a less expensive alternative, please see [page 16](#)

Eye Exams

- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- One routine eye exam per person is eligible for benefits each academic year
- Eye exams for medical conditions, such as glaucoma, may be eligible for benefits more often. Additional benefits must be preauthorized.

Hearing Testing

- 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%

Home Health Care

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

Inpatient Hospital Services

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You pay a \$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**

Inpatient Physician Services

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

Laboratory Services

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

Mammography

- 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

Maternity – General Information

- Non-student spouses do not have coverage for normal maternity expenses. However, eligible expenses of more than \$4,750 will be covered, subject to normal plan provisions (see [Maternity — Non-Student Spouse](#) on page 13).
- 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 – General Information (Continued)

- If your pregnancy began before you enrolled in the Student Health Plan, it is considered a pre-existing condition and you won't be covered for services you receive outside of the SHC. However, if you can provide proof that you had other insurance coverage at the time of conception, your pregnancy will **not** be considered a pre-existing condition as long as you had no breaks in coverage that lasted longer than 63 days. Maternity services received on or after January 1, 2011, will no longer be considered pre-existing conditions.

Maternity – Students

Hospital Services

- 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 medically necessary hospital stays of more than two days for a vaginal delivery or four days for a cesarean section delivery.** If you do not preauthorize your extended hospital stay, additional days will be subject to medical review. For preauthorization, contact Deseret Mutual before your stay is extended. Preauthorization requests will be responded to within two days.
- **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.

Physician / Nurse-Midwife Services

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You pay a \$25 copayment per visit (maximum total copayment of \$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](#) on page 13.
- 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.

Maternity – Students (Continued)

Physician / Nurse-Midwife Services (Continued)

- 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 insurance personnel at the Student Health Center within 60 days of the birth (see [page 2](#)).
- Maternity services received on or after January 1, 2011, will no longer be considered pre-existing conditions

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)

- 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 on [page 14](#). 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 (Continued)

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

Medical Supplies

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

Office Visits

- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- 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 [page 4](#))**

Pain Clinics

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

Physical Therapy – Outpatient

- 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 may receive preauthorization for a series of visits at one time**

Prosthetics

- This benefit includes prosthetics such as artificial arms or legs
- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- To be eligible for benefits, you must have a prescription from your physician

Radiation Therapy

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

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

- The plan pays 80% after your \$25 copayment; you pay 20%
- 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

Substance Abuse

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

Surgery – Inpatient Hospital Services

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

Surgery – Outpatient Hospital Services

- 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%

Surgery – Physician Services

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

Urgent Care Facility

- 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 17](#)

Well-baby Care

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

- 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%

Deseret Mutual's Preferred Provider Network

If you are away from the Rexburg area while you're enrolled in the Student Health Plan, you may obtain care from any qualified, appropriately licensed medical provider. However, it's to your advantage to make sure the physicians and hospitals providing your care are part of Deseret Mutual's Preferred Provider Network. Your benefits will be higher and the providers will not bill you for fees that exceed Deseret Mutual's maximum allowable amounts.

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

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

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

Idaho and Utah: Deseret Mutual Contracted Providers
1-800-777-3622 or www.dmba.com (click on "Find a Provider")

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

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

Emergencies

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

Life-threatening Emergencies

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

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

Other Medical Emergencies

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

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

If 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 of the SHC will apply.

Community Care Center
72 East Main Street
Rexburg, ID 83404
1-208-359-1770

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.

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 of the SHC, **you must preauthorize with Deseret Mutual before you receive the care.**

Pre-existing Conditions

For services received on or after January 1, 2011, the following requirements no longer apply.

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 Student Health Plan coverage began.

You may receive treatment for pre-existing conditions at the SHC. Plan benefits will apply for care that can be provided by the SHC staff and facilities. But pre-existing conditions are excluded from coverage for any care that must be provided outside of the SHC, unless your 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, call Deseret Mutual.

Pregnancy may be considered a pre-existing condition if it began before you enrolled in the Student Health Plan. However, if you can provide proof that you had other insurance coverage at the time of conception, your pregnancy will not be considered a pre-existing condition as long as you had no breaks in coverage that lasted longer than 63 days.

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

Submitting Claims for Payment

To receive plan benefits for services provided outside of 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 don't need to submit claims for services received at the SHC.

Claims Payment Timelines

We'll pay or deny electronic claims within 30 days of receiving them. We'll pay or deny paper claims within 45 days of receiving them.

If we deny a claim or need more information, we'll contact the provider or facility within 30 days of receiving an electronic claim, or 45 days of receiving of a paper claim.

If we deny a claim because we need more information, and the provider submits the information within 30 days, then we'll reprocess the claim within 30 days of receiving the information.

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 don't need to be enrolled in the Student Health Plan to be covered by BYU-Idaho's Large Claims Coverage Plan. Extended Coverage plans are not eligible for Large Claims Coverage.

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

The BYU-Idaho Large Claims Coverage limit is \$980,000 per person per academic year.

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%, up to \$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.

If you need help from the Large Claims Coverage Plan or more information about the plan's coverage and limitations, call Deseret Mutual at 1-800-777-3622.

Repatriation of Remains

If a covered accident or illness causes the death of an insured student while he or she is in a foreign country (that is, the student is not a citizen of the country), the plan will pay expenses for returning the body to the country of citizenship up to a maximum benefit of \$7,500. To be eligible for coverage, expenses must be approved in advance. For more information, call Deseret Mutual at 1-801-578-5600.

Exclusions

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

Alternative Care

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

Congenital Anomalies

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

Dental Care

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

Exclusions (Continued)

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 Elective abortions, meaning an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed
- 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 evaluation and treatment of cause(s) of multiple miscarriages (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
- 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

Exclusions (Continued)

Legal Exclusions (Continued)

- 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 14
- 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. Medically Necessary: Services or supplies that are proper and needed for a legitimate diagnosis or a cost-efficient treatment of your medical condition; are used for the diagnosis, direct care, and treatment of your medical condition; meet the standards of good medical practice in the local community; and are not mainly for the convenience of you or your doctor.
- 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, 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, breast reduction, lipectomy, panniculectomy, skin furrow removal, or diastasis rectus repair
- 13.5 Cardiopulmonary fitness training or conditioning (meaning reimbursement for gym, health, or fitness club memberships or fees), either as a preventive or therapeutic measure

Mental Health / Counseling / Chemical Dependency

- 14.1 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 for mental health, counseling, or substance abuse received in a residential treatment center

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 Deseret Mutual excludes sex change operations and all associated procedures and services (medical, psychological, pharmaceutical, surgical, etc.) from benefits in all medical plans
- 15.4 Care, treatment, diagnostic procedures, or other expenses when it has been determined by an attending physician that brain death has occurred
- 15.5 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 If received before January 1, 2011, services provided outside of 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

Prescription Drugs, Specialty Pharmacy Medications, Formulas, & Supplements (Continued)

- 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); drugs administered to treat 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 or premarital exams performed outside of the SHC, pap smears, 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, contact the SHC Director at 1-208-496-3434, or visit or write to 108 Student Health Center, BYU-Idaho, Rexburg, ID 83460-2010.

If you have concerns about services you received outside of 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 of 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.

We'll pay or deny electronic claims within 30 days of receiving them. We'll pay or deny paper claims within 45 days of receiving them. If we deny a claim or need more information, we'll contact the provider or facility within 30 days of receiving an electronic claim, or 45 days of receiving of a paper claim. If we deny a claim because we need more information, and the provider submits the information within 30 days, then we'll reprocess the claim within 30 days of receiving the information.

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)

If, after review, we deny your request to provide or pay for a health-care service or supply, you may have the right to have the decision reviewed by health-care professionals who are not associated with Deseret Mutual. You have this right only if the denial decision involves:

- The medical necessity of your health-care service or supply, or
- The decision that your health-care service or supply was investigational

You must first exhaust the internal grievance and appeal process. This includes completing all levels of appeal or, unless you requested or agreed to a delay, our failure to respond in writing to a standard appeal within 35 days or to an urgent appeal within three business days of the date you filed your appeal. Deseret Mutual may also agree to waive the exhaustion requirement for an external review request.

You may submit a written request for an external review to:

Idaho Department of Insurance
Attention: External Review
700 W. State St., 3rd Floor
Boise, ID 83720-0043

For more information and for an external review request form:

- Go to www.doi.idaho.gov, or
- Call the department at 1-208-334-4250, or toll-free in Idaho at 1-800-721-3272

You may represent yourself or name another person, including your health-care provider, to act as your authorized representative. If you want someone else to represent you, you must include a signed *Appointment of an Authorized Representative* form.

You must also include a completed form allowing the release of any of your medical records that the independent review organization may need to reach a decision. This includes any judicial reviews of the external review decision. The department won't act on your external review request until you send this completed authorization form.

If your request qualifies for external review, Deseret Mutual's final denial of benefits will be reviewed by an independent organization chosen by the department. Deseret Mutual will pay the costs of the review based on State of Idaho regulations.

Standard External Review Request: You must file your written external review request with the department within four months after Deseret Mutual issues a final notice of denial.

1. Within seven days after receiving your request, the department will send a copy to Deseret Mutual.
2. Within 14 days after Deseret Mutual receives your request from the department, we will review it for eligibility. Within five business days after completing that review, we will notify you and the department in writing if your request is eligible or if we need more information. If we deny your eligibility, you may appeal to the department.
3. If your request is eligible for review, the department will assign an independent organization to your review within seven days of receiving Deseret Mutual's notice. The department will also notify you in writing.
4. Within seven days of the date you receive the department's notice of assignment to an independent review organization, you may submit—in writing—any additional information you want to be considered in the review. To do so, submit this information directly to the independent review organization.
5. The independent review organization must provide written notice of its decision to you, to Deseret Mutual, and to the department within 42 days after receiving an external review request.

Expedited External Review Request: In some cases, you may file a written urgent care request with the department for an expedited external review if your claim was denied before you received services or has not yet been resolved to everyone's satisfaction.

You may make an urgent care request when the regular external review decision time period would:

1. Seriously jeopardize the life or health of the covered person or the ability of the covered person to regain maximum function
2. In the opinion of the treating health-care professional, subject the covered person to severe pain that cannot be adequately managed without the disputed treatment, or

3. Make the treatment significantly less effective if not begun promptly.

The department will send your request to Deseret Mutual. We'll decide in no more than two full business days if your request is eligible for review. Then we'll notify you and the department no later than one business day after the decision if your request is eligible. If we deny your eligibility for review, you may appeal that determination to the department.

If your request is eligible for review, the department will assign an independent organization to your review after receiving our notice. The department will also notify you. The independent review organization must provide notice of its decision to you, to Deseret Mutual, and to the department within 72 hours after receiving the external review request. The independent review organization must then provide written confirmation of its decision within 48 hours. If the decision reverses Deseret Mutual's denial, we'll notify you and the department of the reversal no later than one business day after receiving the decision.

Binding Nature of the External Review Decision: The external review decision by the independent organization will be final and binding on both you and Deseret Mutual. This means that if you choose to request external review, you'll be bound by the decision of the independent organization. You won't have any further opportunity for review of our denial after the independent organization issues its final decision. If you choose not to use the external review process, other options for resolving a disputed claim may include mediation, arbitration, or filing an action in court.

Under Idaho law, the independent review organization is immune from any claim relating to its opinions given, or acts or omissions performed within its duties, unless they are performed in bad faith or involving gross negligence.

Subrogation

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

- First
- From any recovery from a claim against a third party, the third party's liability insurance carrier, or your uninsured and/or underinsured motorist insurance carrier
- Whether the recovery is obtained by settlement, judgment, or from any other source
- Regardless of how the settlement is allocated by the third party or insurance carrier

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

Notification of Benefit Changes

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

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

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

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 2010

- Sep. 9 Classes begin
- Sep. 16 Fall Semester coverage ends for students leaving BYU-Idaho
- Jan. 4 Fall Semester coverage ends

Fall Second Block 2010

- Oct. 25 Classes begin
- Nov. 1 Second block insurance premium payment deadline
- Jan. 4 Coverage ends

Winter Semester 2011

- Jan. 5 Classes begin
- Jan. 12 End of winter open enrollment; last day to waive coverage
- Apr. 18 Winter semester coverage ends

Winter Second Block 2011

- Feb. 22 Classes begin
- Mar. 1 Second block insurance premium payment deadline
- Apr. 18 Coverage ends

Spring Semester 2011

- Apr. 19 Classes begin
- Apr. 26 End of spring open enrollment; last day to waive coverage
- Sep. 11 Spring semester coverage ends

Spring Second Block 2011

- Jun. 6 Classes begin
- Jun. 13 Second block insurance premium payment deadline
- Sep. 11 Coverage ends

Summer Session 2011

- Jul. 26 Classes begin
- Aug. 2 Second block insurance premium payment deadline
- Sep. 11 Coverage ends

Definitions

Accident

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

Acute

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

Coinsurance

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

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.

Inpatient

A patient who stays in a hospital while receiving medical care.

Matriculating Student

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

Maximum Allowable Charge (Limit)

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

Medical Equipment

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

Medical 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.

Outpatient

A patient who receives treatment at a hospital, emergency room, or clinic, but who is not hospitalized.

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.

Pre-existing Condition

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 Student Health Plan coverage began.

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

Frequently Asked Questions

Q Why does Deseret Mutual administer the Student Health Plan?

A In 1987, the Church Board of Education (chaired by the First Presidency) asked Deseret Mutual to create a Student Health Plan for all Church-owned universities. They were instructed to develop a plan that offers benefits just as good or better than those offered at other universities.

Deseret Mutual is a not-for-profit entity. They do not pay commissions to agents or brokers to sell the plan. The Student Health Plan is a cost-effective insurance product with minimal overhead costs to handle claims.

The Church Board of Education, BYU-Idaho, and Deseret Mutual review the benefits and premiums of the plan on a regular basis. Because of this, we believe the Student Health Plan sufficiently addresses medical costs for the vast majority of students.

Q Why is the waiver policy so rigid?

A The waiver policy works to decrease the premium for students enrolled in the plan. Because Deseret Mutual is a not-for-profit organization, it has no incentive to enforce this policy except to benefit you. It makes sure that students are complying with BYU-Idaho's enrollment policies while providing the most cost-effective plan possible.

Q Why do I need insurance?

A Without adequate coverage, unexpected medical expenses could alter your future dramatically. The costs of medical care and hospitalization continue to increase at an alarming rate. An accident, unexpected illness, or hospitalization could result in a significant financial burden to you, your family, and the community.

As part of attendance at Church universities, students are required to maintain adequate health insurance. This requirement also applies to students who are off-track or serving in internships.

Q I'm off track. Do I still have to be enrolled in the Student Health Plan?

A Yes. Enrollment in the Student Health Plan is on an annual basis. This means you must be enrolled in the plan during both on-track and off-track semesters.

Q I have other insurance. Can I waive the Student Health Plan?

A BYU-Idaho will allow you to waive the plan if you have insurance through your employment, your spouse's employment, or your parent's employment. Otherwise, you must be enrolled in the Student Health Plan.

Q It's my first time enrolling in the Student Health Plan. What do I need to do?

A Nothing. You will be enrolled in the plan automatically when you register for classes.

Q I had private insurance, but I need to switch to the Student Health Plan. What should I do?

A For help to enroll, contact the Student Health Center. You must provide proof of the termination of your other insurance coverage.

Q What are the plan benefits?

A Please see the Student Health Plan handbook online at www.dmba.com/nsc/Student/Handbooks.aspx Or you may call Deseret Mutual at 1-800-777-3622.

Q Does the plan cover pharmacy, dental, or eyewear costs?

A No. Covering these costs would inflate premiums and make the plan unaffordable for the vast majority of students. However, the Student Health Center pharmacy offers low-cost pharmaceuticals, including commercial generic

medication, oral contraceptives, and over the counter medications. The pharmacy can also educate you about available resources for lower prices on typically high-cost drugs.

Q Will my coverage by the Student Health Plan automatically renew?

A Yes. Coverage automatically renews each semester. This includes any semesters off track.

Q Will my waiver of coverage automatically renew?

A No. You must fill out a waiver each semester to verify your insurance status when enrolling for classes.

Q I will be serving an internship this semester. Am I still covered by the Student Health Plan?

A Yes. Even if you're away from the Rexburg area, you still have coverage. As part of attendance at Church universities, students are required to maintain adequate health insurance. This requirement also applies to students who are off-track or serving internships.

Q How do I pay premiums for the Student Health Plan?

A Your student account will be charged for premiums. Premium is due at the same time as tuition for each semester or block. The deadline for enrollment in the Student Health Plan is at the same time. Refunds are not granted after that date.

Q I just got married. Do I need to let you know?

A Yes. Your premium and benefits change when you get married. For a summary of these changes, please see the Student Health Plan handbook at www.dmba.com/nsc/Student/Handbooks.aspx

Q Will the plan cover my wife's maternity costs?

A If she is a full-time student, your wife will have maternity coverage after she meets the \$750 married student deductible. If your wife is not a full-time student and is enrolled as a dependent on your plan, she is covered for all maternity charges exceeding \$5,500. (That is, she must meet the \$750 married student deductible and the \$4,750 non-student spouse maternity deductible.)

Q I just had a baby. Is my baby automatically covered by my insurance?

A No. You must contact the Student Health Center insurance personnel within 60 days of birth or adoption to enroll your baby.

Q I'm graduating but want to remain enrolled in the Student Health Plan. How do I keep my coverage?

A Contact the Student Health Center insurance personnel to enroll in the Extended Coverage plan. You may enroll in Extended Coverage for up to 9 months after your last day of coverage.

Q I want to end my Student Health Plan coverage. What do I need to do?

A If you are graduating or leaving school permanently, your coverage will end automatically. If you enroll in the Student Health Plan and then 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 or block. To do so, submit an online waiver at www.byui.edu/healthcenter before the beginning of the semester or block. Or you can complete a form and submit it to the Student Health Center insurance personnel.

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