

THE STUDENT HEALTH PLAN

Brigham Young University &
LDS Business College
2010-2011

Administered by: Deseret Mutual Benefit Administrators



STUDENT HEALTH PLAN SUMMARY OF BENEFITS

Health Centers	For your primary care provider, you and your covered dependents must use the Student Health Center in Provo, or the Madsen or Sugar House Health Centers in Salt Lake. Covered services are paid at 100% after your copayment. Any service provided outside of the health centers must be preauthorized.	
Preauthorization	You must preauthorize all services received outside of the health centers, except emergency room visits. For more information about how to preauthorize, see page 11 .	
Copayments	Health Centers: \$10 for regular visits and \$15 for urgent care visits. Outside of Health Centers: \$25 per service for physician, urgent care, and other outpatient care (\$100 per service that isn't preauthorized); \$50 for hospital emergency room visits; \$200 per hospital admission (\$300 per hospital admission that isn't preauthorized).	
Maximum Benefit	There is a maximum benefit of \$30,000 per person per policy year for services received outside of the health centers. For coverage of medical expenses above the maximum benefit, see Large Claims Coverage (page 20).	
Explanation of Covered Expenses	All benefits are subject to the pre-existing conditions provision of the plan (see page 20). Plan payments are subject to maximum allowable charges, determined by Deseret Mutual (see page 2).	
Covered Services	Contracted Provider Benefit	Non-Contracted Provider Benefit
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, & 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 15 to 16)	80% of allowable charges after copayment	50% of allowable charges after copayment
Maternity Care*: <ul style="list-style-type: none"> • Hospital and ancillary services • Physician office visits (Married student & married student with maternity coverage for non-student spouse, see pages 14 to 15)	<ul style="list-style-type: none"> • 80% of allowable charges after copayment • 80% of allowable charges after \$25 copayment per visit to a maximum of \$150 for routine care 	<ul style="list-style-type: none"> • 50% of allowable charges after copayment • 50% of allowable charges after \$25 copayment per visit to a maximum of \$150 for routine care
Diagnostic X-ray & Lab Services: CT, MRI, ultrasound, lab, & pathology	80% of allowable charges after copayment	50% of allowable charges after copayment
Outpatient Therapy: Radiation therapy, chemotherapy, dialysis, physical therapy (in Utah County, you must receive care at the BYU SHC)	80% of allowable charges after copayment	50% of allowable charges after copayment
Ambulance: Licensed land or air transport	80% of allowable charges after copayment	50% of allowable charges after copayment

*Maternity coverage is included for all students / policyholders. Non-student spouses may purchase coverage as a dependent with or without maternity coverage. This summary of benefits provides a brief review of plan benefits. For complete details of coverage, including limitations and exclusions, please read this entire Student Health Plan handbook.

WHO TO CONTACT

Schools

<p style="text-align: center;">Brigham Young University</p> <p style="text-align: center;">1750 N. Wymount Terrace Dr. P.O. Box 24800, Provo, Utah 84602 8 a.m. to 5 p.m., Monday through Friday Telephone: 801-422-2661 • Fax: 801-422-0764 E-mail: healthplan@byu.edu</p>	<p style="text-align: center;">LDS Business College</p> <p style="text-align: center;">95 North 300 West Salt Lake City, Utah 84101 8 a.m. to 5 p.m., Monday through Friday Telephone: 801-524-8143</p>
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Health Centers

<p style="text-align: center;">BYU Student Health Center</p> <p style="text-align: center;">Northeast corner of BYU campus (University Parkway and 900 East)</p> <p>Online Appointment Scheduling . . . health.byu.edu</p> <p>SHC Appointment Scheduling 801-422-5156 8 a.m. to 6 p.m., Monday through Friday</p> <p>SHC Preauthorization. 801-422-2771, option 5</p> <p>SHC Urgent Care 801-422-5128 8 a.m. to 5:30 p.m., Monday through Friday 8 a.m. to Noon on Saturday</p>	<p style="text-align: center;">Madsen Health Center</p> <p style="text-align: center;">555 Foothill Boulevard Salt Lake City, Utah 84112 (Corner of Foothill Boulevard and Wasatch Drive) Telephone: 801-581-8000</p> <p style="text-align: center;">Sugar House Health Center</p> <p style="text-align: center;">1138 Wilmington Avenue Salt Lake City, Utah 84106 Telephone: 801-581-2000</p>
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Deseret Mutual

<p>Preauthorization, Claims Payment, & Benefit Questions</p> <p>Toll free 1-800-777-3622</p> <p>Salt Lake City area 801-578-5600</p> <p style="text-align: center;">60 East South Temple, P.O. Box 45530, Salt Lake City, Utah 84145</p> <p style="text-align: center;">Deseret Mutual’s Preferred Provider Network</p> <p style="text-align: center;">Idaho and Utah: Deseret Mutual Contract Providers 1-800-777-3622 or www.dmba.com (click on “Find a Provider”)</p> <p style="text-align: center;">Hawaii: MDX (formerly, Queen’s Health Care Plan Network) 808-293-3970</p> <p style="text-align: center;">All other states: First Health Medical Network 1-800-237-5702 or www.myfirsthealth.com (Login ID: DMB)</p> <p>Access the Student Health Plan Handbook: www.dmba.com/nsc/Student/Handbooks.aspx</p> <p>To contact Deseret Mutual online, go to: https://www.dmba.com/sc/dmba/SecureMessage.aspx</p> <p>The Student Health Plan is exempt from regulation as insurance by order of the Utah Department of Insurance. See <i>In re: BYU Student Health Plan, No. 2003-050-AD</i> (November 21, 2003).</p>

AFTER-HOURS EMERGENCIES

Utah County Urgent Care Facilities	Salt Lake County Urgent Care Facilities
Intermountain Highland InstaCare 801-763-2900 10968 N. Alpine Highway, Highland	Intermountain Holladay InstaCare 801-273-6777 3934 S. 2300 E., Holladay
Intermountain North Orem InstaCare 801-714-5500 1975 N. State St., Orem	Intermountain Memorial InstaCare 801-464-7777 2000 S. 900 E., Salt Lake City
Intermountain Provo InstaCare 801-357-1770 1134 N. 500 W., Ste. 103, Provo	Intermountain Murray InstaCare 801-639-5500 196 E. Winchester St., Murray
Intermountain Saratoga Springs InstaCare. 801-766-4567 250 E. State Rd. 73, Saratoga Springs	Intermountain Sandy InstaCare 801-576-0176 9493 S. 700 E., Sandy
Intermountain Springville InstaCare 801-429-1200 762 W. 400 S., Springville	Intermountain South Ridge InstaCare 801-302-7350 3859 W. 12600 S., Riverton
Mountain Medical Urgent Care 801-768-1555 127 E. Main St., Ste. E, Lehi	Intermountain Taylorsville InstaCare 801-840-2020 3845 W. 4700 S., Taylorsville
Parkway Urgent Care. 801-226-7555 145 W. University Parkway, Orem	Intermountain West Jordan InstaCare 801-256-6399 2655 W. 9000 S., West Jordan
Riverwood Urgent Care. 801-229-2011 280 W. Riverpark Dr., Ste. 120, Provo	

Utah County Hospitals	Salt Lake County Hospitals
American Fork Hospital 801-763-3300 170 N. 1100 E., American Fork	Alta View Hospital 801-501-2600 9660 S. 1300 E., Sandy
Mountain View Hospital. 801-465-9201 1000 E. 100 N., Payson	Intermountain Medical Center. 801-314-5300 5121 S. Cottonwood St., Murray
Orem Community Hospital 801-224-4080 331 N. 400 W., Orem	Jordan Valley Medical Center 801-561-8888 3580 W. 9000 S., West Jordan
Timpanogos Regional Hospital. 801-714-6000 750 W. 800 N., Orem	LDS Hospital. 801-408-1100 8th Ave. and "C" St., Salt Lake City
Utah Valley Regional Medical Center . . 801-373-7850 1034 N. 500 W., Provo	Pioneer Valley Hospital 801-964-3100 3460 S. Pioneer Parkway, West Valley City
	Primary Children's Medical Center . . 801-964-3100 100 N. Mario Capecchi Dr., Salt Lake City
	Salt Lake Regional Medical Center . . 801-350-8559 1050 E. South Temple, Salt Lake City
	St. Mark's Hospital 801-268-7111 1200 E. 3900 S., Salt Lake City

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To All Students

Importance of Medical Coverage

All students are required to have adequate medical coverage. Your good health is essential to achieving your educational goals, and access to adequate health care and medical coverage is essential to your good health. Without adequate coverage, unexpected medical expenses could alter your future dramatically.

Enrollment in the Student Health Plan satisfies this coverage requirement, as does enrollment in a group medical plan provided by your employer or your spouse's or parent's employer. The Student Health Plan administered by Deseret Mutual Benefit Administrators (Deseret Mutual) provides coverage for students, their spouses, and eligible dependents for services ranging from primary medical care to hospitalization. We work diligently to keep premiums low while maintaining appropriate benefits.

Comparing Health Plans

Medical plans vary in the coverage they offer. Some plans may provide adequate coverage while you're at home, but won't cover you while you're at school, studying abroad, traveling, or on leave of absence. Other plans may seem like a bargain up front, but leave you without access to mental health services, or with bills you can't afford. Plans that have high deductibles (\$1,000 or more) can create a financial barrier to health-care access because your out-of-pocket expenses are so high at the time you receive services. We hope this information about our medical coverage requirements and the Student Health Plan will provide clear answers to your questions, help you evaluate your coverage options, and help you make the best choice for your coverage.

Medical Coverage Requirement

If you are a continuing student who is enrolled at least 3/4 time, you must have coverage the entire time you're a continuing student, including during any summers you take off or other short-term breaks from classes.

To satisfy the health coverage requirement, you have several options:

1. Enroll in the Student Health Plan
2. Enroll in a group medical plan provided by your parent's, your own, or your spouse's employer
3. Purchase an individual plan that meets the following guidelines:
 - 80% coverage for all major medical expenses, including physician, hospital, and ancillary services
 - An individual annual deductible of no more than \$1,000
 - An annual plan limit of no less than \$25,000

If you choose any medical plan other than the Student Health Plan, you must provide verification of adequate coverage at the beginning of your first semester or term and annually at the beginning of fall semester. Carefully review any medical plan you're considering to make sure it will provide you with sufficient coverage for your current and future health-care needs. **Coverage must be effective by the first day of class.**

All students enrolled at least 3/4 time (9 credit hours per semester or 4.5 credit hours per term) who don't submit proof of other coverage before the deadline each year will be enrolled automatically for individual coverage and assessed the appropriate premium (single or married rate) for the Student Health Plan.

Spouses and dependents won't be enrolled automatically the first semester or term you're on the plan. If you want coverage for your spouse and dependents, you must enroll them in the plan.

How the Plan Works

Medical care that is covered by this plan is provided by or coordinated through the health centers. If you need eligible services the health centers 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 you're responsible to pay.

Annual Enrollment Requirement

The Student Health Plan has an annual enrollment requirement. This means when you enroll, you enroll for the entire school year. If you gain private insurance, you may waive the Student Health Plan. (For information about how to waive enrollment, see [page 5](#).)

If you don't enroll for classes for one semester but intend to return for the following semester, you must maintain your enrollment in the Student Health Plan. If you're leaving school for two or more semesters, you may enroll in Extended Coverage (see [page 6](#)).

For more information about enrollment in the plan and its various coverage options, please see [pages 4 to 7](#).

Health Coverage Identification Card

During the first semester you enroll in the Student Health Plan, you'll receive a health coverage identification card. This card will be mailed to the address we submit to Deseret Mutual. You may request another card from Deseret Mutual by calling 1-800-777-3622.

How Medical Services Are Paid

Overview

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

When you receive services outside of the health centers, you or the provider of your care must submit an itemized bill to Deseret Mutual (see [page 20](#)). Deseret Mutual will process your claim, send a check for the plan benefit to the provider of the care, and send you an **explanation of benefits** statement. This statement will itemize the charges, your copayment, the plan benefit, and the amount you're responsible to pay. You must pay your copayment to the provider of the care (if you haven't already done so).

Benefits for all care received outside of the health centers are based on the lesser of billed charges, contracted rates, or maximum allowable charges for the services received, as determined by Deseret Mutual. And for all services, the guidelines, benefits, and exclusions of the plan will determine claims payment.

In some cases, the provider of the care will bill more than Deseret Mutual's **maximum allowable charges** for the services given. If so, your explanation of benefits statement will also itemize how much of the bill is **over the maximum allowable charges**.

- If you receive your care from one of Deseret Mutual's **contracted providers**, you don't need to pay any amount over the maximum allowable charges. When health-care providers contract with Deseret Mutual, they agree not to bill you for more than the maximum allowable charges. (For information about contracted providers, see [page 18](#).)
- If you receive your care from a provider who **isn't contracted** with Deseret Mutual, you may be billed for any charges that exceed the plan's maximum allowable charges. It then becomes your responsibility to pay those additional charges.

You're also responsible to pay the provider of your care for any services that aren't covered by the plan.

Copayments

For clinician, x-ray, and laboratory services you receive at the health centers, your copayments are:

- \$10 for regular clinic visits
- \$15 for walk-in urgent care visits
- If you miss your appointment or fail to cancel one hour beforehand, you'll be charged the \$10 copayment

For authorized services you receive outside of the health centers, your copayments are:

- \$25 per service for physician services and other outpatient care
- \$50 for hospital emergency room visits
- \$200 per hospital admission (\$50 for newborn infants)
- **If you don't preauthorize services you receive outside of the health centers when necessary, you pay a \$100 copayment per service instead of the normal copayment (see [page 11](#))**

Plan Benefits and Coinsurance

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

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

Remember, benefits for all care received outside of the health centers are based on the lesser of billed charges, contracted rates, or maximum allowable charges for the services received, as determined by Deseret Mutual. And for all services, the guidelines, benefits, and exclusions of the plan will determine claims payment.

The maximum benefit for all services received outside of the health centers is \$30,000 per person per academic year. For expenses that exceed the plan maximum, please see the information on page 20 about [Large Claims Coverage](#).

Eligibility

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

Students: You may enroll in the Student Health Plan if you're a continuing student, as defined by the school. You become eligible to enroll when you first enroll in classes at least 3/4 time (9 hours per semester or 4.5 hours per term, including Salt Lake Center hours but excluding independent study).

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

- Your spouse. Your spouse is a person of the opposite sex who is your legal husband or your legal wife.
- Your eligible children. Eligible children are your unmarried children who are younger than 26 including:
 - Natural children (including infants from the date of birth), legally-adopted children, and children appointed by a court of law to your custody or your spouse's custody. In the case of a child who is committed by a court of law to your custody or the custody of your spouse, you must submit a copy of the certified court order granting the adoption, custody, or guardianship.

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- A child placed with you under the direction of a licensed child placement agency and for whom you're the legal guardian. If you add a newly adopted baby to your policy, the baby will be covered from the date you sign the adoption papers. (In Utah, this can't happen before 24 hours plus one minute after the birth mother has signed relinquishment papers.) For adopted babies, the pre-existing conditions and congenital anomalies exclusions don't apply.
 - 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.

You may purchase dependent coverage with or without maternity coverage for your non-student spouse.

Enrollment

Enrolling Yourself

You may enroll in the Student Health Plan, either for individual or family coverage, at the beginning of your first semester or term as a 3/4 or full-time student.

Open Enrollment: Your enrollment is due on or before the first day of classes for the first semester or term you enroll in classes at least 3/4 time. Your enrollment will generally remain in effect until the end of the academic year (see [Coverage Periods](#) on page 7).

At the beginning of each academic year (fall semester) you'll be enrolled automatically in the same coverage option you had the previous year if you're enrolled for at least 3/4 time. If you wish to make any changes (add or remove dependents) to this coverage option, you must make them within the first two weeks of fall semester. If you aren't enrolled for at least 3/4 time in the fall semester and you want Student Health Plan coverage, you must contact the appropriate office by the last day to add or drop classes (Student Health Plan office at BYU or cashier's office at LDS Business College).

Late Enrollment: If you don't enroll before the first day of classes, you have a late enrollment "grace period." This will end two weeks after classes begin for a semester, or one week after classes begin for a term. **No enrollments will be accepted after the end of the late enrollment period unless you meet one of the special circumstances outlined below.**

The enrollment deadlines are specified in the [calendars](#) on page 26.

Please note, all continuing students enrolled 3/4 time or more who don't enroll in the Student Health Plan or provide verification of other coverage that meets school requirements will be enrolled in the Student Health Plan automatically for individual coverage and will be assessed the appropriate premium.

Enrolling Your Spouse

When you get married, you are required to change your marital status at the appropriate office from single to married (ASB records office at BYU or registration office at LDS Business College). If your marriage occurs before the second block of a semester, you'll be charged the married student premium for the second block.

Enrolling Your Family

If you want to cover your eligible dependents, you may change your enrollment from individual coverage to family coverage at the beginning of your first semester or term, or at the beginning of each academic year (fall semester) thereafter. This must be done by the last day to add/drop.

If you enroll your family, their enrollment will generally remain in effect until the end of your enrollment in school (see [Coverage Periods](#) on page 7). Spouses and dependents won't be enrolled automatically the first semester or term you're on the plan. However, we'll renew enrollment for your family at the beginning of each subsequent academic year, based on their enrollment for the previous term. Remember to notify the health center if you need to change your family's enrollment.

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

Changing Enrollment Midyear

If you enroll your non-student spouse in the plan at the beginning of the academic year, you may change your spouse's enrollment to include maternity coverage (or may change to the option without maternity coverage) at the beginning of any semester or term. This must be done before the add/drop deadline. Please remember, to be eligible for maternity benefits, you must maintain maternity coverage continuously from the beginning of the semester that conception occurs to the date of delivery.

If you enroll for individual coverage and don't enroll your dependents, you can't add them to your coverage midyear; you must wait until the beginning of the next academic year to do so.

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

If you waive enrollment in the Student Health Plan for yourself and/or your dependents because you have other coverage that meets school requirements and you subsequently lose eligibility to continue the other coverage, you may enroll in the Student Health Plan for yourself and/or your dependents if you apply within 60 days of losing eligibility for the other coverage. If you don't enroll your dependents within this 60-day window, you must wait until the beginning of the next academic year (fall semester) to enroll them. If you miss the 60-day enrollment window for yourself, you're eligible to enroll the upcoming semester/term since you're required to have health coverage.

If you enroll in the Student Health Plan and subsequently obtain other coverage that meets school requirements, you may discontinue your enrollment in the Student Health Plan at the beginning of the next block, semester, or term. To do so, submit certification of the other coverage to the appropriate office before the beginning of the block, semester, or term (Student Health Plan office at BYU or cashier's office at LDS Business College). Your new coverage must be effective by the first day of class.

During Mission Service

If you leave school to serve a mission, you won't be covered by the Student Health Plan during your mission. Please notify the appropriate office (Student Health Plan office at BYU or cashier's office at LDS Business College). You may re-enroll when you return to school.

After Leaving School

You can maintain your Student Health Plan coverage after leaving school, within certain limitations. If you drop your classes before the second block begins and you're a new student or haven't attended school the previous semester/term, your coverage will end. Otherwise, you'll be charged private rates for services incurred in the health centers.

Please see [Away-from-Campus Coverage Option](#) on page 6 or [Extended Coverage Option](#) on page 6.

Coverage Options

The Student Health Plan includes three coverage options. You'll be enrolled in the appropriate option based on your student status. You should be aware plan requirements may be different in each option. These differences are noted in this handbook.

If you are ...	Your coverage option is ...
Enrolled in classes on campus at least 3/4 time (9 hours per semester or 4.5 hours per term)	Regular On-Campus coverage
Enrolled in a Study Abroad Program, an internship required for your degree, or on tour as part of a school performance group	Away-from-Campus coverage (see below)
Admitted as a full-time student but taking a semester or term off (or enrolled in classes for fewer credit hours than 3/4 time)	Away-from-Campus coverage (see below)
Graduated, or withdrawn from school	Extended Coverage (optional, see below)

The benefits for services received outside of the health centers are the same for all coverage options. Remember, Extended Coverage does not include large claims coverage. All services received outside of the health centers, other than emergency care, require preauthorization.

Away-from-Campus Coverage Option

If you enroll in the Student Health Plan for the academic year and then decide to take a semester or term off by not enrolling in classes at least 3/4 time, but you don't withdraw from school or otherwise lose your status as a continuing student, you'll be covered by the Away-from-Campus option of the Student Health Plan during that semester or term. (At LDS Business College, you must pay your premium by the first day of class to maintain continuing student status under the Student Health Plan if you're not enrolled in any classes.)

If you're enrolled in the Student Health Plan and you participate in a Study Abroad Program, an internship required by your department, or you travel as a member of a school performing group on tour, you'll be covered by the Away-from-Campus option of the Student Health Plan during that semester or term.

If you have enrolled your dependents in the plan for the year, they'll be covered by this option while you are. You may make changes to your enrollment (add dependents, discontinue coverage, etc.) only as outlined on [page 5](#). Any dependents enrolled in the plan for the academic year will also be covered by this option.

While you're enrolled in this option, you must receive medical care at one of the health centers if you're in the area. Otherwise, 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 (see [page 18](#)). **You must still preauthorize any care you receive outside of the health centers.**

Extended Coverage Option

Your Student Health Plan coverage terminates at the end of the semester you graduate, withdraw from school, or otherwise lose your status as a continuing student. (Please see the [calendars](#) on page 26 for the dates coverage ends.)

If you were enrolled in the Student Health Plan during your last semester or term in school and you would like to continue your coverage after you leave school, you may enroll in Extended Coverage for up to nine consecutive calendar months.

Your dependents may be covered by Extended Coverage only if they were enrolled with you for family coverage during your last semester or term.

Also, you may purchase family coverage that includes maternity coverage for your non-student spouse only if you were enrolled in maternity coverage during your last semester or term.

If adding a new dependent changes your coverage option and premium, the additional premium for the month the dependent became eligible must be included with the enrollment form.

Extended Coverage plans aren't eligible for Large Claims Coverage (see [page 20](#)).

Enrollment in Extended Coverage takes place on a month-by-month basis. You may enroll for up to nine consecutive calendar months.

To enroll, complete an Extended Coverage enrollment form at the appropriate office before the end of your last semester or term (Student Health Plan office at BYU or cashier's office at LDS Business College). Also, you must pay your premium for your first month of coverage, and pay your premium monthly thereafter.

To renew your coverage from month to month, submit your enrollment form and premium payment to the appropriate office at least five days before the end of the previous month of coverage (Student Health Plan office at BYU or cashier's office at LDS Business College). We won't accept renewal applications that aren't submitted within five working days of the end of the previous month. It is very important for you to meet these deadlines. **If you don't renew your coverage in time, it will end and you won't be eligible to re-enroll.**

While you're enrolled in this option, you may receive your medical care from any qualified, appropriately licensed medical provider. However, it will be to your advantage to use providers who are part of Deseret Mutual's national Preferred Provider Network whenever possible (please see [page 18](#)). If you're in the area, you can be seen at one of the health centers, but you must pay at the time of service.

Coverage Periods

You'll be covered for illness and injury while you're traveling to school and during on-campus activities before the first day of classes. This coverage will be effective for up to seven days before you're due to report for classes or orientation.

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/term	12:01 a.m. on the date of the qualifying event
Extended Coverage	12:01 a.m. on the day after your Regular On-Campus or Away-from-Campus coverage ends	12:01 a.m. on the date of the qualifying event
Mid-Year Enrollment	First day of classes for the semester/term you enroll.	

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

Please see the [calendars](#) on page 26 for the exact dates coverage begins and ends for the 2010-2011 academic year.

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

When does coverage end?	After You Graduate or Lose Continuing Student Status	After Your Dependent Loses Eligibility	After You Move to Other Available Coverage
Regular On-Campus or Away-from-Campus Coverage	End of last semester/term in school	End of semester/term that dependent becomes ineligible	Beginning of next semester/term
Extended Coverage	12:01 a.m. on the first day of the month after the last month premiums were paid		

Coverage at Another Church School

If you receive services at the health center of another Church school, the services will be covered as if you had received services at one of the local health centers. However, you must pay that school’s health center for the total bill at the time of service and submit the claim provided by the health center to Deseret Mutual for reimbursement. You won’t need preauthorization.

Premiums per Month

Premiums are due by the first day of classes each semester and term. If you don’t pay premiums by the last day to add/drop classes, holds will be placed on your financial account.

If you qualify to change enrollment midyear (see [page 5](#)), the premium (or additional premium, if necessary) will be due immediately when you enroll for the semester or term the enrollment change becomes effective.

The listed premiums are per month. Because this plan covers students at multiple schools, your school will collect premiums for the semester or term that you are enrolled. The total amount may vary according to the length of the semester or term. For more information, contact your school (see [Who to Contact](#) on page ii).

	Regular On-Campus and Away-from-Campus Coverage	Extended Coverage
Single Student Only	\$56 per month	\$115 per month
Married Student Only	\$97 per month	\$657 per month
Single Student with Dependents	\$213 per month	\$345 per month
Married Student with Dependent(s) WITHOUT Maternity Coverage for Non-student Spouse	\$315.50 per month	\$981 per month
Married Student with Dependent(s) WITH Maternity Coverage for Non-student Spouse	\$743 per month	\$1,616 per month

Discounted Dental, Eye, and Other Services

Student Health Plan participants can use this program to save money on dental services and other non-covered goods and services. While this service isn't covered by the Student Health Plan, it gives participants the ability to purchase services directly from providers at discounted prices. The program provides savings of up to 50% on the following services:

- Chiropractic services
- Dental services
- Eyeglasses, contact lenses, and sunglasses
- Health club memberships
- LASIK vision enhancement surgery

Discounted Dental Program

The Discounted Dental Program has contracted with dentists and dental specialists to provide services to students and dependents covered by the Student Health Plan at a reduced fee schedule. Again, this isn't a benefit covered by the plan. You'll be responsible to pay the dentist for the services you receive at the time of your visit. However, by using the program, you'll pay 10% to 50% less than you would have paid otherwise. To use the Discount Dental part of the program, follow the instructions below:

1. Schedule an appointment with one of the contracted providers listed on the Internet at <http://health.byu.edu/Services/discount.php>. Be sure to tell the office you're part of the Student Health Plan's Discounted Dental Program when you make the appointment.
2. Take your Student Health Plan identification card to the appointment. If you don't have a card, call 1-800-777-3622 to request a card and to receive your identification number.
3. Pay the dentist for the services you receive at the time of service. The exact amount you owe will depend on the services you receive. The prices for nearly all common services are listed at <http://health.byu.edu/Services/discount.php>. Services not on the price list are 80% of the dentist's usual charge. You may want to print out the price list and take it with you to the dentist's office.

Because this program isn't insurance, there aren't any claim forms, enrollment procedures, benefit limitations or conditions, etc. You and the dentist determine what services you'll receive, and you pay the dentist for those services at the time of your visit.

If you were in treatment with a contracted provider before the time you had access to the Discounted Dental Program, you'll pay the regular price. The discounted price is only applicable for services received after you had access to the program.

You must pay for services at the time you receive them. The contracted dentist is under no obligation to accept the discounted fees for services not paid for at the time of service.

Neither the school nor any of its contractors or agents have any liability for the services and/or products delivered by contracted providers. This program isn't provided by or affiliated with Deseret Mutual in any way.

Coupons, specials, and other types of offers promoted by contracted providers may only be used in conjunction with this program at the discretion of the contracted provider.

Other Discounted Services

The other discounted services include chiropractic services, eyeglasses, contact lenses, sunglasses, health memberships, and LASIK vision enhancement surgery.

To learn about the various services available and to review the list of participating providers, go to <http://health.byu.edu/Services/discount.php>. When using any of the discounted services, simply present your Student Health Plan identification card provided by Deseret Mutual to receive the special pricing. Payment is due at the time of service.

Health Centers

Locations and Operating Hours

Utah County	Salt Lake County	
<p>Student Health Center Northeast corner of BYU campus (University Parkway and 900 East) Telephone: 801-422-5156</p> <p>Regular hours: 8 a.m. to 6 p.m., Monday through Friday</p> <p>Walk-in urgent care hours: 8 a.m. to 5:30 p.m., Monday through Friday 8 a.m. to noon on Saturday</p>	<p>Madsen Health Center 555 Foothill Boulevard Salt Lake City, Utah 84112 Telephone: 801-581-8000</p> <p>Appointment hours: 9 a.m. to 7 p.m., Monday to Thursday 9 a.m. to 5 p.m., Friday 9 a.m. to noon, Saturday</p>	<p>Sugar House Health Center 1138 Wilmington Avenue Salt Lake City, Utah 84106 Telephone: 801-581-2000</p> <p>Appointment hours: 8:30 a.m. to noon, 1:30 to 5:00 p.m. Monday to Friday</p>

Available Services

The health centers have staffs of clinicians and specialists who provide medical care in the areas listed below. Please keep in mind some of these specialties are scheduled on a part-time basis and may not always be available:

BYU Student Health Center	Madsen & Sugar House Health Centers
Diagnostic x-ray & lab services	Diagnostic x-ray & lab services
Ear, nose, and throat	Ear, nose, and throat
Eating disorders	Family medicine
Family medicine	Gynecology / obstetrics
Gynecology	Internal medicine
Internal medicine	Limited dermatology
Medical equipment & supplies	Nutrition counseling
Mental health	Pediatrics
	Primary care
	Urgent care
Nutrition counseling	
Orthopedics	
Pediatrics	
Pharmacy	
Physical therapy	
Podiatry	
Substance abuse	
Urgent care	

The Student Health Plan doesn't have a pharmacy benefit. However, the pharmacy at the BYU Student Health Center is committed to providing prescription drugs to students at the lowest cost possible. If you have questions about help for high-cost prescription drugs, please discuss them with your clinician.

The Student Health Plan doesn't cover knee and ankle braces used solely for sports. However, they're covered when used for injuries. If you obtain reusable medical equipment (such as crutches) from the Student Health Center, you must return it. If you don't, you'll be charged a fee to cover the cost of the item.

Routine physical exams, immunizations, pharmacy drugs, and high-cost injections aren't covered by the Student Health Plan, but they're available at the Student Health Center for a discounted fee. **Cosmetic mole removal** isn't covered by the Student Health Plan, nor is it available at the Student Health Center. Also, because of excessive regulations, the health centers aren't Medicaid or Medicare providers.

Services Outside of the Health Centers

The Student Health Plan covers hospitalization and many other specialized medical services the health centers don't provide. If you need such services, you'll be referred to a medical provider in the community.

Preauthorization

For services received outside of the health centers to be eligible for maximum benefits, you must preauthorize them before you receive the medical care. To preauthorize, call Deseret Mutual at 1-800-777-3622. If you're treated by a health center clinician, this preauthorization will occur automatically.

If your preauthorized provider recommends care that isn't preauthorized by the health center or Deseret Mutual (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 preauthorization must also be authorized in advance.

If you receive medical care outside of the health centers without preauthorization, your copayment will increase to \$100 per service. If you don't preauthorize hospital admission, you must pay an additional \$100 copayment per admission.

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

Even if you have preauthorization to see an outside provider, the authorization doesn't guarantee payment for the treatment you receive. Plan guidelines, benefits, and exclusions will determine claims payment for all services.

Covered Services

For information about the benefits payable for services outside of the health centers, please see the table on [page 3](#). If you have questions about benefits or preauthorization requirements for any medical service, call the Student Health Plan team at Deseret Mutual.

The following are examples of the services the plan covers outside of the health centers:

Allergy Services

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

Ambulance (Land & Air)

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

Anesthesia

- The plan pays 80%; you pay 20%

Cardiovascular Services

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

Chemotherapy

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

Dental Accident Benefit

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

Diabetes Education

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

Diabetic Supplies

- The plan pays 80%; you pay 20%

Dialysis

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

Emergency Room

- The plan pays 80% after your \$50 copayment; you pay 20%
- You don't need to authorize the initial visit, but you must preauthorize any follow-up care with Deseret Mutual
- If care at an urgent care facility is appropriate as a less expensive alternative, see [page 18](#)

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. You must preauthorize.

Gastroenterology Services

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

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%
- The purchase or fitting of hearing aids isn't eligible for benefits
- You must preauthorize

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) isn't eligible for benefits
- You must preauthorize

Inpatient Hospital / Maternity Services

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You pay a \$200 copayment per admission (\$50 for newborn infants)
- When semi-private rooms are available, the plan doesn't pay for private rooms
- You must preauthorize. If you don't preauthorize your hospital stay, you'll be charged an additional \$100 copayment.
- You must also preauthorize a maternity hospitalization (when medically necessary) of more than two days for a vaginal delivery or four days for a cesarean section delivery. If you don't preauthorize your extended hospital stay, additional days will be subject to medical review. For preauthorization, contact Deseret Mutual before your stay is extended.

Inpatient Physician Services

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

Laboratory Services

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You must preauthorize services related to genetic testing. These services will only be preauthorized after consultation with a contracted genetic counselor.

Maternity – General Information

- If you have been covered by a health insurance plan before enrolling in the Student Health Plan, you must enroll in the maternity option of the plan and not have a break in coverage longer than 63 days to be eligible for maternity benefits
- To be eligible for benefits, you must maintain maternity coverage continuously from the beginning of the semester that conception occurs to the date of delivery
- Previous continuous maternity coverage is not required for you to be eligible for benefits if services are received on or after January 1, 2011 and you are enrolled in the maternity option of the plan
- Non-student spouses enrolled in the non-maternity option will have maternity benefits after a \$6,000 deductible, subject to normal plan provisions
- The health centers provide pregnancy tests, but you'll be referred to a contracted provider for other ongoing maternity care
- Remember, you'll 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 appropriate office within 60 days of the birth (Student Health Plan office at BYU or cashier's office at LDS Business College). For more information, see [page 5](#). Newborns must be enrolled in coverage for the semester or term they were born.
- Also, you need a referral for any non-maternity GYN care

Maternity – Physician / Nurse-Midwife Services

- Contracted provider: The plan pays 80%; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- You pay a \$25 copayment per visit (maximum total copayment of \$150 for routine care)
- Contact the appropriate office before you begin your prenatal care with an OB/GYN or Certified Nurse-Midwife (Student Health Plan office at BYU or cashier's office at LDS Business College). You must receive preauthorization from Deseret Mutual.
- Additional services, such as ultrasounds, are billed separately and normal plan benefits and copayments apply to the additional charges. If other services are recommended by your physician, remember to contact Deseret Mutual first for preauthorization. To be eligible for benefits, many of the tests must be provided at the health center.
- 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.

Medical Equipment (Durable)

- Durable medical equipment is a device that is durable; primarily serves a medical purpose; generally isn't 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 16](#). If you don't, 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 Supplies

- Medical supplies are disposable, one-use-only medical items for immediate use. These include dressings and ace bandages with a prescription from your physician.
- 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

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

Mental Health Therapy

- 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%
- Benefits are limited to 30 inpatient days and 30 outpatient visits
- Residential treatment isn't covered
- To be eligible for benefits, services must be provided by a physician, psychologist, clinical social worker, or advanced practice registered nurse
- You must preauthorize all mental health services received outside of the health centers

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 must preauthorize

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 doesn't pay for private rooms
- Outpatient services have a five visit or \$1,500 benefit limit. Each visit is subject to the contracted and non-contracted rates after your \$25 copayment.
- You must preauthorize

Physical & Occupational 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 don't count toward your annual outpatient visit limit
- You must preauthorize
- In Utah County, you must receive care at the BYU Student Health Center

Prosthetics

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

Radiation Therapy

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

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

- The plan pays 80% after your \$25 copayment; you pay 20%
- You must preauthorize all services

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% after your \$25 copayment; you pay 50%
- Benefits are limited to 30 inpatient days and 30 outpatient visits
- Residential treatment isn't covered
- You must preauthorize

Surgery – Outpatient Hospital Services

- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- You must preauthorize. If you don't preauthorize, you'll be charged an additional \$100 copayment.

Surgery – Physician Services

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

Urgent Care Facility (Walk-in Clinic)

- The plan pays 80% after your \$25 copayment; you pay 20%
- You don't 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 19](#)

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 aren't eligible for benefits
- You must preauthorize
- In Utah County, you must receive care at the BYU Student Health Center

Deseret Mutual's Preferred Provider Network

If you're away from the area while you're enrolled in the Student Health Plan, you may obtain care from any qualified, appropriately licensed medical provider. However, it is to your advantage to make sure the physicians and hospitals providing your care are part of Deseret Mutual's Preferred Provider Network. Your benefits will be higher and the providers won't bill you for fees that exceed Deseret Mutual's maximum allowable charges (see [page 2](#)).

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

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

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

Hawaii: MDX Hawaii (formerly, Queen's Health Care Plan Network)
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.myfirsthealth.com (Login ID: DMB)

Emergencies

Life-threatening Emergencies

If you're faced with a life-threatening emergency, you should seek immediate medical treatment from a qualified, accessible provider. See [Emergency Room](#) on page 13.

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 aren't 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 isn't life threatening, contact a health center immediately. You'll be instructed to go either to the health center or to another emergency care provider for treatment. If the health center is closed, contact an after-hours facility or go directly to an urgent care facility or emergency room in the community. (Urgent care facilities are available in many areas. If your situation isn't life-threatening but needs immediate attention, an urgent care facility can often provide a less expensive alternative to a hospital emergency room.)

If you receive services in an emergency room and you're 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. Most follow-up care can be provided at the health centers. If you need to receive follow-up care outside of the health centers, you must preauthorize with a health center before you receive the care.

Remember, if you receive follow-up care outside of the health centers without preauthorization, you must pay a \$100 copayment per service.

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 continuous coverage from the Student Health Plan began.

Pre-existing conditions may be treated at the health centers. Plan benefits will apply for the care that is provided by health center staff and facilities.

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

If you have a break in coverage under the Student Health Plan (you let coverage lapse for more than 30 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 another plan before you enrolled in the Student Health Plan and you didn't 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're 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 coverage. For more information, please call Deseret Mutual.

Examples of conditions and procedures that are generally excluded as pre-existing include, but aren't 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 health centers, submit an itemized bill to:

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 health centers.

Large Claims Coverage

The plan provides Large Claims Coverage for all 3/4-time continuing students and their eligible dependents. This policy is separate from the Student Health Plan, and you don't need to be enrolled in the Student Health Plan to be covered by Large Claims Coverage Plan. Extended Coverage plans aren't eligible for Large Claims Coverage.

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

Before you can be eligible for benefits, you must document annual charges of \$37,500. All eligible expenses that exceed \$37,500 and aren't covered by a group plan or other primary insurance will be covered at 100% to a maximum of \$150,000 per person per academic year.

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

Contact Deseret Mutual if you need assistance from the Large Claims Coverage Plan or for more information about the plan's coverage and limitations.

Repatriation of Remains

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

Exclusions

Services that don't meet the definitions of eligible, as previously defined, aren't 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 and testing
- 1.2 Acupuncture
- 1.3 Vertebral column rehabilitation (chiropractic care) or massage therapy

Congenital Anomalies

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

Convenience Services

- 3.1 Care, treatment, supplies, or other services primarily for convenience, contentment, non-therapeutic purposes, or aren't clearly a medical necessity

Custodial Care

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

Dental Care

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

Diagnostic & Experimental Services

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

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

Educational Programs

- 7.1 Educational programs (except diabetes education) provided outside of the health centers (PMS clinics, etc.)

Exclusions (Continued)

Fertility / Family Planning / Home Delivery

- 8.1 Reproductive organ prostheses
- 8.2 Care, treatment, or operations received outside of the health centers in connection with sexual dysfunction
- 8.3 Care, treatment, or operations in connection with infertility
- 8.4 Care, treatment, services, or operations in relation to in vitro fertilization
- 8.5 Abortions, except in cases of rape or incest or when the life of the mother would be seriously endangered if the fetus were carried to term
- 8.6 Family planning, including contraception, birth control devices, surgery, and/or drugs
- 8.7 Planned home delivery for childbirth
- 8.8 Services related to the evaluation and treatment of the cause(s) of multiple miscarriages
- 8.9 All costs associated with surrogate parenting

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 and 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

Immunizations

- 11.1 Preventive medicine or vaccines, including flu shots and other immunizations

Legal Exclusions

- 12.1 Services provided before coverage begins, including hospital stays in progress on the effective date of coverage
- 12.2 Accidents sustained as a result of play, practice, or participation in intercollegiate sports (NCAA-sanctioned), the ROTC program, professional contests, or vehicular contests
- 12.3 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
- 12.4 Services the individual isn't, in the absence of this coverage, legally obligated to pay
- 12.5 Services received outside of the health centers that a third party, the liability insurance of a third party, or the uninsured motorist insurance pays or is obligated to pay
- 12.6 Conditions resulting from catastrophic events defined as an earthquake, fire, terrorist attack, any other accidental occurrence or series of one event, or a group of related events within seven days or less resulting in the death or serious injury of 20 or more covered students
- 12.7 Complications resulting from excluded services
- 12.8 Services not specified as covered
- 12.9 Care, treatment, or operations incurred after coverage ends

Medical Equipment

- 13.1 Multipurpose equipment or facilities, such as those listed in the [Durable Medical Equipment](#) chart on page 16

Medical Necessity / Cosmetic

- 14.1 Treatment or removal of warts, toenails, corns, or calluses received outside of the health centers
- 14.2 Care, treatment, or operations for bunions
- 14.3 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

Exclusions (Continued)

- 14.4 Care, treatment, diagnostic procedures, or other expenses for an abdominoplasty, breast reduction, lipectomy, panniculectomy, skin furrow removal, or diastasis rectus repair
- 14.5 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 / Substance Abuse

- 15.1 Marriage and family counseling received outside of the health centers
- 15.2 Care or treatment received outside of the health centers in connection with anorexia, bulimia, or other eating disorders
- 15.3 Care or treatment for mental health, counseling, or substance abuse rendered in a residential treatment center
- 15.4 Evaluation and/or treatment for learning disabilities and/or physical or mental developmental delay, including pervasive developmental disorders, and/or cognitive dysfunctions

Miscellaneous

- 16.1 Physical exams for the purpose of obtaining insurance, employment, or government licensing
- 16.2 Care, treatment, diagnostic procedures, equipment, or any other services for sleep disorders, chronic fatigue, or fibromyalgia
- 16.3 Deseret Mutual excludes sex change operations and all associated procedures and services (medical, psychological, pharmaceutical, surgical, etc.) from benefits in all medical plans
- 16.4 Care, treatment, diagnostic procedures, or other expenses when it has been determined by Deseret Mutual that brain death has occurred (see exclusion 2.1 for exceptions)
- 16.5 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
- 16.6 Treatment received outside of the health centers in connection with aviation-related accidents (including but not limited to parachuting, hang gliding, or ballooning events), other than for passengers on scheduled commercial airlines

Obesity

- 17.1 Care, treatment, or operations received outside of the health centers in connection with obesity or weight loss (including gastric bypass surgery)

Other Insurance / Workers' Compensation

- 18.1 Services covered or that could have been covered by applicable workers' compensation statutes
- 18.2 Services or materials covered or that could have been covered by insurance required or provided by any statute had the participant complied with the statutory requirements, including but not limited to no-fault insurance, except as provided at the health centers

Pain Control

- 19.1 Services received outside of the health centers for spinal cord stimulators

Pre-existing Conditions

- 20.1 If received before January 1, 2011, services received outside of the health centers for pre-existing conditions for 12 months following the participant's effective date of coverage

Prescription Drugs, Specialty Pharmacy Medications, Formulas, & Supplements

- 21.1 Prescription medicines/supplements aren't covered by the Student Health Plan but are available at the Student Health Center Pharmacy at discounted rates
- 21.2 Special formulas, food supplements, or special diets
- 21.3 Prescription drugs, high-cost injections, or specialty pharmacy medications for conditions including but not limited to: hemophilia (i.e., Factor Products, Benefix); multiple sclerosis (Avonex or Copaxone); HIV / AIDS; hepatitis C (Peg-Intron); oral or self-administered chemotherapy agents (Gleevec, Procrit, or Epogen); infertility injections; Crohn's disease (Remicade); rheumatoid arthritis (Raptiva or Enbrel); growth hormone deficiencies (Humatrope or Nutropin); asthma (Xolair); or diabetes (Byetta)

Routine Services

- 22.1 Routine physical exams (available at the BYU Student Health Center for a \$30 fee)

Exclusions (Continued)

22.2 Well baby care and physical therapy received outside of the health centers (if you are in Utah County)

22.3 Routine mammograms, routine pap smears (other than prenatal), premarital services, x-ray exams, psychological testing, and screening exams received outside of the health centers

Speech Therapy

23.1 Speech therapy and evaluation

TMJ

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

24.2 Jaw surgery (osteotomy)

Testing

25.1 Diagnostic services that are received outside of the health centers and aren't related to an injury or illness, unless otherwise provided for by the plan

Transplants

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

Vision

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

Claims Review Procedures

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

If you have concerns about the BYU Student Health Center, its staff, or services you receive there, please call the SHC director at 801-422-7443, or visit or write to 1750 N. Wymount Terrace Drive, Provo, Utah 84602.

If you have concerns about services you received outside of the health centers, 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 health centers, or concerning administrative or preauthorization procedures, please follow these steps:

- Submit a written statement to Deseret Mutual, Attention: Student Plan Claims Management. Please detail the nature of your complaint. Deseret Mutual will begin a review within 10 working days. After this review, you can expect a written response to the complaint.
- If your complaint still remains unresolved, you may submit it to: Student Health Plans Claims Review Committee, P.O. Box 45530, Salt Lake City, Utah 84145.

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

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

Please refer to the [table](#) on page 25 that shows when you must submit appeal requests, as well as when you can expect written responses to those requests.

CLAIMS REVIEW PROCEDURES

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

Subrogation

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

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

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

Important Dates

BRIGHAM YOUNG UNIVERSITY		
FALL SEMESTER 2010	Aug. 30	Coverage effective; fall semester premiums due
	Sep. 13	Last day for students to submit enrollment or certification of other coverage. If you don't pay premiums for fall semester, holds will be place on your financial account.
	Jan. 3	Fall semester coverage ends; coverage ends for students leaving school*
WINTER SEMESTER 2011	Jan. 4	Coverage effective; winter semester premiums due. If you're waiving the Student Health Plan, private health coverage must be effective.
	Jan. 18	Last day for students to submit enrollment or certification of other coverage. If you don't pay premiums for winter semester, holds will be place on your financial account.
	Apr. 25	Winter semester coverage ends; coverage ends for students leaving school*
SPRING TERM 2011	Apr. 26	Coverage effective; spring term premiums due. If you're waiving the Student Health Plan, private health coverage must be effective.
	May 3	Last day for students to submit enrollment or certification of other coverage. If you don't pay premiums for spring term, holds will be place on your financial account.
	Jun. 19	Spring term coverage ends
SUMMER TERM 2011	Jun. 20	Coverage effective; summer term premiums due. If you're waiving the Student Health Plan, private health coverage must be effective.
	Jun. 27	Last day for students to submit enrollment or certification of other coverage. If you don't pay premiums for spring term, holds will be place on your financial account.
	Aug. 28	Summer term coverage ends; 2010-2011 coverage ends for continuing students; coverage ends for students leaving school*
* Students who graduate, withdraw from school, or otherwise lose their continuing student status. When you withdraw, please notify the Student Health Plan office.		

LDS BUSINESS COLLEGE		
FALL SEMESTER 2010	Sep. 13	Fall semester coverage begins the first day of school
	Sep. 20	Insurance enrollment and premium due
	Dec. 16	Classes end
	Jan. 9	Fall semester coverage ends
WINTER SEMESTER 2011	Jan. 10	Winter semester coverage begins the first day of school
	Jan. 18	Insurance enrollment and premium due
	Apr. 13	Classes end
	May 31	Winter semester coverage ends
SUMMER SEMESTER 2011	Jun. 1	Summer semester coverage begins the first day of school
	Jun. 6	Insurance enrollment and premium due
	Aug. 23	Classes end
	Sep. 11	Summer semester coverage ends

Coordination of Benefits

The Student Health Plan adheres to appropriate coordination of benefits guidelines and regulations.

Notification of Benefit Changes

Deseret Mutual reserves the right to amend or terminate the plan at any time. If benefits change, we'll 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.

Notification of Discretionary Authority

Deseret Mutual and the BYU Student Health Center have full discretionary authority to interpret the plan and to determine eligibility. Deseret Mutual and the BYU Student Health Center have the sole right to construe plan terms. All Deseret Mutual and BYU Student Health Center decisions relating to plan terms or eligibility are binding and conclusive.

Fraud Policy Statement

It is unlawful to knowingly provide false, incomplete, or misleading facts or information with the intent of defrauding Deseret Mutual. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial, or termination of benefits or coverage under the policy and recovery of any amounts Deseret Mutual may have paid. Non-compliance with a contract prepared by Deseret Mutual addressing abuse of health-care benefits or systems may also lead to reduction, denial, or termination of benefits or coverage under the policy and recovery of any amounts Deseret Mutual may have paid.

Legal Notice

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

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 isn't the result of illness.

Acute

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

Alternative Care

Outpatient treatment for mental illness in lieu of inpatient care if you qualify for inpatient care and can be discharged from an inpatient acute care setting to a less expensive setting, such as day treatment or partial day treatment, without compromising the quality of care.

Contracted Facilities

Hospitals, labs, and 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 a 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 isn't 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 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.

Maximum Allowable Charges

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 isn't 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 aren't 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 haven't contracted with Deseret Mutual to provide services to participants.

Physician

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

Preauthorization

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

Residential Treatment Center

A facility that is licensed by the state to provide residential treatment that has licensed, clinical professionals providing specific treatment for mental illness, substance abuse, eating disorders, etc.

Surgical Center

A 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 doesn't provide services or other accommodations for patients to stay overnight

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