

Deseret Mutual Benefit Administrators

**LDS BUSINESS COLLEGE**

Student Health Plan  
2005-2006

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

## LDS BUSINESS COLLEGE STUDENT HEALTH PLAN SUMMARY OF BENEFITS

<b>University Family Health Center</b>	You and your covered dependents must use the University Family Health Center (UFHC) as your Primary Care Provider. Physician services at the UFHC will be paid at 100% after a \$5 copayment. Additional services, such as lab tests, x-rays, etc., will be covered at 80%. <b>Any service provided outside the UFHC requires preauthorization from Deseret Mutual.</b>	
<b>Preauthorizations</b>	All services outside the UFHC, except for emergency room visits, require preauthorization. If you or your covered dependents need to see a specialist outside the UFHC, you must contact Deseret Mutual at 1-800-777-3622 to obtain preauthorization before you receive the medical care (see <a href="#">page 10</a> ).	
<b>Copayments</b>	<b>UFHC:</b> \$5 for physician services. <b>Outside the UFHC:</b> \$25 per service for physician, urgent care, and other outpatient care (\$100 per service that is not preauthorized); \$50 for hospital emergency room visits; \$200 per hospital admission (\$300 per hospital admission that is not preauthorized).	
<b>Maximum Benefit</b>	There is a maximum benefit of \$20,000 per person per policy year for services outside the UFHC. For coverage of medical expenses above the maximum benefit, refer to Large Claims Coverage (see <a href="#">page 19</a> ).	
<b>Explanation of Covered Expenses</b>	All benefits are subject to the pre-existing conditions provision of the plan (see <a href="#">page 18</a> ). Plan payments are subject to maximum allowable charges, determined by Deseret Mutual (see <a href="#">page 3</a> ).	
<b>Covered Services</b>	<b>Contracted Provider</b>	<b>Non-Contracted Provider</b>
Hospital Medical Services: Semi-private room, surgical services & supplies, outpatient medical care	80% of allowable charges after copayment	50% of allowable charges after copayment
Ambulatory Surgical Center: Outpatient surgery, services, & supplies	80% of allowable charges after copayment	50% of allowable charges after copayment
Physician Medical Services: Office visits, hospital & skilled nursing facility visits, surgeon & surgical assistant (anesthesiologist)	80% of allowable charges after copayment	50% of allowable charges after copayment
Emergency Care: Emergency room services & supplies	80% of allowable charges after copayment	
Skilled Nursing Facility: Semi-private room, services, & supplies	80% of allowable charges after copayment	50% of allowable charges after copayment
Home Health Care: Services & supplies from a home health agency	80% of allowable charges after copayment	50% of allowable charges after copayment
Durable Medical Equipment: Rental or purchase of DME (see <a href="#">page 15</a> )	80% of allowable charges after copayment	50% of allowable charges after copayment
Maternity Care: <ul style="list-style-type: none"> <li>• Hospital and ancillary services</li> <li>• Physician office visits</li> </ul> (See <a href="#">pages 13 to 14</a> )	<ul style="list-style-type: none"> <li>• 80% of allowable charges after copayment</li> <li>• 80% of allowable charges after \$25 copayment per visit to a maximum of \$150 for routine care</li> </ul>	<ul style="list-style-type: none"> <li>• 50% of allowable charges after copayment</li> <li>• 50% of allowable charges after \$25 copayment per visit to a maximum of \$150 for routine care</li> </ul>
Diagnostic X-ray & Lab Services: CT, MRI, ultrasound, lab, and pathology	80% of allowable charges after copayment	50% of allowable charges after copayment
Outpatient Therapy: Radiation therapy, chemotherapy, dialysis, physical therapy (See <a href="#">page 16</a> )	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

This summary of benefits provides a brief review of plan benefits. For complete details of coverage, including limitations and exclusions, refer to the Student Plan Handbook at [www.dmba.com/nsc/student/handbooks.htm](http://www.dmba.com/nsc/student/handbooks.htm) or pick up a copy at the University Family Health Center Office.

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## Who to Contact

### For All Medical Care

**University Family Health Center**  
Wasatch Medical Clinics  
555 Foothill Boulevard  
Salt Lake City, Utah 84112  
(Corner of Foothill Boulevard and Wasatch Drive)  
Telephone: 1-801-581-8000

**Sugarhouse Health Center**  
1138 Wilmington Avenue  
Salt Lake City, Utah 84106  
Telephone: 1-801-581-2000

### For Claims Payment, Benefit Questions, and Preauthorization

**Deseret Mutual Student Health Plans**  
P.O. Box 45530  
Salt Lake City, Utah 84145  
Telephone: 1-801-578-5600  
Toll Free: 1-800-777-3622

### For Enrollment and Premium Payment

**LDS Business College**  
411 East South Temple  
Salt Lake City, Utah 84111  
Telephone: 1-801-524-8143

### Deseret Mutual's Preferred Provider Network

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

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

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

### Student Health Plan Handbook

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

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## To All Students and Their Parents

Adequate health and medical coverage has become a critical factor in today's society. Medical emergencies can create debts that last a lifetime. One young couple, whose premature baby spent three weeks in a hospital, had hospital and doctor bills that could have lasted until their child had children of his own. You simply cannot afford to be without adequate medical insurance.

To that end, all Church-owned schools — including LDS Business College — now require their students to have health insurance. Enrollment in the LDS Business College Student Health Plan satisfies the health insurance requirement, as does enrollment in a group medical plan provided by your employer or your spouse's or parents' employer. The Student Health Plan offered 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.

Please read the information in this pamphlet carefully. It explains services and benefits, and outlines procedures you should follow. If, after reading the pamphlet, you need more information, feel free to call us at 1-801-524-8116.

We hope you never need your health plan, but should illness or emergency strike, we hope you are prepared.

Sincerely,



Stephen K. Woodhouse  
President,  
LDS Business College

## Insurance Requirement

Most medical expenses are unforeseen. And as the costs of medical services have increased dramatically in recent years, even a relatively minor accident or illness may result in significant expense. A serious illness or injury can cause a student to leave school and pay major medical bills for years. Fortunately, medical insurance provides a way to help you defray some of these costs.

LDS Business College requires all full-time continuing students to have adequate medical insurance for the duration of their enrollment at LDS Business College. In other words, you must have insurance the entire time you are a continuing LDS Business College student, including during any summers you take off or other short-term breaks from classes.

To satisfy the insurance requirement, you must enroll in either the LDS Business College Student Health Plan or a group medical plan provided by your employer or your spouse's or parents' employer. For any other medical insurance plan to meet this requirement, it must:

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

If you choose a medical plan other than the Student Health Plan, you must provide verification of adequate insurance coverage each academic year.

Whether you select the Student Health Plan or some other medical plan, you must complete the Student Insurance Enrollment / Waiver Form and return it to the Cashier's Office at the beginning of your first semester/term and at the beginning of each academic year thereafter (fall semester). Student Insurance Enrollment forms and payments are due by the tuition due date (see *Important Dates* beginning on [page 26](#)).

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Full-time students (12 or more credit hours per semester) who do not return a properly completed waiver form to LDS Business College as indicated earlier, will automatically be enrolled for individual coverage and assessed the appropriate premium. For semester and term waiver deadlines, see [Important Dates](#) beginning on page 26.

Spouses and dependents will not be enrolled automatically the first semester that you are on the plan. If you want coverage for your spouse and dependents, you must enroll them in the plan by completing a Student Insurance Enrollment form.

Student Insurance Enrollment / Waiver Forms must be obtained from and returned to the Cashier's Office. Our office is located at 411 East South Temple, Salt Lake City.

If you drop below full-time status at any time during the academic year (including taking a semester off), you will need to enroll in Away-From-Campus Coverage (see [page 6](#)). Remember, you are required to have coverage while you are enrolled as a full-time student.

For information about the LDS Business College Student Health Plan, please call 524-8116, or contact the Cashier's Office.

## LDS Business College Student Health Plan for 2005-2006

LDS Business College offers students a health plan that provides access to a comprehensive network of medical providers. Plan benefits cover a wide range of basic medical services. LDS Business College has contracted with Deseret Mutual, based in Salt Lake City, to administer this plan.

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

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

## Important Keys to Remember

- The University Family Health Center (UFHC) is your primary source of medical care. Always consult the UFHC first.
- In an emergency, you should always get the appropriate care immediately. Please see [page 18](#) for information on what to do in an emergency.
- As a member of the plan, Deseret Mutual will assign you a unique ID number, which is your policy number. A Student Health Plan ID card will be sent to you after you are enrolled in the plan. You do not need to have an ID card to be eligible to receive medical benefits. Once you received your ID card, present it to the provider at the time of service. Contact Deseret Mutual if you do not receive your ID card within six weeks of the first day of class or if you have lost your card.
- Preauthorization from Deseret Mutual is required before you receive care outside the UFHC. And a referral from your physician does not constitute preauthorization. You must contact Deseret Mutual to preauthorize services outside the UFHC.
- Always receive care from providers who are contracted through Deseret Mutual's Preferred Provider Network. If you use non-contracted providers, your insurance benefits may be lower. See [page 17](#) for information on the Preferred Provider Network.

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- If you use non-contracted providers, you will be responsible to pay any charges that exceed the maximum allowable limits.
  - New dependents must be enrolled within 60 days of the qualifying event (marriage, birth, or adoption placement).
  - Notify the LDS Business College Cashier's Office immediately of any newborn dependents or other changes to your insurance coverage.
  - Not all services are covered by the plan. Please read the [exclusions](#) beginning on page 20 carefully to see which services are not covered.
  - It is important for you to maintain continuous insurance coverage, even if you are away from school during the summer. A break in your coverage could restart the pre-existing conditions exclusion.
  - Your student account will be charged the appropriate premium (based on the coverage option you choose) at the beginning of each semester during the academic year.

## How Does the Student Health Plan Work?

All medical care from this plan is managed by the University Family Health Centers (see [page 9](#)). When you enroll, your primary medical care, including maternity care, will be provided by the University Family Health Centers (UFHC).

If a UFHC clinician determines that you need medical care that is not available at the UFHC, you will be referred to a physician, lab, hospital, or surgical center for specific care. Some of these specialists may also be located in the Wasatch Clinics building or in the nearby community. For care provided outside the UFHC to be eligible for maximum benefits, a preauthorization must be made by Deseret Mutual before you receive care (see instructions on [page 10](#)).

The Student Health Plan provides an excellent range of medical benefits, but there are some services that are excluded from coverage. Please refer to [pages 20 to 23](#) for information about plan limitations and exclusions.

## How Are Medical Services Paid?

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

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

In some cases, the provider of the care will bill more than Deseret Mutual's **maximum allowable charges** for the services given (see [page 28](#)). 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 do not need to pay any amount over the maximum allowable charges. When health care providers contract with Deseret Mutual, they agree not to bill you for more than the maximum allowable amount. (See [page 17](#) for information about contracted providers.)
- If you receive your care from a provider who is **not contracted** with Deseret Mutual, you may be billed for any charges over the plan's maximum allowable amount. It then becomes your responsibility to pay those additional charges.

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

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## Your Copayments

For physician services you receive at the UFHC, including office visits and emergency care, your copayments are \$5 per service.

For authorized services you receive outside the UFHC 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 do not preauthorize services you receive outside the UFHC when necessary, you pay an additional \$100 copayment per service

As you can see, it is very important to preauthorize services you receive outside the UFHC. Please see [page 10](#) for more information.

## Amount Paid By the Student Health Plan / Your Coinsurance

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

The Plan Pays:	You Pay:
<b>Services at the UFHC</b>	
100% for physician services 80% for lab and X-ray	0% for physician services 20% for lab and X-ray
<b>Services Outside the UFHC</b>	
Contracted providers: 80% Non-contracted providers: 50%	Contracted providers: 20% Non-contracted providers: 50%

Benefits for all services outside the UFHC are based on the lesser of billed charges, contracted rates, or the maximum allowable charges for the services received, as determined by Deseret Mutual.

The maximum benefit is \$20,000 per academic year. For coverage of medical expenses above the maximum benefit, refer to the LDS Business College Large Claims Coverage Plan.

## Who Is Eligible to Enroll?

**Students:** You may enroll in the LDS Business College Student Health Plan if you are a full-time continuing student (enrolled in 12 or more credit hours per semester).

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

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

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- Your unmarried child who is 26 or older and incapable of self-support because of mental or physical incapacity that existed before the child reached 26 and who is primarily dependent upon you for support.
  - Your stepchild (child of your spouse) younger than 26. If the stepchild is younger than 18, your spouse must have a court order granting full or partial custody.

## How Do I Enroll?

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 full-time student at LDS Business College. Your enrollment will generally remain in effect until the end of the academic year (see [When Does Coverage End?](#) on page 8).

You may renew your enrollment in the Student Health Plan at the beginning of each academic year thereafter (at the beginning of each fall semester).

You must submit your enrollment application for new or renewed coverage before the enrollment deadlines specified in the [calendar](#) beginning on page 26.

### Automatic Enrollment

Please note, all full-time continuing students who do not enroll in the Student Health Plan or provide verification of other insurance that meets LDS Business College's requirements will automatically be enrolled in the Student Health Plan for individual coverage and will be assessed the appropriate premium. Your dependents will not automatically be enrolled in the plan. To insure your dependents, you must return an enrollment form and pay the appropriate premium before the deadline each year.

## Can I Change My Enrollment Midyear?

If you enroll for individual coverage and do not enroll your dependents, you may not add them to your insurance coverage midyear; you must wait until the beginning of the next academic year to do so.

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

If you change from a full-time student to a part-time student midyear, your coverage will continue to the end of the current semester or term.

If you waive enrollment in the Student Health Plan for yourself and/or your dependents because you have other insurance that meets LDS Business College's 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 enroll in the Student Health Plan and subsequently obtain other insurance that meets LDS Business College's requirements, you may discontinue your enrollment in the Student Health Plan at the beginning of the next semester or term. To do so, you must submit certification of the other coverage to the Cashier's Office at LDS Business College.

## What About Short Breaks from School?

If you enroll in the Student Health Plan for the academic year and then decide to take a semester or term off by not enrolling in classes full time but you do not withdraw from the College or otherwise lose your status as a continuing student, you will be covered by the Away-From-Campus option of the Student Health Plan during that semester or term.

If you are not enrolled for classes during summer term, you will be considered a withdrawn student and will not be enrolled for coverage during that term. If you would like your coverage to continue during that term, you will need to contact the Cashier's Office directly to enroll in Away-From-Campus Coverage. Please see [What is "Away-From-Campus Coverage"?](#) on page 6 for more information.

## What If I Go on a Mission?

If you leave LDS Business College to serve a mission, you will not be covered by the Student Health Plan during your mission. You may re-enroll when you return to LDS Business College.

## Can I Continue My Enrollment After I Leave LDS Business College?

Yes, within certain limitations. Please see [What Is "Extended Coverage"?](#) on page 7.

## Coverage Options

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

If you are:	Your coverage option is:
Enrolled in classes on campus full time	Regular On-Campus coverage
Enrolled in an internship required for your degree	Away-From-Campus coverage (See <a href="#">page 7</a> )
Admitted as a continuing student but taking a semester or term off (or enrolled in classes for fewer credit hours than full time)	Away-From-Campus coverage (See <a href="#">page 7</a> )
Graduated, or withdrawn from school	Extended Coverage (Optional: separate enrollment required) (See <a href="#">page 7</a> )

The benefits for services received outside the UFHC are the same for all coverage options. All services received outside the UFHC, other than emergency care, require preauthorization.

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

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

If you are enrolled in the Student Health Plan for the academic year, but you are taking a temporary break from enrollment in classes (for example, if you take summer term off), and you are leaving the Salt Lake City area, you may change your enrollment to the Away-From-Campus option.

If you have enrolled your dependents in the plan for the year, they may also 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.

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

While you are enrolled in the Away-From-Campus 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 17](#)). You will still need to preauthorize any care you receive outside the UFHC.

## What Is "Extended Coverage"?

Your Student Health Plan coverage terminates at the end of the semester or term in which you graduate, withdraw from LDS Business College, or otherwise lose your status as a continuing student (please see the [calendar](#) beginning on page 26 for the dates that coverage ends).

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

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

You may add newly acquired dependents to your coverage only as outlined on [page 5](#). If adding a new dependent changes your coverage option and premium, the additional premium for the month in which the dependent became eligible must be included with the enrollment form.

## How Does Extended Coverage Work?

While you are enrolled in this option, you may receive your medical care from any qualified, appropriately licensed medical provider. However, it will be to your advantage to use providers who are part of Deseret Mutual's national Preferred Provider Network whenever possible (please see [page 17](#)). You will still need to preauthorize any care you receive outside the UFHC.

## How Do I Enroll in Extended Coverage?

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

To enroll, complete an Extended Coverage enrollment form and return it to the LDS Business College Cashier's Office before the end of your last semester or term at LDS Business College. Also, you must include your premium payment for your first month of coverage.

To renew your coverage from month to month, submit your enrollment form and premium payment to the LDS Business College Cashier's Office at least five days before the end of the previous month of coverage. Renewal applications that are not submitted within five working days of the end of the previous month will not be accepted. It is very important for you to meet these deadlines. If you do not renew your coverage in time, your coverage will end and you will not be eligible to re-enroll.

For more information about Extended Coverage, see [page 7](#).

## When Does Coverage Begin?

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

	You and Your Current Dependents	New Dependent (Marriage, Birth, Adoption)
Regular On-Campus or Away-From-Campus Coverage	First day of classes for new semester/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 in which you enroll.	

## When Does Coverage End?

When you enroll in the Student Health Plan, you enroll for an entire academic year. The coverage option you choose (either individual or family coverage) will generally remain in effect until the end of the academic year (12:01 a.m. on the first day of classes for the next fall semester). However, if you are not enrolled in classes for summer term, you will be considered a withdrawn student and will not be automatically enrolled for coverage during that term. If you would like your coverage to continue during that term, you will need to contact the Cashier's Office directly to enroll in Away-From-Campus coverage.

In most cases, coverage will end as follows:

	Graduation or Loss of Continuing Student Status	Loss of Eligibility for Dependent	Move to Other Available Insurance
Regular On-Campus or Away-From-Campus Coverage	End of last semester/term in school	End of semester/term in which 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 for which premiums have been paid		

Please see the [calendar](#) beginning on page 26 for the exact dates that coverage begins and ends for the 2005-2006 academic year.

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

## What If I Visit Another Church University?

If you receive services at the Health Center of another Church university, the services will be covered as if you had received services outside the Health Center and at the contracted provider benefit. However, you will need to pay the 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 of the covered portion. See [pages 10 to 17](#) for coverage amounts. You will not need preauthorization.

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## What Are the Student Health Plan Premiums?

	Regular On-Campus and Away-From-Campus Coverage			Extended Coverage
	Fall Semester	Winter Semester	Summer Term	
Single Student Only	\$216	\$216	\$144	\$195/month
Student Plus One Dependent	\$774	\$774	\$516	\$479/month
Student Plus Two or More Dependents	\$1,233	\$1,233	\$822	\$712/month

## When Are Premiums Due?

Premiums are due at the same time as tuition and other fees each semester or term.

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

## Where Are the UFHC Clinics and When Are They Open?

You may use either of these UFHC clinics:

**Wasatch Medical Clinic**

555 Foothill Boulevard  
Salt Lake City, Utah 84112  
Telephone: 801-581-8000

Appointment hours:

9 a.m. to 7 p.m., Monday — Thursday  
9 a.m. to 5 p.m., Friday  
9 a.m. to Noon, Saturday

**Sugarhouse Health Center**

1138 Wilmington Avenue  
Salt Lake City, Utah 84106  
Telephone: 801-581-2000

Appointment hours:

8:30 a.m. to Noon, 1:30 to 5:00 p.m.  
Monday — Friday

Both clinics begin taking calls for appointments at 8:30 a.m.

In an emergency, you may call the telephone numbers listed above at any time to reach the physician-on-call (see [What Should I Do in an Emergency?](#) on page 18).

## What Medical Services Are Available at the UFHC?

Primary medical care, which includes most non-hospital care, is provided at the UFHC. This means the UFHC's primary care clinicians will provide most of your care. However, in some cases they may refer you to another provider for specialty care.

The UFHC has the staff and facilities to provide most care in the following areas:

- 
- Allergies
  - Diagnostic x-ray & laboratory services
  - Ear, nose, & throat
  - Gynecology / obstetrics
  - Internal medicine
  - Limited dermatology
  - Nutrition counseling
  - Pediatrics
  - Primary care
  - Urgent care

Please note, some routine physical exams that are available at the UFHC are not covered by the plan.

**Maternity care is provided at the UFHC. To be eligible for maternity benefits, you must maintain coverage continuously from the date of conception.**

## Services Outside the UFHC

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

### Preauthorization

For services from a provider outside of the UFHC to be eligible for maximum plan benefits, you must receive preauthorization from Deseret Mutual before you receive the medical care.

If your referred provider recommends care that is not specified in the referral from the UFHC (such as additional office visits, tests at another facility, or consultation from 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 authorization must also be authorized in advance by Deseret Mutual.

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

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

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

## What Services Are Covered Outside the UFHC?

Please refer to [page 4](#) for information about the benefits payable for services outside the UFHC.

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

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

### Allergy Services

- 80% after a \$25 copayment: Contracted provider
- 50% after a \$25 copayment: Non-contracted provider
- Preauthorization is required

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## Ambulance (Land and Air)

- 80% after a \$25 copayment
- The plan will cover licensed ambulance services to the nearest medical facility that is equipped to furnish the appropriate care

## Anesthesia

- 80 percent

## Cardiovascular Services

- 80% after a \$25 copayment: Contracted provider
- 50% after a \$25 copayment: Non-contracted provider
- Preauthorization is required

## Chemotherapy

- 80%: Contracted provider
- 50%: Non-contracted provider
- Preauthorization is required

## Dental Accident Benefit

- 80% after a \$25 copayment: Contracted provider
- 50% after a \$25 copayment: Non-contracted provider
- Maximum benefit of \$3,000 per plan year
- Benefits apply only to services made necessary as a direct result of an accidental injury that occurs while you are covered by the plan
- Benefits apply only to services received while you are insured by the plan
- Preauthorization is required

## Diabetes Education

- 80% after a \$25 copayment: Contracted provider
- 50% after a \$25 copayment: Non-contracted provider
- Maximum benefit of \$200 per plan year
- Preauthorization is required

## Diabetic Supplies

- 80%: Contracted provider
- 50%: Non-contracted provider
- Insulin is considered a prescription drug and is not covered

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## Dialysis

- 80%: Contracted provider
- 50%: Non-contracted provider
- Preauthorization is required

## Emergency Room

- 80% after a \$50 copayment
- See [Hospital Emergency Room](#) on page 12 or [Urgent Care Facility](#) on page 17

## Eye Exams

- 80% after a \$25 copayment: Contracted provider
- 50% after a \$25 copayment: Non-contracted provider
- One routine eye exam per person is covered per academic year
- Eye exams for medical conditions such as glaucoma may be available more often. Preauthorization is required

## Gastroenterology Services

- 80%: Contracted provider
- 50%: Non-contracted provider
- Preauthorization is required

## Hearing Tests

- 80%: Contracted provider
- 50%: Non-contracted provider
- Preauthorization is required

## Home Health Care

- 80% after a \$25 copayment: Contracted provider
- 50% after a \$25 copayment: Non-contracted provider
- Services must be performed by a licensed Registered Nurse (R.N.) or a Licensed Practical Nurse (L.P.N.)
- Custodial care is not covered (maintaining a patient beyond the acute phase of injury or illness, including room, meals, bathing, dressing, home health aides, etc.)
- If you would like more information before you receive services, contact Deseret Mutual
- Preauthorization is required

## Hospital Emergency Room

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

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## Inpatient Hospital Services

- 80%: Contracted facility
- 50%: Non-contracted facility
- \$200 copayment per admission (\$50 for newborn infants)
- When semi-private rooms are available, the plan will not pay for private rooms
- Preauthorization is required. If you do not preauthorize your hospital stay, you will be charged an additional \$100 copayment

## Inpatient Physician Services

- 80%: Contracted provider
- 50%: Non-contracted provider

## Laboratory Services

- 80%: Contracted provider
- 50%: Non-contracted provider

## Maternity – Hospitalization

- 80%: Contracted facility
- 50%: Non-contracted facility
- \$200 copayment per admission (\$50 for newborn infants)
- When you deliver at a contracted hospital, services are provided at discounted rates. Contact the Student Health Plans team at Deseret Mutual for more information about the contracted rates
- Preauthorization is required for hospital stays (when medically necessary) of more than two days for a vaginal delivery or four days for a cesarean section delivery. If you do not preauthorize your extended hospital stay, additional days will be subject of medical review and you will be charged an additional \$100 copayment. For preauthorization, contact Deseret Mutual before your stay is extended

## Maternity – Physician / Nurse-Midwife Services

- 80%: Contracted provider
- 50%: Non-contracted provider
- \$25 copayment per visit (maximum total copayment of \$150 for routine care)
- To be eligible for maternity benefits, you must maintain coverage continuously from the date of conception to the date of delivery. If you have been covered by another health insurance plan prior to 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

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- Maternity care is provided at the UFHC. Preauthorization from Deseret Mutual is required if you receive care outside the UFHC
  - Other physicians involved in the medical care for you and your baby, such as anesthesiologists or pediatricians, will bill you separately. Regular plan benefits and copayments will also apply to these charges
  - Remember, you will receive separate bills for the newborn baby's medical care. If you want to insure your newborn child and receive plan benefits for the baby's expenses, contact LDS Business College within 60 days of the birth (see [page 4](#))
  - During this important time, we strongly encourage participation in Deseret Mutual's BirthWISE program. The BirthWISE program is designed to make sure you have access to sound, reliable health information for you and your baby. For example, BirthWISE provides an excellent pregnancy resource book as well as other education materials throughout your pregnancy. In addition, BirthWISE nurses are available to answer questions, help coordinate care and offer support.

Best of all, there is no additional cost for participation in the BirthWISE program. In fact, BirthWISE offers a financial incentive for successful completion of the program. For more details and to sign up for the program, visit [www.dmba.com/nsc/student/student.htm](http://www.dmba.com/nsc/student/student.htm) (click on Request a BirthWISE consultation) or call 1-877-638-2556

## Medical Equipment

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

Durable medical equipment is defined as equipment that:

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

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

For information about which types of equipment must be preauthorized, please refer to the table on [page 15](#). This table also includes a list of excluded items. Please be aware, this table is not intended to be comprehensive but it will give you an idea of the types of medical equipment that are eligible for benefits.

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

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

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## Medical Supplies

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

## Office Visits

- 80% after a \$25 copayment: Contracted provider
- 50% after a \$25 copayment: Non-contracted provider
- Preauthorization is required

## Physical Therapy – Outpatient

- 80% after a \$25 copayment: Contracted provider
- 50% after a \$25 copayment: Non-contracted provider
- The plan will cover a maximum of 20 visits per person per academic year
- Inpatient visits do not apply to your 20-visit annual outpatient maximum
- Preauthorization is required

## Prosthetics

- 80% after a \$25 copayment: Contracted provider
- 50% after a \$25 copayment: Non-contracted provider
- To be eligible for benefits, you must have a prescription from your physician
- This benefit includes prosthetics such as artificial arms, legs, or eyes
- Preauthorization is required

## Radiation Therapy

- 80%: Contracted provider
- 50%: Non-contracted provider
- Preauthorization is required

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

- 80 percent
- \$25 copayment for CT Scans and MRIs
- Some services, like Magnetic Resonance Imaging (MRI), must be preauthorized

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## Surgery – Inpatient Hospital Services

- 80% after a \$25 copayment: Contracted facility
- 50% after a \$25 copayment: Non-contracted provider
- Preauthorization is required

## Surgery – Outpatient Hospital Services

- 80% after a \$25 copayment: Contracted facility
- 50% after a \$25 copayment: Non-contracted facility
- Preauthorization is required

## Surgery – Physician Services

- 80% after a \$25 copayment: Contracted provider
- 50% after a \$25 copayment: Non-contracted provider
- Preauthorization is required

## Urgent Care Facility

- 80% after a \$25 copayment
- You do not need to coordinate the initial visit with the UFHC. But you must notify the UFHC to authorize any follow-up care that may be needed
- For more information about what to do in an emergency, see [page 18](#)

## Well Baby Care

- 80% after a \$25 copayment: Contracted provider
- 50% after a \$25 copayment: Non-contracted provider
- Immunizations are not covered

## Are There Services the Plan Does Not Cover?

Yes. Please refer to [pages 20 to 23](#) for a list of plan exclusions.

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

If you are away from the Salt Lake City area while you are enrolled in the Student Health Plan, you may obtain care from any qualified, appropriately licensed medical provider. However, it is to your advantage to make sure the physicians and hospitals providing your care are part of Deseret Mutual's Preferred Provider Network.

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

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

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

## What Should I Do in an Emergency?

If you are faced with a life-threatening emergency, you should seek immediate medical treatment from a qualified, accessible provider. Plan benefits for treatment outside the UFHC 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 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, contact the UFHC immediately. You will be instructed to go either to the UFHC or to another emergency care provider for treatment. If the UFHC is closed, go directly to an urgent care facility in the community or to an emergency room. (Urgent care facilities are available in many areas. If your situation is not 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 are subsequently admitted to the hospital, you must call Deseret Mutual to preauthorize the admission within two business days. If you receive emergency care in a physician's office after business hours, you must also call Deseret Mutual for preauthorization.

## What About Follow-Up to Emergency Care?

For all emergencies, contact the UFHC before you receive any follow-up care. Most follow-up care can be provided at the UFHC. If you need to receive follow-up care outside the UFHC, you must have preauthorization from Deseret Mutual before you receive the care.

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

## What Is a Pre-existing Condition?

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

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

Pre-existing conditions are excluded from coverage unless coverage has been in effect continuously for 12 months.

If you have a break in coverage under the LDS Business College 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.

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

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

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

## How Do I Submit a Claim for Payment?

To receive plan benefits, submit an itemized bill and claim form, along with the authorization 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.

## Large Claims Coverage

LDS Business College provides Large Claims Coverage for all full-time students and their eligible dependents. This policy is separate from the Student Health Plan; you must be enrolled as a full-time student at LDS Business College, but you do not need to be enrolled in the Student Health Plan to be covered by LDS Business College's Large Claims Coverage Plan.

If you drop to a class load that is less than full time, if you take a semester or term off, or if you leave LDS Business College, you will continue to be eligible for Large Claims Coverage for up to four months after the end of the semester or term for which you were enrolled as a full-time student.

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

Before you can be eligible for benefits, you must satisfy a \$25,000 annual deductible. For eligible expenses that exceed \$25,000 that are not covered by a group plan or other primary insurance, the plan provides 100 percent coverage to a maximum of \$100,000 per person per academic year.

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

Contact Deseret Mutual if you need assistance from the Large Claims Coverage Plan. For more information about the plan's coverage and limitations, see the Large Claims Coverage Agreement, available for review at LDS Business College.

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## Exclusions

The following exclusions apply to all coverage options. The plan excludes coverage for any charges that do not meet the definition of eligible charges as previously defined, and in addition, any charges for:

### Alternative Care

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

### Congenital Anomalies

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

### Convenience Services

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

### Custodial Care

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

### Dental Care

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

### Diagnostic & Experimental Services

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

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

### Educational Programs

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

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## Fertility / Family Planning / Home Delivery

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

## Government / War

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

## Hearing

- 10.1 The purchase or fitting of hearing aids

## Legal Exclusions

- 11.1 Services provided before coverage begins, including hospital stays in progress on the effective date of coverage and services after coverage ends
- 11.2 Accidents sustained as a result of play, practice, or participation in intercollegiate sports, professional contests, or vehicular contests
- 11.3 Services incurred in connection with injury arising from participation in or attempt at committing an assault or felony, participation in illegal acts of violence, or services provided as a result of a court order or for other legal proceedings
- 11.4 Any services where the covered person has no legal obligation to pay
- 11.5 Any services that a third party or the liability insurance of a third party or the uninsured motorist insurance pays or is obligated to pay
- 11.6 Conditions caused by or 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
- 11.7 direct complications resulting from excluded services
- 11.8 benefits or services not specified as covered
- 11.9 care, treatment, or operations incurred after termination of benefits

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## Medical Equipment

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

## Medical Necessity / Cosmetic

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

## Mental Health / Counseling / Chemical Dependency

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

## Miscellaneous

- 15.1 Physical exams for the purpose of obtaining insurance, employment, or government licensing
- 15.2 Care, treatment, diagnostic procedures, or any other services for sleep disorders, chronic fatigue, or fibromyalgia
- 15.3 Care, treatment, diagnostic procedures, or any other expenses when it has been determined by Deseret Mutual that brain death has occurred
- 15.4 Services of any provider of the healing arts who ordinarily resides in the same household with the participant and/or his dependents, or has legal responsibility for financial support and maintenance of the participant and/or his dependents
- 15.5 Aviation-related accidents (including but not limited to parachuting, hang gliding, or ballooning events), other than to passengers on scheduled commercial airlines

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## Obesity

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

## Other Insurance / Workers' Compensation

17.1 Which coverage is provided by applicable Workers' Compensation statutes

17.2 Services or materials covered, or which could have been covered, by insurance required or provided by any statute, including but not limited to no-fault insurance, except as provided at the Health Center

## Pain Control

18.1 Services provided outside the UFHC for chronic pain management

## Pre-existing Conditions

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

## Prescription Drugs, 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

## Routine Services

21.1 Routine physical exams, pap smears, premarital services, and other routine X-ray exams, or routine 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 purposes that are not related to an injury or sickness, unless otherwise provided for by the terms of the plan

## Transplants

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

## Vision

26.1 Eyeglasses and contact lenses or the replacement or prescription thereof

26.2 Care, treatment, diagnostic procedures, or any other expenses for surgery to correct visual acuity

## Claims Review Procedures

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

If you have concerns about the Student Health Plan or the medical services you receive, please contact the Student Health Plans Team at Deseret Mutual at 1-800-777-3622.

To file a complaint about claims for services received outside the UFHC, 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 UFHC 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)

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## Subrogation

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

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

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

## Coordination of Benefits

The LDS Business College Student Health Plan adheres to the Coordination of Benefits guidelines and regulations provided by the Utah Department of Insurance.

## Notification of Benefit Changes

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

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

## Notification of Discretionary Authority

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

## Fraud Policy Statement

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

## Legal Notice

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

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## Important Dates

### FALL SEMESTER 2005

- Aug. 15 2005-2006 insurance forms due
  - Fall semester premiums due
  - Tuition payment deadline
- Aug. 22 2005-2006 coverage begins
  - Fall semester classes begin
- Aug. 26 Last day to drop classes
- Aug. 29 Last day to add classes
- Dec. 9 Fall semester classes end
- Jan. 8 Fall semester coverage ends
  - Coverage ends for students leaving LDS Business College

### WINTER SEMESTER 2006

- Jan. 2 2005-2006 insurance forms due from new students
  - Winter semester premiums due
  - Tuition payment deadline
- Jan. 9 2005-2006 coverage begins
  - Winter semester coverage begins
- Jan. 13 Last day to drop classes
- Jan. 16 Last day to add classes
  - Human Rights Day holiday
- May 3 Winter semester classes end
- May 14 Winter semester coverage ends
  - Coverage ends for students leaving LDS Business College

### SUMMER TERM 2006

- May 8 2005-2006 insurance forms due from new students
  - Summer term premiums due
  - Tuition payment deadline
- May 15 2005-2006 coverage begins
  - Summer term classes begin
- May 19 Last day to drop classes
- May 22 Last day to add classes
  - 4th of July Holiday
- Jun. 30 Summer term classes end
- Aug. 27 Summer term coverage ends
  - Coverage ends for students leaving LDS Business College

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## Definitions

### Accident

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

### Acute

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

### Coinsurance

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

### Contracted Facilities

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

### Contracted Providers

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

### Copayment

The initial portion of the charges for eligible services that the insured member is responsible for paying.

### Custodial Care

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

### Elective Surgery

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

### Eligibility Date

The date a student becomes eligible for insurance benefits.

### Eligible Charges

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

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

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

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## Emergency Care

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

## Extended Care Facility

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

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

## Maximum Allowable Charge

The maximum amount Deseret Mutual will pay for 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, sickness, or congenital defect.

## Medical Supplies

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

## Medical Treatment

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

## Non-Contracted Facilities

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

## Physician

A practitioner of the healing arts, practicing within the scope of his/her license, who is duly qualified and licensed to practice.

## Preauthorization

When Deseret Mutual is notified in advance of a medical procedure so that a review may be conducted before treatment is obtained.

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## Sickness

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

## Surgical Center

Any licensed public or private establishment:

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



DESERET MUTUAL  
BENEFIT ADMINISTRATORS

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