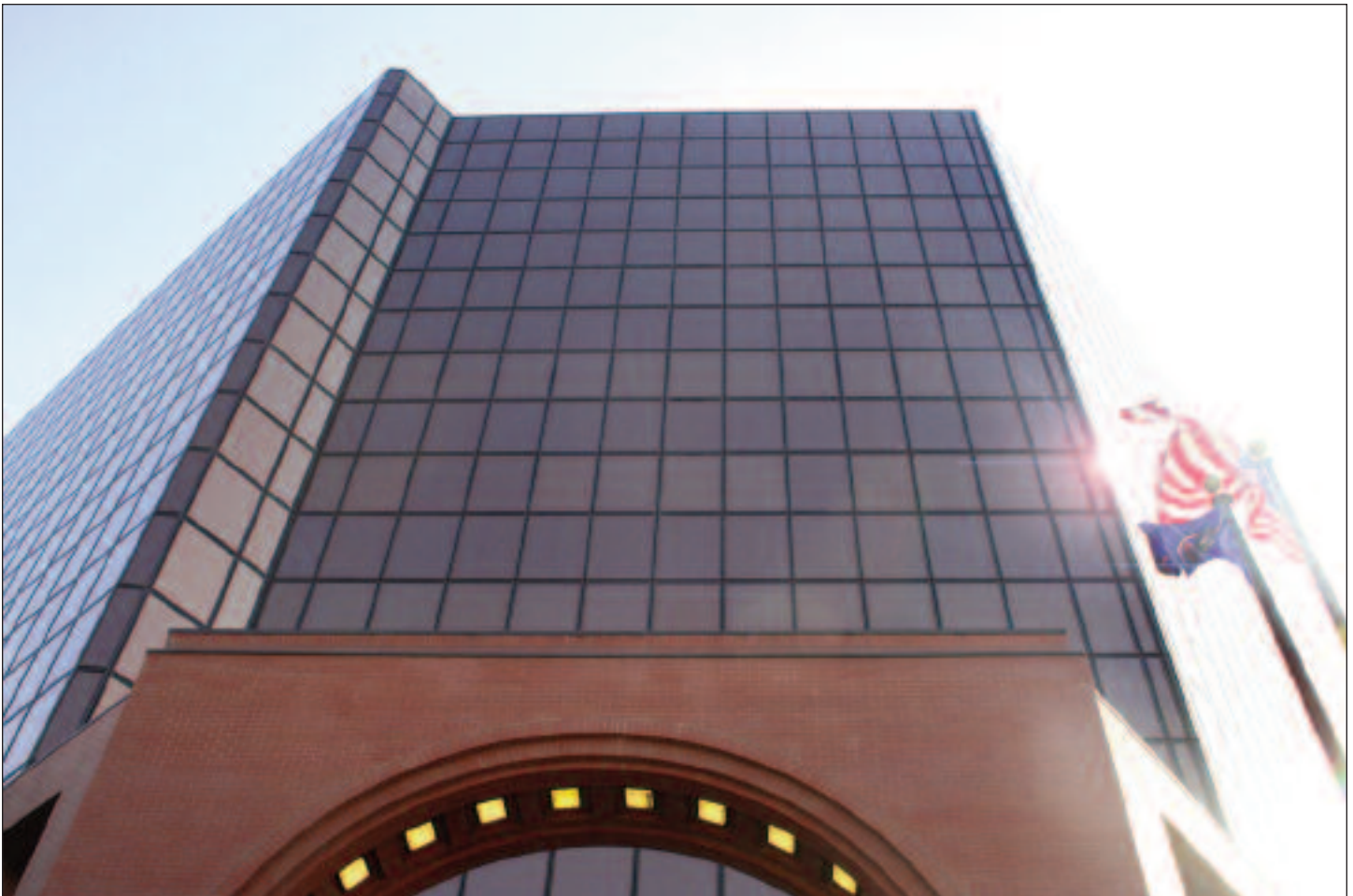


Deseret Mutual Benefit Administrators

LDS BUSINESS COLLEGE

Student Health Plan
2008-2009

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



LDS BUSINESS COLLEGE STUDENT HEALTH PLAN SUMMARY OF BENEFITS

University Family Health Center	You and your covered dependents must use the University Family Health Center (UFHC) as your primary care provider. Physician services at the UFHC are paid at 100% after your \$10 copayment. Additional services, such as lab tests, x-rays, etc., are covered at 80%. Any service provided outside the UFHC requires preauthorization from Deseret Mutual.	
Preauthorization	You must preauthorize all services outside the UFHC, except emergency room visits. If you or your covered dependents need to see a specialist outside the UFHC, you must contact Deseret Mutual at 1-800-777-3622 before you receive the medical care (see page 11).	
Copayments	UFHC: \$10 for physician services. Outside the UFHC: \$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).	
Maximum Benefit	The maximum benefit is \$20,000 per person per academic year. For coverage of medical expenses above the maximum benefit, refer to Large Claims Coverage (see page 21).	
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 4).	
Covered Services	Contracted Provider	Non-Contracted Provider
Hospital Medical Services: Semi-private room, surgical services & supplies, outpatient medical care	80% of allowable charges after copayment	50% of allowable charges after copayment
Ambulatory Surgical Center: Outpatient surgery, services, & supplies	80% of allowable charges after copayment	50% of allowable charges after copayment
Physician Medical Services: Office visits, hospital visits, surgeon, surgical assistant, and anesthesiologist	80% of allowable charges after copayment	50% of allowable charges after copayment
Emergency Care: Emergency room services & supplies	80% of allowable charges after copayment	
Home Health Care: Services & supplies from a home health agency	80% of allowable charges after copayment	50% of allowable charges after copayment
Durable Medical Equipment: Rental or purchase of DME (see page 15)	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 and married student with maternity coverage for non-student spouse see page 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, and pathology	80% of allowable charges after copayment	50% of allowable charges after copayment
Outpatient Therapy: Radiation therapy, chemotherapy, dialysis, physical therapy (See page 17)	80% of allowable charges after copayment	50% of allowable charges after copayment
Ambulance: Licensed land or air transport	80% of allowable charges after copayment	50% of allowable charges after copayment

*Maternity coverage is included for all students / policyholders. Non-student spouses 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, refer to the Student Plan Handbook at www.dmba.com/nsc/student/handbooks.aspx or pick up a copy at the University Family Health Center Office.

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

To contact Deseret Mutual online, go to:

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

For Enrollment and Premium Payment

LDS Business College
95 North 300 West
Salt Lake City, Utah 84101
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/providermain.aspx

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

Student Health Plan Handbook

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

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To All Students

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 coverage.

To that end, all Church-owned schools — including LDS Business College — now require their students to have health coverage. Enrollment in the LDS Business College Student Health Plan satisfies the health 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 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 1-801-524-8143.

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 coverage provides a way to help you defray some of these costs.

LDS Business College requires all continuing students who are enrolled at least 3/4 time to have adequate medical coverage for the duration of their enrollment at LDS Business College. In other words, you must have coverage 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 this 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 parent's employer. For any other medical plan to meet this requirement, it must:

- Provide at least 70 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 coverage at the beginning of each academic year (fall semester).

Whether you choose 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 27).

All students enrolled at least 3/4 time (9 credit hours per semester or 4.5 credit hours per term) who do not return a properly completed waiver form to LDS Business College will be enrolled for individual coverage automatically and assessed the appropriate premium. For semester and term waiver deadlines, see [Important Dates](#) beginning on page 27.

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. Once they are enrolled, your dependents will be enrolled automatically at the beginning of each subsequent academic year.

The *Student Insurance Enrollment / Waiver Form* must be obtained from and returned to the Cashier's Office. Our office is located at 95 North 300 West, Salt Lake City.

For information about the Student Health Plan, please call 524-8143, or contact the Cashier's Office.

LDS Business College Student Health Plan for 2008-2009

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.**

2008-2009 Plan Changes

- This year, we have changed coverage options and premiums to more closely reflect those available at Brigham Young University in Provo. If you are married and want to cover your non-student spouse, you may now choose between two coverage options. The "high" option includes coverage for normal maternity expenses while the "low" option does not. For more information about maternity coverage, please see [Maternity – General Information](#) on page 15.
- When you enroll in the plan, you must notify the Cashier's Office of your marital status. This will determine your premium. If your marital status changes while you are attending LDS Business College, you must notify the Cashier's Office as soon as possible (see [What if I get married?](#) on page 6).
- The copayment for services received at the UFHC has increased from \$5 to \$10.

Important Keys to Remember

- You must have 3/4 time (9 hours per semester or 4.5 per term) student status to enroll in the plan your first semester or term.
- If you are a continuing education student with less than 9 credit hours per semester, you will not be enrolled in the plan automatically. You will need to enroll for coverage in person at the Cashier's Office.
- 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 19](#) for information on what to do in an emergency.

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- 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 benefits may be lower. See [page 19](#) for information on the Preferred Provider Network.
 - If you use non-contracted providers, you will be responsible to pay any charges that exceed the maximum allowable limits.
 - New dependents must be enrolled within 60 days of the qualifying event (marriage, birth, or adoption placement).
 - You may change your coverage option only during the open enrollment period before the beginning of each fall semester or within 60 days of acquiring a new dependent through marriage, birth, or adoption. You may change your maternity option at the beginning of each semester or term until the tuition deadline.
 - You may disenroll from the plan at the beginning of any semester or term by providing verification that you have other medical coverage that meets LDS Business College requirements.
 - Coverage is effective the first day of classes and will end September 1, 2009 (or when you graduate, withdraw from LDS Business College, or lose your continuing student status, whichever comes first). Please notify the Cashier's Office when you withdraw.
 - Notify the LDS Business College Cashier's Office immediately of newborn dependents or other changes to your coverage.
 - Not all services are covered by the plan. Please read the exclusions beginning on [page 21](#) carefully to see which services are not covered.
 - It is important for you to maintain continuous 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. This includes spring and summer terms.
 - If you lose your private health insurance and choose to enroll in the Student Health Plan, your coverage will be effective on the date you enroll, unless you provide a Certificate of Creditable Coverage from your previous insurance company.

How does the Student Health Plan work?

All medical care from this plan is managed by the University Family Health Centers (see [page 10](#)). 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 11).

The Student Health Plan provides an excellent range of medical benefits, but there are some services that are excluded from coverage. Please refer to [page 21](#) for information about plan limitations and exclusions.

Annual Enrollment Requirement

LDS Business College has an annual enrollment requirement for the Student Health Plan. This means that when you enroll, you enroll for the entire school year. You may waive the Student Health Plan if you gain private insurance (see [pages 1 and 2](#) for information about how to waive enrollment).

If you don't enroll for classes for one semester but intend to return for the following semester, the College requires you to maintain your enrollment in the Student Health Plan. If you are leaving school for two or more semesters, you may enroll in Extended Coverage (see [page 8](#)).

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 29](#)). If so, your explanation of benefits statement will also itemize how much of the bill is over the maximum allowable charges.

- If you receive 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 19](#) for information about contracted providers.)
- If you receive 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 is your responsibility to pay those additional charges.

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

Your Copayments

For physician services you receive at the UFHC, including office visits and emergency care, your copayments are \$10 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's very important to preauthorize services you receive outside the UFHC. For more information, see [page 11](#).

Amount Paid By the Student Health Plan / Your Coinsurance

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

	The Plan Pays:	You Pay:
Services at the UFHC	100% for physician services 80% for lab and x-ray	0% for physician services 20% for lab and x-ray
Services Outside the UFHC	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 continuing student, as defined by LDS Business College. 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).

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. 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 cannot happen before 24 hours plus 1 minute after the birth mother has signed relinquishment papers.) For adopted babies, the pre-existing conditions and congenital anomalies exclusions do not 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.

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 3/4-time student at LDS Business College.

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).

Open Enrollment: Your enrollment is due on or before the first day of classes for the first semester or term in which you enroll in classes at least 3/4 time. Your enrollment will generally remain in effect until the end of the academic year (see [When does coverage end?](#) on page 9).

At the beginning of each academic year (fall semester) you will be enrolled automatically in the same coverage option that you had the previous year. 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.

The enrollment deadlines are specified in the calendar beginning on [page 27](#).

Automatic Enrollment

Please note, all 3/4-time continuing students who do not enroll in the Student Health Plan or provide verification of other coverage that meets LDS Business College's requirements will be enrolled in the Student Health Plan automatically for individual coverage and will be assessed the appropriate premium.

What if I get married?

When you get married, you are required to change your marital status at the Registration Office from single to married. If the marriage occurs before the halfway point of a semester, you will be charged the married student premium for that semester. Otherwise, the married student premium will be assessed starting the following semester or term.

When can I enroll my 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 at LDS Business College, or at the beginning of each academic year (fall semester) thereafter. This must be done by the tuition deadline.

If you enroll your family, their enrollment will generally remain in effect until the end of your enrollment at LDS Business College (see [When does coverage end?](#) on page 9). Spouses and dependents will not be enrolled automatically the first semester or term that you are on the plan. However, LDS Business College will 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 Cashier's Office if you need to change your family's enrollment.

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

Can I change my 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 tuition deadline. Please remember, however, that you must maintain maternity coverage continuously from the beginning of the semester in which conception occurs to the date of delivery in order to be eligible for maternity benefits.

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

However, if you acquire a new dependent because of marriage or the birth or adoption of a child, you may enroll in the plan or change your enrollment to include coverage for your new spouse and/or the new dependent as long as you apply

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 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 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 do not 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 the student misses the 60-day enrollment window, they are eligible to enroll the upcoming semester/term since they are required by LDS Business College to have health coverage.

If you enroll in the Student Health Plan and subsequently obtain other coverage 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 before the beginning of the semester or term.

What about short breaks from school?

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 8 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 once you enter the Missionary Training Center. Please notify the Cashier's Office. 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. If you drop your classes before the semester/term is at least half over **and** you weren't enrolled in the Student Health Plan during the previous semester/term, your coverage will end for the current semester (unless you have already received covered services). You won't be able to re-apply for coverage until you are enrolled in classes for at least 3/4 time. If you have already received covered services, your coverage will end at the beginning of the next semester/term.

If you had Student Health Plan coverage while you were enrolled for at least 3/4 time for one full semester/term, and then you drop your classes during the next semester/term, you may continue your coverage for the rest of the academic year (until the end of the summer term).

Please see [*What is "Away-from-Campus Coverage"?*](#) on page 8 or [*What is "Extended Coverage"?*](#) on page 8.

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.

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.

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
Admitted as a continuing 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 page 8)
Graduated, or withdrawn from school	Extended Coverage (Optional: separate enrollment required) (See page 8)

What is “Away-from-Campus Coverage”?

If you are enrolled 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 (for example, if you take summer term off), but you do not withdraw from LDS Business 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 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 6](#). Any dependents enrolled in the plan for the academic year will also be covered by this option.

How does Away-from-Campus Coverage work?

While you are enrolled in the Away-from-Campus option, you must receive medical care at the UFHC if you are in the Salt Lake area. If you are away from Salt Lake, you may receive your medical care from any qualified, appropriately licensed medical provider. However, it will be to your advantage to use providers who are part of Deseret Mutual’s national Preferred Provider Network whenever possible (please see [page 19](#)). **You will still need to preauthorize any care you receive outside the 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 27 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 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 at LDS Business College.

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 at LDS Business College.

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.

Extended Coverage plans are not eligible for Large Claims Coverage (see page 21).

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 19](#)). **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, and pay your premium monthly thereafter.

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 8](#).

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 if you are already admitted at LDS Business College. 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 (September 8, 2008 to September 1, 2009). 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 from LDS Business College.

	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 27 for the exact dates that coverage begins and ends for the 2008-2009 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 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 [12 to 18](#) for coverage amounts. You will not need preauthorization.

What are the Student Health Plan premiums?

	Regular On-Campus and Away-from-Campus Coverage	Extended Coverage
Single Student Only	Fall Semester \$ 204.00 Winter Semester \$ 255.00 Summer Session. \$ 153.00	\$105 per month
Married Student Only	Fall Semester \$ 350.00 Winter Semester \$ 437.50 Summer Session. \$ 262.50	\$564 per month
Single Student with Dependents	Fall Semester \$ 740.00 Winter Semester \$ 925.00 Summer Session. \$ 555.00	\$330 per month
Married Student with Dependent(s) WITHOUT Maternity Coverage for Non-student Spouse	Fall Semester \$1,076.00 Winter Semester \$1,345.00 Summer Session. \$ 807.00	\$842 per month
Married Student with Dependent(s) WITH Maternity Coverage for Non-student Spouse	Fall Semester \$2,534.00 Winter Semester \$3,167.50 Summer Session. \$1,950.00	\$1,386 per 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 19).

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 5](#) 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

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

Ambulance (Land and Air)

- 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 a facial injury) that occurs while you are covered by the plan
- Benefits apply only to services received while you are insured by the plan and within two years of the accident
- 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 do not need to coordinate the initial visit with the UFHC, but you must preauthorize any follow-up care
- 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%; you pay 50%
- You must preauthorize

Hearing Tests

- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50%; you pay 50%
- 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, is not eligible for benefits
- If you would like more information before you receive services, contact Deseret Mutual
- 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 does not pay for private rooms
- You must preauthorize. If you do not preauthorize your hospital stay, you will 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 do not preauthorize your extended hospital stay, additional days will be subject to medical review. For preauthorization, contact Deseret Mutual before your stay is extended

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%

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 in which conception occurs to the date of delivery
- Non-student spouses enrolled in the non-maternity coverage option do not have coverage for normal maternity expenses. However, eligible expenses of more than \$4,000 that are incurred as a direct result of complications of pregnancy will be covered, subject to normal plan provisions
- The UFHC provides pregnancy tests, but you will be referred to a contracted provider for other ongoing maternity care
- Remember, you will receive separate bills for the newborn baby's medical care. If you want to add your newborn child to your Student Health Plan coverage and receive plan benefits for the baby's expenses, contact the Cashier's Office within 60 days of the birth (see [page 6](#)). Newborns must be enrolled in coverage for the semester or term in which they were born

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)
- 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 plan before enrolling in the Student Health Plan, you must enroll in the plan within 63 days of losing your other coverage to be eligible for maternity benefits
- Maternity care is provided at the UFHC. If you receive care outside the UFHC, you must preauthorize with Deseret Mutual
- 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 is not useful to people in the absence of illness, injury, or congenital defect, and is appropriate for use in the home. Please note, not all equipment that meets these requirements is eligible for benefits
- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- To be eligible for benefits, you must have a prescription from your physician
- You must preauthorize certain medical equipment. For information about equipment requiring preauthorization, please refer to the table on page 16. 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 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

This table is not intended to be comprehensive, but to give you an idea of the medical equipment that is eligible for benefits. To find a contracted durable medical provider, go to www.dmba.com and click on “Find a Medical Provider” under the Medical & Dental menu.

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

Medical Supplies

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

Office Visits

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

Physical Therapy – Outpatient

- Contracted provider: The plan pays 80% after your \$25 copayment; you pay 20%
- Non-contracted provider: The plan pays 50% after your \$25 copayment; you pay 50%
- The plan covers up to 20 visits per person per academic year
- Inpatient visits do not count toward your annual outpatient visit limit
- You must preauthorize

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%; you pay 20%
- You pay a \$25 copayment for MRI, PET, and SPECT scans
- You must preauthorize some services

Surgery – Inpatient Hospital Services

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

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

- The plan pays 80% after your \$25 copayment; you pay 20%
- You do not need to coordinate the initial visit with the UFHC, but you must preauthorize any follow-up care
- 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 are not eligible for benefits
- You must preauthorize

Are there services the plan does not cover?

Yes. Please see [page 21](#) for a list of plan exclusions.

The Student Health Plan does not have a pharmacy or specialty pharmacy benefit. However, the UFHC pharmacy 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 UFHC clinician.

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. Your benefits will be higher (see [page 5](#)) and the providers will not bill you for fees that exceed Deseret Mutual's maximum allowable amounts (see [page 4](#)).

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

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

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

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/providermain.aspx

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

What should I do in an emergency?

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.

If you were continuously covered by another 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 coverage. 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 3/4-time students and their eligible dependents. This policy is separate from the Student Health Plan; and you do not need to be enrolled in the Student Health Plan to be covered by LDS Business College's Large Claims Coverage Plan. Extended Coverage plans are not eligible for Large Claims Coverage.

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

Before you can be eligible for benefits, you must document annual charges of \$25,000. 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 medical condition 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.

Repatriation of Remains

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

Exclusions

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

Alternative Care

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

Congenital Anomalies

- 2.1 Care, treatment, or operations provided outside the 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, non-therapeutic purposes, or are not clearly a medical necessity

Custodial Care

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

Dental Care

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

Exclusions (Continued)

Diagnostic & Experimental Services

6.1 Care, treatment, diagnostic procedures, or operations that on January 1, 1986, and/or thereafter were:

- Considered medical research
- Investigative/experimental technology
- Not recognized by the U.S. medical profession as usual and/or common
- Determined by Deseret Mutual not to be usual and/or common medical practice
- Illegal

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

Educational Programs

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

Fertility / Family Planning / Home Delivery

8.1 Reproductive organ prostheses

8.2 Care, treatment, or operations provided in connection with sexual dysfunction

8.3 Care, treatment, or operations in connection with infertility

8.4 Care, treatment, or operations in relation to in vitro fertilization

8.5 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 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 that could have been covered by any governmental plan had the participant complied with the requirements of the plan, including but not limited to Medicare or Medicaid

9.3 Services required as a result of war or act of war or service in the military forces of any country at war, declared or undeclared. War includes hostilities conducted by force or arms by one country against another country, or between countries or factions within a country, either with or without a formal declaration of war.

Hearing

10.1 The purchase or fitting of hearing devices

Legal Exclusions

11.1 Services provided before coverage begins, including hospital stays in progress on the effective date of coverage

11.2 Accidents sustained as a result of play, practice, or participation in intercollegiate sports, professional contests, or vehicular contests

11.3 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

11.4 Services that the individual is not, in the absence of coverage, legally obligated to pay

11.5 Services that a third party, the liability insurance of a third party, or the uninsured motorist insurance pays or is obligated to pay

11.6 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

Exclusions (Continued)

Legal Exclusions (Continued)

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

Medical Equipment

- 12.1 Breast pumps, knee braces used solely for sports, and learning devices
- 12.2 Multipurpose equipment or facilities, such as those listed in the Durable Medical Equipment chart on page 16
- 12.3 Modifications to homes, other structures, or motor vehicles to accommodate activities of daily living

Medical Necessity / Cosmetic

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

Mental Health / Counseling / Chemical Dependency

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

Miscellaneous

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

Obesity

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

Exclusions (Continued)

Other Insurance / Workers' Compensation

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

Pain Control

- 18.1 Services provided outside the UFHC for chronic pain management

Pre-existing Conditions

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

Prescription Drugs, Specialty Pharmacy Medications, Formulas, & Supplements

- 20.1 Preventive medicine or vaccines, including immunizations
- 20.2 Special formulas, food supplements, or special diets
- 20.3 Prescription drugs, except drugs administered as part of an inpatient hospital stay or emergency room visit.
- 20.4 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 (Clomid); Crohn's disease (Remicade); rheumatoid arthritis (Raptiva or Enbrel); growth hormone deficiencies (Humatrope or Nutropin); asthma (Xolair); or diabetes (Byetta)

Routine Services

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

Speech Therapy

- 22.1 Speech therapy and evaluation

TMJ

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

Testing

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

Transplants

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

Vision

- 26.1 Eyeglasses and contact lenses or the replacement or prescription thereof
- 26.2 Care, treatment, diagnostic procedures, or 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 UFHC, contracted and non-contracted physicians and facilities, 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 Plan 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 [table](#) below that shows when you must submit appeal requests, as well as when you can expect written responses to those requests.

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

Subrogation

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

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

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

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.aspx.

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.

Important Dates

FALL SEMESTER 2008

- Sep. 8 Fall semester coverage begins the first day of school
- Sep. 19 Insurance enrollment and premium due
- Dec. 12 Classes end
- Jan. 4 Fall semester coverage ends

WINTER SEMESTER 2009

- Jan. 5 Winter semester coverage begins the first day of school
- Jan. 16 Insurance enrollment and premium due
- Apr. 8 Classes end
- Jun. 7 Winter semester coverage ends

SUMMER SEMESTER 2009

- Jun. 8 Summer semester coverage begins the first day of school
- Jun. 19 Insurance enrollment and premium due
- Aug. 12 Classes end
- Sep. 1 Summer semester coverage ends

Definitions

Accident

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

Acute

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

Coinsurance

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

Contracted Facilities

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

Contracted Providers

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

Copayment

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

Custodial Care

Maintaining a patient beyond the acute phase of injury or illness. Custodial care includes room, meals, bed, or skilled medical care in 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 is not immediately life threatening and the timing is subject to the choice or decision of the patient and the physician.

Eligibility Date

The date you become eligible for benefits.

Eligible Charges / Expenses

Expenses incurred by you or your 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 employment 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 Charge (Limit)

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

Medical Equipment

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

Medical Supply

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

Medical Treatment

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

Non-contracted Facilities

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

Physician

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

Preauthorization

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

Surgical Center

Any licensed public or private establishment:

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

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