

SHIP

Student Health Insurance Plan



2010-2011 Plan Summary

This document is only a brief summary of the Student Health Insurance Plan (SHIP). For the complete provisions of the plan, including benefits, limitations, exclusions, definitions and claim procedure, please see the SHIP brochure at www.renstudent.com/isu.

YOU ARE AUTOMATICALLY ENROLLED IN SHIP IF YOU ARE ...

- A full-time fee paying domestic undergraduate student enrolled in at least 12 credit hours
- A full-time fee paying domestic graduate student enrolled in at least nine (9) credit hours
- An international student enrolled in at least one (1) credit hour
- A full-time session fee paying Applied Tech student enrolled in at least six (6) credit hours per session

Part-time students (except international students) are not eligible for SHIP. Students must actively attend classes for at least the first 31 days for coverage to be active.

...UNLESS YOU SUBMIT A WAIVER BY THE DEADLINE DATE EACH SEMESTER

- All students are eligible to waive.
- All students who waive must have other health insurance that meets the minimum waiver criteria (see the Waiver FAQ).
- All students who waive must have continuous health insurance in place for the entire school year.

To waive coverage under SHIP, visit www.renstudent.com/isu and complete a waiver request by the waiver deadline date *each semester* (see Important Dates).

For questions about the waiver process or eligibility, please see the Waiver FAQ at www.renstudent.com/isu.

DEPENDENT COVERAGE

If you are enrolled in SHIP, you may also enroll your spouse and/or unmarried child under the age of 25 (who receives more than one-half of his or her financial support from you). Just go to www.renstudent.com/isu to enroll online with a MasterCard or Visa or download an enrollment form to pay by check or money order. **Dependents must be enrolled by the Dependent Enrollment Deadline Date (see Important Dates).**

CHANGES TO SHIP FROM LAST YEAR

If you were enrolled in SHIP last year, please note these important changes to the plan:

BENEFIT	2009-2010 SHIP	2010-2011 SHIP
Plan Maximum	\$50,000 lifetime maximum per injury or sickness	\$250,000 aggregate maximum per policy year
Deductible	\$250 (\$500 per family) per policy year	\$250 in-network/ \$500 out-of-network
Out-of-pocket Maximum	none	\$4,000 in-network/ \$6,000 out-of-network
Inpatient Mental Disorder/ Substance Abuse	\$10,000 max per policy year	\$7,000 max per policy year
Outpatient Mental Disorder/ Substance Abuse	10 visits max per policy year, \$25 max per visit	12 visits max per policy year
Emergency Room	\$100 copayment	\$200 copayment (waived if admitted)
Repatriation	unlimited	\$25,000
Travel Assistance	Scholastic Emergency Services	On Call International
Underwriter	ACE American Insurance Company	Nationwide Life Insurance Co.
PPO Network	SIPHO (in Idaho) First Health Network (outside Idaho)	Idaho Physicians Network (in Idaho) First Health Network (outside Idaho)
Claims Administrator	Health Special Risk, Inc.	AmeriBen
Plan Administrator	Academic Health Plans	Renaissance Insurance Agency, Inc.

If there is any discrepancy between this document and the plan brochure, the plan brochure will govern.

STUDENT HEALTH CENTER (SHC)

Students are encouraged to use the Student Health Center first whenever possible, except in the case of an emergency. Medical, wellness and counseling services are available at the SHC, as well as pharmacy services. Under SHIP, most treatment received at the SHC is covered at 100% and the deductible is waived. To schedule an appointment, please call 1-208-282-2330.

ISU students can also be seen at University Health Services at Boise State University. However, payment must be made at the time of service and a claim submitted for reimbursement under SHIP.

PPO NETWORK

If you are unable to use the SHC, you may choose any doctor or hospital, but you will pay a lower coinsurance by using the doctors and hospitals available through the PPO Networks. For PPO providers within Idaho, call Idaho Physicians Network at **1-800-334-7341** or visit **www.ipnmd.com**. For PPO providers outside of Idaho, call First Health Network at **1-800-226-5116** or visit **www.myfirsthealth.com**. You may also find this information by visiting **www.renstudent.com/isu**.

2010-2011 SHIP BENEFITS

Following is a brief description of the benefits available under SHIP. Please see the plan brochure for a complete explanation of benefits.

POLICY YEAR MAXIMUM BENEFIT (for all conditions)	\$250,000
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PAID BY STUDENT FOR TREATMENT RECEIVED AT	SHC	PPO	NON-PPO
Deductible (per policy year)	none	\$250	\$500
Coinsurance Amount	none	20%	40%
Coinsurance Maximum Limit (per policy year)	none	\$4,000	\$6,000

COVERED SERVICES (up to the limits specified in the plan brochure)

Inpatient

- Hospital Confinement/Intensive Care/Hospital Miscellaneous
- Surgery (including Assistant Surgeon and Anesthetist)
- Skilled Nursing Facility/Rehabilitation
- Physical Therapy
- Doctor Visits
- Treatment of Mental Disorders or Alcohol and Substance Abuse

Outpatient

- Emergency Room (there is a \$200 copayment unless you are immediately admitted to the hospital)
- Urgent Care Center
- Surgery (including Day Surgery Miscellaneous, Assistant Surgeon and Anesthetist)
- Doctor Visits
- Prescription Contraceptives (at SHC only)
- Chiropractic Treatment
- Radiation Therapy and Chemotherapy
- Laboratory Tests
- X-rays
- Treatment of Mental Disorders or Alcohol and Substance Abuse
- Physical Therapy

Other

- Ambulance Services
- Durable Medical Equipment/Braces and Appliances
- Dental Treatment (for injury to sound, natural teeth; and extraction of abscessed teeth or impacted wisdom teeth only)
- Pregnancy and Maternity
- Breast Cancer Screening
- Breast Reconstruction Following Mastectomy
- Emergency Medical Evacuation
- Repatriation

COSTS OF COVERAGE

	Fall	Spring/Summer	Summer
Student	\$534.00	\$736.00	\$318.00
Spouse	\$698.00	\$965.00	\$416.00
Child(ren)	\$599.00	\$828.00	\$357.00

Applied Tech	Session I-IV (per session)	Session V
Student	\$238.00	\$318.00
Spouse	\$311.75	\$416.00
Child(ren)	\$267.50	\$357.00

The Spouse and Child(ren) costs are *in addition to* the Student cost. The costs of coverage include insurance premium and administrative fees.

IMPORTANT DATES

Term	Effective Date	Termination Date	Waiver Deadline	Dependent Enrollment Deadline
Students and Dependents				
Fall	08/15/10	01/01/11	09/07/10	09/15/10
Spring/Summer	01/01/11	08/15/11	01/24/11	02/01/11
Summer	05/16/11	08/15/11	05/27/11	06/16/11
Applied Tech Students and Dependents				
Session I	08/15/10	10/18/10	09/07/10	09/15/10
Session II	10/18/10	01/01/11	10/29/10	11/18/10
Session III	01/01/11	03/07/11	01/24/11	02/01/11
Session IV	03/07/11	05/16/11	03/18/11	04/07/11
Session V	05/16/11	08/15/11	05/27/11	06/16/11

SHIP LIMITATIONS AND EXCLUSIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from, or treatment, services, or supplies for, at, or related to:

1. Eyeglasses, contact lenses including but not limited to routine eye refractions, eye exams, radial keratotomy or similar surgical procedures to correct vision, except in the case of Injury;
2. Hearing screenings or hearing examinations or hearing aids and the fitting or repairing of hearing aids, except in the case of Injury;
3. Vaccinations, inoculations and preventive shots: a) required for travel; b) required for employment; c) provided as wellness or prevention; except as specifically provided;
4. Care of corns, calluses, or bunions;
5. Cosmetic surgery, plastic surgery, resulting complications, consequences and after effects or other services and supplies that the Company determines to be furnished primarily to improve appearance rather than a physical function or control of organic disease, except as provided herein or for treatment of an Injury that is covered under the Policy. Improvements of physical function do not include improvement of self-esteem, personal concept of body image, or relief of social, emotional, or psychological distress. Procedures not covered include, but are not limited to: face lifts, rhinoplasty, sagging eyelids, prominent ears, skin scars, baldness, and correction of breast size, asymmetry or shape by means of reduction, augmentation, or breast implants (except for correction of deformity resulting from mastectomy or lymph node dissection). This exclusion does not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child;
6. Sexual reassignment surgery;
7. Treatment, service, or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved;
8. Treatments which are considered to be unsafe, Experimental, or Investigational by the American Medical Association (AMA) and resulting complications;
9. Treatment on or to the teeth or gums, except as provided herein;
10. TMJ;
11. Injury sustained while: a) participating in any intercollegiate or professional sport, contest, or competition; b) traveling to or from such sport, contest, or competition as a participant; or c) while participating in any practice or conditioning program for such sport, contest, or competition;
12. Injury resulting from parachuting, hang gliding, skydiving, parasailing, bungee jumping, glider flying or sail planing;
13. Injury occurring in consequence of riding or otherwise being in any vehicle or device of aerial navigation, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline;
14. Reproductive/infertility services including but not limited to: fertility tests, infertility (male or female) including any services or supplies rendered for the purpose or with the intent of inducing conception, except as provided at the SHC. Examples of fertilization procedures are ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures

(continued)

- that augment or enhance reproductive ability; artificial insemination; premarital examination; impotence, organic or otherwise;
15. Sterilization or sterilization reversal; vasectomy; prescription and non-prescription birth control, except as specifically provided;
 16. Routine newborn infant care, well baby nursery and related Doctor charges including circumcision and congenital conditions, except as specifically provided for in this Policy for newborn or adopted infants;
 17. Elective termination of pregnancy including the morning after pill, except to preserve the life of the female upon whom the abortion is performed;
 18. Hospital Confinement or any other services or treatment for which the Insured Person is not legally obligated to pay or for which no charge is made;
 19. Services provided normally without charge by the health service of the University, or services covered or provided by a student health fee;
 20. Treatment in a government Hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
 21. Any services of a Doctor, nurse, or health care practitioner who lives with the Insured Person or who is related to the Insured Person by blood or marriage;
 22. Services received after the Insured's coverage ends, except as specifically provided under the Extension of Benefits Provision;
 23. Testing and treatment of learning disabilities;
 24. Injury caused by, contributed to or resulting from the Insured Person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the purposed as prescribed by the Insured Person's Doctor;
 25. Services for the treatment of any Injury or Sickness incurred while committing a felony or while taking part in an insurrection or riot;
 26. Any and all over the counter smoking cessation and treatment of nicotine addiction products;
 27. Services and associated expenses for the treatment of obesity and any resulting complications, consequences and after effects of treatment that involves surgery and any other associated expenses, including, but not limited to: a) gastric or intestinal bypasses; b) gastric balloons; c) stomach stapling; d) wiring of the jaw; e) panniculectomy; f) appetite suppressants; g) surgery for removal of excess skin or fat;
 28. Injury or Sickness for which benefits are paid or payable under any workers' compensation or occupation disease law or act, or similar legislation;
 29. War or any act of war, declared or undeclared; or while in the armed forces of any country;
 30. Solid organs, including but not limited to: autologous and allogenic bone marrow transplants, autologous and allogenic stem cell transplants, including non-human organs or bone marrow; anything caused by, contributed to, or resulting from an organ transplant, including complications thereof;
 31. Acupuncture or acupressure; aroma therapy; hypnotism; rolfing; biofeedback;
 32. Voluntary, elective or prophylactic treatment (medical, surgical or pharmacological) for a condition that is not presently exhibiting symptoms, or is in absence of a disease state or condition that is presently creating pathological changes to any body structure or function;
 33. Nasal and sinus surgery, except surgery made necessary as the result of a covered Injury or acute purulent sinusitis;
 34. Preventive testing or treatment or screening exams or testing in the absence of Injury or Sickness, except as provided;
 35. Lipectomy services and supplies related to surgical or suction-assisted lipectomy;
 36. Patient controlled analgesia (PCA);
 37. Services, supplies or treatment for: allergy testing or treatment; acne (including Accutane); alopecia and hirsutism;
 38. Weight management services and supplies;
 39. Expenses incurred for any experimental drug or drug combination that the Federal Food and Drug Administration (FDA) has not approved for any indication, or for any drug that the FDA has determined to be contraindicated for a particular condition;
 40. Outpatient prescription drugs; and
 41. Congenital birth anomalies, except as mandated for newborn children.

In addition, pre-existing conditions are not covered for the first 12 months, unless you had prior creditable coverage. See the plan brochure for more details.

Please note this is only a brief summary of SHIP. For the complete provisions of the plan, including benefits, limitations, exclusions, definitions and claim procedure, please see the plan brochure, available at www.renstudent.com/isu.

For questions about eligibility and enrollment, contact:

Renaissance Insurance Agency, Inc.
P.O. Box 2300
Santa Monica, CA 90407-2300
1-800-537-1777

Hours: Monday–Friday from 8:00 a.m. to 5:00 p.m. (PST)

For questions about benefits and claims, contact:

AmeriBen
P.O. Box 6947
Boise, ID 83707-0947
1-877-955-1559

www.myameriben.com

Hours: Monday–Friday from 7:00 a.m. to 6:00 p.m. (MST)