

# **LOMA LINDA UNIVERSITY STUDENT HEALTH PLAN**

## **07-01-19**

The LLU Student Health Plan provides comprehensive medical coverage and limited dental coverage for eligible students. Contrary to most other plans, our plan has no deductibles and provides 100% coverage for office visits at the Student Health Service as well as 100% coverage for inpatient hospital and physician services and outpatient diagnostic services. The plan also funds 100% coverage for counseling services provided through the Student Assistance Program. Most other outpatient specialty services are subject to a \$40 co-payment per visit. On-campus prescription drug coverage is subject to co-payments of \$15 and \$30 for generic and brand drugs respectively. Expenses incurred before your plan coverage becomes effective or after your plan coverage has terminated will not be covered. This plan will only provide medical coverage on an excess basis. This means that all medical expenses must first be submitted to any other available source of health care coverage. There is no optical coverage available.

**PREFERRED PROVIDER PLAN:** The health plan has been developed as a PPO (Preferred Provider) plan. You may utilize services outside of the preferred provider structure; however it will be at reduced benefits. The Medical PPO Directory can be viewed by visiting <https://myllu.llu.edu/livingwhole/preferredproviders>.

*The Dental PPO Directory on this site does not apply to the LLU Student Health Plan. LLU School of Dentistry Clinic is the only PPO provider for LLU Student Health Plan with limited dental coverage as outlined in the attached schedule of benefits.*

**PLAN YEAR** The Plan benefit year is a fiscal year and runs from **July 1** through **June 30**.

**ELIGIBILITY** You are eligible for benefits if you:

- Are attending Loma Linda University as a graduate or undergraduate; and
- Are a degree track student. Students who are accepted into a degree program and registered for more than 0 units will be charged the enrollment fee regardless of the number of units they're registered for.
- Are a non-degree student registered for more than 4 units (SAHP 5 units). A student who is not accepted into a degree program but who is registered as a non-degree student for more than 4 units (SAHP 5 units) will be eligible. However, a non-degree student registered for 4 units (SAHP 5 units) or fewer will not be eligible and will not be eligible to buy-in to the Student Health Plan.

However, non-degree students registered for 4 units or less will not be charged the fee and will not be eligible to buy in to the Student Health Plan.

- Were previously covered under the Plan and are on an approved leave of absence from your academic program.
- IS and IP Only student. Those students who are working on "In Progress" courses, and who are not registered for any other units, will be charged the enrollment fee.

**Additional information regarding eligibility:**

- Students who drop before the deadline will not be charged nor covered. Any student who is charged the fee and drops all units before the last day for a full refund (generally 1 week after the first day of classes), will receive a full refund of the enrollment fee and they will have no access to any University benefits. Please refer to the Student Finance 100% refund policy.
- LLUH employees who are “full time benefit eligible” will not be charged the fee. The fee will not apply regardless of whether employees are using the education benefit or not. Spouses of employees who are using the employee education benefit will be charged the enrollment fee.
- Those students participating in an off campus or online program will not be charged the enrollment fee unless the program specifically requires.
- An eligible student’s coverage will become effective on the first day of class or student orientation, whichever occurs first

**BUY-IN PROVISION** Under the following provisions a student may obtain coverage under this health plan or extend coverage to a spouse or dependent children each quarter. In order to receive any coverage under this Plan, a student must apply for coverage during an open enrollment period, within 30 days of a status change i.e.(within 30 days of marriage or within 30 days of the birth of a newborn child) and pay the appropriate *quarterly* student contribution as outlined below:

1. Spouse/Dependent Children – If you are a student covered under this plan, you may extend health plan coverage to your spouse or dependent children.
2. Leave of Absence (LOA) – If you are a student who has been covered under the Plan up until the time that you leave school on an approved leave of absence (LOA), you may extend your coverage under the Plan for the length of the approved LOA, up to a maximum extension of one year.
3. Continuation Coverage – If you have been covered under this Plan and no longer meet the eligibility requirements, **(for example, if you were not attending classes during any quarter, including Summer-you would need to buy-in)** you and your eligible dependents may continue your coverage for up to one (1) quarter through this buy-in provision.

**The open enrollment period for eligible students and dependents is the *last two weeks of each calendar quarter*. Buy-in coverage will be effective from January 1 to March 31, April 1 to June 30, July 1 to September 30 and October 1 to December 31. There are *no invoices or reminders* sent to students who are buying in to the Plan. The Department of Risk Management cannot add Student Health Plan fees to your student account. All payments must be made by check, money order, or credit card with the Visa or MasterCard logo by calling (909) 651-4010. A newborn child must also be enrolled in the plan within 30 days of birth or adoption in order to receive any coverage under this plan. There is no automatic or temporary coverage provided for any dependents, including adopted or newborn children.**

Extension/Continuation Coverage

Student	\$ 535.00 per quarter
Spouse	\$ 700.00 per quarter
One or more children of a covered student	\$ 420.00 per quarter
Spouse and Children	\$1,120.00 per quarter

**PRESCRIPTION DRUG COVERAGE** The standard co-payment amounts are \$15.00 for generic drugs and \$30.00 for brand name drugs that are dispensed by the LLUMC Outpatient Pharmacy, the Faculty Pharmacy (located in the FMO building), the LLU Community Pharmacy (located in the Professional Plaza), the Meridian Pharmacy, the Highland Springs Pharmacy (located at Highland Springs Medical Plaza), the LLU Home Delivery Pharmacy and the LLUMC-Murrieta pharmacy.

For standard prescriptions filled at any other participating CVS Caremark pharmacy, there will normally be a \$25.00 co-payment for generic products or a \$40.00 co-payment for brand name drugs.

If a student voluntarily chooses to obtain a brand name drug when a generic equivalent drug is available, the student will be required to pay the difference in cost between the brand drug and the generic alternative in addition to the generic drug co-payment amount.

### **3. Mail Order Prescriptions**

For drugs that are taken on an ongoing basis, Plan members also have the option of obtaining prescription drugs through the CVS mail order program. With this program, employees can save time and money with the convenience of mail delivery at no additional cost. After a one-time set up process, CVS will arrange for automatic prescription refills. Through this program, members may obtain up to a 30-day supply of drugs with a single co-payment and up to a 90-day supply of drugs with the payment of two (2) co-payments. This means that a student obtaining a 90-day supply of medication can save four co-payments per year by using the mail order option. This mail order option is only offered through the CVS Mail Order Pharmacy. Note that the normal co-payment is waived for generic medications that are filled through the mail-order program and are used for the treatment of asthma, cholesterol, diabetes, heart failure and hypertension.

Additional prescription drug information and resources are also available at the CVS Caremark website [www.caremark.com](http://www.caremark.com) and with the free CVS Caremark mobile app. These resources allow you to obtain refills on-line, scan your prescription bar code, set up mail order delivery, view your prescription history, track your prescription spend and check drug coverage and costs.

To sign up for mail delivery service, go to [caremark.com/mailexpress](http://caremark.com/mailexpress). This site will allow you to register or sign-in to your account. Please have your health plan/prescription drug card available. Alternatively, you can call CVS Caremark Customer Care at 1-800-966-5772 to fill a prescription or obtain more information.

If you submit your prescription through the mail, the prescription will be delivered to your home address and your co-payment (if any) will be billed to your credit card. CVS Caremark cannot accept cash or checks for co-payments.

### **CVS MINUTE CLINIC SERVICES**

Select CVS retail pharmacy locations also offer basic medical treatment through on site “Minute Clinics”. These clinics are staffed by nurse practitioners and physician assistants who follow nationally recognized clinical guidelines to diagnose and treat a range of minor illnesses and injuries including; bronchitis, insect stings, flu, strep throat, bladder infections and minor burns or cuts. For more information and a complete list of the conditions treated, visit [www.cvs.com/minuteclinic/services/minor-illnesses](http://www.cvs.com/minuteclinic/services/minor-illnesses). A member may receive medical services at any Minute Clinic location with the payment of a \$10 co-payment.

Minute Clinics are open 7 days a week and appointments are not necessary. By using the CVS app, you can identify nearby clinic locations, view waiting times and hold your place in line.

## **DENTAL SERVICES**

### **1. Covered Services and Expenses**

The Plan provides limited coverage for dental services provided at the LLU School of Dentistry Clinic. The Plan does not provide coverage for any services provided outside of the School of Dentistry. Coverage is provided for;

Preventive Services including:

- bi-annual routine exams, including four (4) bitewing and four (4) periapical x-rays per year
- full mouth x-rays and panorex limited to once every three years
- teeth cleaning (twice yearly)
- fluoride treatment (twice yearly for eligible dependents under 18 years old)

Basic Services including:

- clinic visit and exam
- necessary diagnostic x-rays and pathology
- restorations (fillings) - amalgam, silicate cement, plastic and composite restorations
- endodontics - root canals, pulp capping
- non-surgical tooth extractions

### **2. Limitations:**

- bitewing and periapical x-rays are not covered during any year that the patient receives full mouth x-rays
- sealants will only be covered on un-restored bicuspids and first and second molars, every three years

### **3. Exclusions:**

- dental crowns, cast restorations, inlays, onlays, implants, dentures or a fixed bridge
- diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joint or associated musculature, nerves and other tissues
- hospital costs and any additional fees charged by the dentist for hospital treatment (please note, however, that these may be included as medical benefits (see section IV. Medical Benefits))
- oral surgery including wisdom tooth removal
- orthodontia services
- periodontics and root planning

**UTILIZATION REVIEW** All services that require pre-admission review or prior authorization must be processed through the Department of Risk Management. The types of services that require prior authorization are as follows:

- All hospital admissions
- Scheduled admissions must be authorized prior to entrance to the hospital.
- For emergency admissions, notification must be within 48 hours or the next business day.
- All outpatient surgeries
- Home health services, skilled nursing facilities
- Orthotics and purchase or rental of durable medical equipment

Please refer to the Plan Document for a complete description of required authorizations. Participants in this Plan must follow the pre-admission review process in order to receive full hospitalization benefits.

**IF A PARTICIPANT DOES NOT FOLLOW THE PRE-ADMISSION REVIEW PROCESS, HOSPITALIZATION BENEFITS WILL BE REDUCED BY 50%.**

**SUMMARY:** This is a summary of the coverage available under the LLU Student Health Plan. In order to fully understand your Plan benefits you will need to obtain a LLU Student Health Plan Document, which will describe all of the Plan coverage, limitations, and exclusions. We are also enclosing a Schedule of Benefits for your reference. If you have any questions regarding the Plan, please contact the Department of Risk Management at (909) 651-4010.

07-01-19

**LOMA LINDA UNIVERSITY  
STUDENT HEALTH PLAN  
SCHEDULE OF BENEFITS  
7/1/2019**

This schedule of benefits only provides a summary of the medical and dental coverage, limits, co-payments and co-insurance that apply to the Plan. For a complete description of the services covered under the Plan, as well as applicable benefit limitations, exclusions and conditions that apply to your coverage, please refer to the applicable section within the Plan document.

**A. MEDICAL COVERAGE**

**Annual Out-of-Pocket Limits**

Out-of-pocket co-payment and co-insurance maximum for medical services:  
\$3,500 per individual and \$7,000 per family

Out-of-pocket co-payment and co-insurance maximum for prescription drugs:  
\$3,500 per individual and \$7,000 per family

Co-insurance for out-of-network services and any co-payments or co-insurance for orthotics, prosthetics and any additional co-insurance for failure to obtain pre-admission authorization, charges above reasonable and customary limits or any other non-covered expenses will not apply toward the individual or family out-of-pocket maximum. In addition, these services are not subject to the maximum out-of-pocket limit.

<b><u>Hospitalization and Surgery*</u></b>	<b><u>Annual Maximum Benefit</u></b>	<b><u>Coverage for Services At LLUH Facilities</u></b>	<b><u>Coverage at Other Hospitals</u></b>
Medical, Surgical or Intensive Care Room and Board Expenses Miscellaneous Inpatient Expenses Surgery and Anesthesia Obstetrics (in-patient care) Inpatient Professional Fees		100%	25% of Allowable Charges
<b><u>Skilled Nursing Facility</u></b>			
Skilled Nursing Facility*	60 days	No PPO	100% of Allowable Charges

NOTE: FAILURE TO OBTAIN PRE-ADMISSION CERTIFICATION FOR NON-EMERGENCY HOSPITALIZATION OR SURGERY WILL RESULT IN A 50% REDUCTION IN BENEFITS.

<b><u>Medical Outpatient Service</u></b>	<b><u>Annual Maximum Benefit</u></b>	<b><u>Coverage % for Preferred Providers</u></b>	<b><u>Out-of-Network Provider Coverage %</u></b>
Preventive Care		100%	25% of Allowable Charges
Office Visits & Consultations		\$40.00 co-pay/visit	25% of Allowable Charges
E-visits (a physician visit consultation via My Chart)		100%	N/A
CVS Minute Clinic Visit		\$10.00 co-pay/visit	N/A
Laboratory and X-ray Services		100%	25% of Allowable Charges
Diagnostic Medical Services & Testing		100%	25% of Allowable Charges
Maternity Care (outpatient)		\$400.00 co-pay/delivery	25% of Allowable Charges
Outpatient Surgery Charges*			
Facility Charges		100%	25% of Allowable Charges
Professional Fees		100%	25% of Allowable Charges
Home Care Services*	60 visits	100%	25% of Allowable Charges

	<b><u>Annual Maximum Benefit</u></b>	<b><u>Coverage % for Preferred Providers</u></b>	<b><u>Out-of-Network Provider Coverage %</u></b>
<b><u>Outpatient Psychiatric Care/Counseling</u></b>			
Professional Counseling (including drug or alcohol treatment) A single visit is limited to one (1) hour of therapy		\$10.00 co-pay/visit	25% of Allowable Charges
Electroconvulsive therapy (ECT)		\$40.00 co-pay/treatment	25% of Allowable Charges
<b><u>Outpatient Health Related Services</u></b>			
Outpatient Medical Supplies*		80%	25% of Allowable Charges
Orthotics/Prosthetics*	\$10,000	80%	25% of Allowable Charges
Physical/Occupational/Speech Therapy* One-year maximum, with required authorization		\$40.00 Co-pay/visit	25% of Allowable Charges
Other Health-Related Professionals*		\$40.00 Co-pay/visit	25% of Allowable Charges
Rental or purchase of authorized durable medical equipment*		80%	25% of Allowable Charges
Manual wheelchair*	\$500	80%	25% of Allowable Charges
Electric wheelchair*	\$2,500	80%	25% of Allowable Charges
Purchase of Breast Pump	\$500	No PPO	100% of Allowable Charges
<b><u>Hospice Care*</u></b>		100%	25% of Allowable Charges
<b><u>Accident or Emergency Treatment</u></b>			
Urgent Care Services		\$40.00 Co-pay/visit	25% of Allowable Charges
Emergency Room Outpatient Visit		\$200.00 Co-pay/visit	\$200.00 Co-pay/visit

**NOTE: Emergency services are only covered if the patient is being treated for an emergency medical condition and services are required for the alleviation of severe pain, or the diagnosis and treatment of unforeseen medical conditions that if not immediately treated would lead to disability, dysfunction or death. If a patient is admitted to a hospital through the emergency department, the co-payment will normally be waived. If a patient seeks services at an out-of-network hospital emergency department for a condition that meets the Plan's definition of an emergency medical condition, coverage shall apply in the same manner that coverage would have applied for services at a preferred provider. However, if a patient seeks services at an out-of-network hospital emergency department for a condition that does not meet the Plan definition of an emergency medical condition or if the services could have been reasonably provided by a Loma Linda provider, the out-of-network provider student co-insurance will apply.**

**Ambulance/Emergency Medical Evacuation**

Ambulance or Medical Evacuation (for life threatening conditions only)	\$50,000	No PPO	\$200.00 Co-payment/trip
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**Repatriation**

Repatriation Expenses	\$25,000	No PPO	100% of Allowable Charge
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	<b><u>Annual Maximum Benefit</u></b>	<b><u>Coverage % for Preferred Providers</u></b>	<b><u>Out-of-Network Provider Coverage %</u></b>
<b><u>Vision Care</u></b>			
Initial and Routine Examinations		No PPO	\$40.00 co-pay/visit
Prescription Glasses & Contact Lenses		No Coverage	No Coverage
<b><u>Hearing Care</u></b>			
Audiometricians (by physician referral)		No PPO	\$40.00 co-pay/visit
Hearing Specialists		\$40.00 co-pay/visit	25% of Allowable Charges
Hearing Aids		No Coverage	No Coverage

**Prescription Drugs**

**Mail Order Prescriptions – CVS Mail Order Pharmacy ONLY, (up to a 90-day supply)**

\$10.00 co-payment per generic prescription with use of CVS Caremark card (up to a 90-day supply)

\$60.00 co-payment per brand name prescription with use of CVS Caremark card, when no generic alternative is available (up to a 90-day supply)

Plan members with chronic medical conditions, the co-payment for generic medications filled through the CVS mail-order program will be waived, providing members with 100% coverage for these conditions. This includes generic medications for the treatment of asthma, cholesterol, diabetes, heart failure and hypertension.

Standard Drugs obtained at a retail pharmacy (up to a 31-day supply)

**LLUMC Pharmacy, Faculty Pharmacy, Meridian Pharmacy, LLU Community Pharmacy, Highland Springs Pharmacy and LLUMC-Murrieta Pharmacy:**

\$15.00 co-payment per generic prescription with use of CVS Caremark card

\$30.00 co-payment per brand name prescription with use of CVS Caremark card (when no generic alternative is available)

**All other CVS Caremark pharmacies:**

\$25.00 co-payment per generic prescription with use of CVS Caremark card

\$40.00 co-payment per brand name prescription with use of CVS Caremark card (when no generic alternative is available)

If a member voluntarily chooses to obtain a brand name prescription when a generic prescription is available, the member will be required to pay the difference in cost between the brand name and the generic in addition to the generic drug co-payment (applicable to both retail and mail order prescriptions).

**Impotency Drugs**

Co-insurance equal to 50% of the Allowable Charges will apply to all prescriptions for drugs used to treat impotency.

Impotency drugs are only covered for male members over the age of 18 with a diagnosis of organic erectile dysfunction and are limited to 6 doses per month and requires prior authorization through CVS Caremark.

Specialty drugs not available through CVS Caremark (Requires prior approval from Risk Management)	No PPO	80% of Allowable Charges
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## B. DENTAL COVERAGE

	<b><u>Annual Maximum Benefit</u></b>	<b><u>% Coverage at the School of Dentistry</u></b>	<b><u>% Coverage for Other Dental Providers</u></b>
Per Individual	up to \$1,000/year		
<b><u>Dental Care</u></b>			
Preventive Services (routine exam & cleaning)		100%	No Coverage
Basic Services		80%	No Coverage
Major Services		No Coverage	No Coverage

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\* **Prior Authorization Required. Failure to obtain prior authorization will result in a 50% reduction in any benefits that require prior authorization.**

NO PPO -- There are no preferred providers for this service