Welcome to your new electronic benefits guide.

Click a button on the left; use the navigation tools below; scroll; or “Ctrl + f” to search a term or phrase.
Use Adobe Acrobat Reader (mobile app or software) for interactive viewing.
### Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Website/Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Vision provider locator 800-839-3242</td>
</tr>
<tr>
<td>Dental</td>
<td>Delta Dental of TN <a href="http://www.deltadentalTN.com">www.deltadentalTN.com</a></td>
<td>800-223-3104</td>
</tr>
<tr>
<td>Life &amp; Disability</td>
<td>American Medical Association</td>
<td>Contact Student Life</td>
</tr>
<tr>
<td>Needle Stick</td>
<td>UHC participants</td>
<td>800-767-0700</td>
</tr>
<tr>
<td></td>
<td>Star Underwriter (non UHC participants)</td>
<td></td>
</tr>
<tr>
<td>Student Assistance</td>
<td>New Directions <a href="http://www.ndbh.com">www.ndbh.com</a></td>
<td>800.624.5544 or 816.237.2352</td>
</tr>
</tbody>
</table>

### MEHARRY Links

<table>
<thead>
<tr>
<th>Student Insurance</th>
<th><a href="http://www.mmc.edu/prospectivestudents/student_insurance/index.html">http://www.mmc.edu/prospectivestudents/student_insurance/index.html</a></th>
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<tbody>
<tr>
<td>Health Services</td>
<td><a href="http://www.mmc.edu/prospectivestudents/student-services/student-health-svcs.html">www.mmc.edu/prospectivestudents/student-services/student-health-svcs.html</a></td>
</tr>
<tr>
<td>Counseling</td>
<td><a href="http://www.mmc.edu/prospectivestudents/student-services/counseling-services.html">www.mmc.edu/prospectivestudents/student-services/counseling-services.html</a></td>
</tr>
<tr>
<td>Nashville General</td>
<td><a href="http://www.mmc.edu/patientcare/school-of-medicine/nghlanding.html">www.mmc.edu/patientcare/school-of-medicine/nghlanding.html</a></td>
</tr>
</tbody>
</table>

### Plan, Eligibility, & Enrollment Questions

**Meharry Office of Student Life**  
Gwendolyn Williams  
Stephen Smith  
studentinsurance@mmc.edu  
615.327.6792

**Paradigm Group**  
(Benefits Consultant)  
Allen Bailey  
allenbailey@paradigmgroup.net  
615.515.3316

### Claims Resolutions & Questions

**Paradigm Group**  
(Benefits Consultant)  
Rachel Love, Claims Specialist  
rachellove@paradigmgroup.net  
615.625.3309  
or toll-free 888.698.3489 ext. 3309
MEDICAL PLAN
Meharry offers students a healthcare plan through United Healthcare. Your level of benefit coverage will be determined by your provider choice.

1. **Meharry Network**  
   - Copays and deductibles waived;  
   - coinsurance applies

2. **UHC Network**  
   - Copays, deductibles, and coinsurance apply

3. **Out-of-Network**  
   - Copays, deductibles, and coinsurance apply, and the percentage of costs covered is reduced

### 2015-2016 Student Insurance Fees

<table>
<thead>
<tr>
<th>Insurance Plan</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Only</td>
<td>$3,538.00</td>
</tr>
<tr>
<td>Student + Spouse</td>
<td>$7,051.00</td>
</tr>
<tr>
<td>Student + Child</td>
<td>$7,177.00</td>
</tr>
<tr>
<td>Student + Children</td>
<td>$10,355.00</td>
</tr>
<tr>
<td>Family</td>
<td>$13,878.00</td>
</tr>
</tbody>
</table>

Fees include medical, dental, & vision coverage.

Networks 1, 2, 3
**Use in-network health care providers for the best benefit.** Network providers apply a network discount and file your claims for you. If you choose out-of-network providers, you will be responsible for a higher deductible and a larger percentage of the charges, plus any amount the provider charges over the United Healthcare maximum allowable charge.

1. **Meharry Network**  
   - all of Meharry clinics and Nashville General

2. **UHC Network**  
   - Includes Vanderbilt, St. Thomas and HCA TriStar hospitals and providers

3. **Out-of-Network**  
   - providers you choose that are not part of Meharry or UHC networks

**Summary Notice**
This is just a summary. For complete information, including plan limitations and exclusions, please see your plan documents.

**Go Online to Get Your ID Card**
You must print or order your ID card (or access it online via app; see UHC Resources page for details).
https://www.uhcsr.com/mmc

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There is only one open enrollment/waiver period for student insurance. If you are on the student insurance plan for the fall semester and continue as a student for the spring semester, you cannot waive coverage for the spring semester.
Medical Benefits continued

<table>
<thead>
<tr>
<th>IN NETWORK</th>
<th>OUT-of-NETWORK</th>
</tr>
</thead>
</table>
| **Network option 1**
Meharry Provider
No copays, deductible waived | **Network option 2**
UHC Choice Plus Network
Copays and deductible apply | **Network option 3**
Out-of-Network
Copays and deductible apply, less coverage |

<table>
<thead>
<tr>
<th>Preventive Care</th>
<th>Covered 100%</th>
<th>Covered 100%</th>
<th>Covered 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits/Specialist</td>
<td>No copay; covered 100%</td>
<td>$10/$20 copay</td>
<td>Deductible, then 40%</td>
</tr>
<tr>
<td>Deductible Ind/Family</td>
<td>Deductible waived</td>
<td>$250/$500</td>
<td>$500/$1000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Deductible waived; you pay 20%</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Out-of-Pocket Max Ind/Family</td>
<td>$1,000/$2,000</td>
<td>$1,000/$2,000</td>
<td>$2,500/$7,900</td>
</tr>
<tr>
<td>Rx Drugs Tier 1/Tier 2/Tier 3</td>
<td>$7/$25/$50</td>
<td>$7/$25/$50</td>
<td>Not covered</td>
</tr>
<tr>
<td>Mail order</td>
<td>2 x retail copay</td>
<td>2 x retail copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>Deductible waived; you pay 20%</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Outpatient Facility</td>
<td>Deductible waived; you pay 20%</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>No copay; covered 100%</td>
<td>$20 copay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>No copay; covered 100%</td>
<td>$100 copay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Mental Health Substance Abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>Deductible waived; you pay 20%</td>
<td>20% after deductible unlimited</td>
<td>40% after deductible unlimited</td>
</tr>
<tr>
<td>Outpatient</td>
<td>No copay; covered 100%</td>
<td>$10 copay</td>
<td>40% after deductible unlimited</td>
</tr>
<tr>
<td>Lifetime Max Benefit</td>
<td>unlimited</td>
<td>unlimited</td>
<td>unlimited</td>
</tr>
<tr>
<td>Pediatric Vision</td>
<td>One preventive exam per year</td>
<td>One preventive exam per year</td>
<td>Not covered</td>
</tr>
</tbody>
</table>
UHC STUDENT WEBSITE, APP, DISCOUNTS

UHC Student Resources Mehar Page
www.uhcsr.com/mmc

UHC Mobile App
Find the UHC mobile app in the Google Android Market and Apple App Store.
• View Digital ID card
• View Claims
• Find UHC doctors & providers

Google

iTunes

UHC Student Assistance Program
Telephonic 24hr access to the following resources:
• 24hr Nurseline
• Financial & legal counseling
• Mental health counseling

UHC HealthAllies Discount Program
• Gym memberships
• Lasik vision correction
• Teeth whitening
• Weight management – NutriSystem & Jenny Craig
• Sports apparel & equipment

http://www.sr.unitedhealthallies.com/
Needle Stick Plan

NEEDLE STICK PLAN AND PROCEDURES

As members of our medical community, Meharry provides needle stick coverage to all clinical students. You are enrolled in the mandatory pathogen exposure/accident coverage which provides a benefit in case you are exposed to blood or other body fluids through a needle stick or body fluid splash/spill event.

For Students Who Elected the Medical Plan
Covered 100% - Use your UHC medical plan ID card.

In the event of a needle stick
• Seek treatment from a MMC or UHC participating provider
• No charge for medical services at point of service
• If prescriptions are needed, you will pay applicable copayment and receive reimbursement from UHC
• Must use UHC participating pharmacy

For Students Who Declined the Medical Plan
Covered 100% - You will be sent an ID card just for this coverage.

• Will be sent an ID card from Star Underwriter
• Seek treatment from an MMC provider or a provider of your choice
• Notify MMC of incident
• Complete Reimbursement form for STARR
• $12 fee

MAXIMUM BENEFIT | DEDUCTIBLE
-----------------|------
$20,000          | $0   
DENTAL

Dental benefits are provided by Delta Dental of Tennessee. This PPO plan offers a higher level of benefit when you receive services from a participating dentist.

Participating providers will file claims for you and will accept the plan’s payment in full.

Out-of-network providers may bill you for any balance that remains after Delta Dental has paid your claim.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>IN-NETWORK</th>
<th>Delta Premier NETWORK</th>
<th>OUT-of-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible applies to basic and major services only</td>
<td>Individual $50 Family $150</td>
<td>Individual $100 Family $300</td>
<td>Individual $100 Family $300</td>
</tr>
<tr>
<td>Annual maximum for non-orthodontic services</td>
<td>$1,750 per person</td>
<td>$1,750 per person</td>
<td>$1,750 per person</td>
</tr>
<tr>
<td>Preventive services exams, cleanings, x-rays, fluorides</td>
<td>Covered 100% Deductible does not apply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic services fillings, simple extractions, repair, endodontics, oral surgery, periodontics</td>
<td>Covered 80% after deductible</td>
<td>Covered 50% after deductible</td>
<td>Covered 50% after deductible</td>
</tr>
<tr>
<td>Major services crowns, bridges, dentures, implants</td>
<td>Covered 50% after deductible</td>
<td>Covered 25% after deductible</td>
<td>Covered 25% after deductible</td>
</tr>
<tr>
<td>Orthodontic services braces</td>
<td>Covered 50% up to $1,000 lifetime No age limit</td>
<td>Covered 50% up to $1,000 lifetime No age limit</td>
<td>Covered 50% up to $1,000 lifetime No age limit</td>
</tr>
</tbody>
</table>
Vision Benefits

**VISION**

Vision benefits are available through United Healthcare. This PPO plan offers a higher level of benefit when you receive services from a participating provider.

Participating providers will file claims for you and will accept the plan’s payment in full. Out-of-network providers may bill you for any balance that remains after the United Healthcare has paid your claim.

<table>
<thead>
<tr>
<th>IN-NETWORK</th>
<th>Group #125202</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE</td>
<td>BENEFIT</td>
</tr>
<tr>
<td>Eye Exam</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Lenses (pair)</td>
<td>Single Bifocal Trifocal</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>In lieu of lenses/frames</td>
</tr>
<tr>
<td>Elective Conventional</td>
<td>100% up to a $150 allowance</td>
</tr>
<tr>
<td>Elective Disposable</td>
<td>$150 allowance</td>
</tr>
<tr>
<td>Medically necessary</td>
<td>Paid in full</td>
</tr>
<tr>
<td>Frames</td>
<td>100% up to a $150 allowance</td>
</tr>
</tbody>
</table>

*Benefits are lower for Out-of-network services and are based on a reimbursement schedule

HOW GET A VISION ID CARD:

Register on [www.myuhcvision.com](http://www.myuhcvision.com)

Click – Print ID card

If you don’t have an ID card you can always provide your SSN to the In Network vision provider and tell them you have UHC Vision coverage and they will verify your benefit coverage with UHC.

In-Network Vision Providers include:

- Wal-Mart
- Sams Club
- Costco
- VisionWorks
- Eyecare Plus
- Plus many more!
- Find a vision provider in your area on [www.myuchvision.com](http://www.myuchvision.com)
LIFE/ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE
Coverage is provided by Meharry to you through the American Medical Association.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIFE</strong></td>
<td></td>
</tr>
<tr>
<td>Life Insurance</td>
<td><strong>$50,000</strong></td>
</tr>
<tr>
<td>Repatriation</td>
<td>expenses incurred to transport your body to a mortuary near your primary place of residence, but not to exceed $5,000 or 10% of the Life Insurance Benefit, whichever is less.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AD&amp;D</strong></td>
<td></td>
</tr>
<tr>
<td>AD&amp;D Insurance</td>
<td>equal to the amount of your life benefit amount payable for certain losses is less than 100% of the AD&amp;D benefit</td>
</tr>
<tr>
<td>Career Adjustment</td>
<td>tuition expenses for training incurred by your spouse within 36 months after the date of your death, exclusive of board and room, books, fees, supplies and other expenses, not to exceed $5,000 per year, or cumulative total of $10,000 or 25% of AD&amp;D benefit, whichever is less.</td>
</tr>
<tr>
<td>Child Care</td>
<td>total childcare expense incurred by your spouse within 36 months after the date of your death for all children under age 13, not to exceed $5,000 per year, or cumulative total of $10,000 or 25% of AD&amp;D benefit, whichever is less.</td>
</tr>
<tr>
<td>Higher Education</td>
<td>tuition expenses incurred per child within 4 years after the date of your death at an accredited institution of higher education, exclusive of board and room, books, fees, supplies and other expenses, not to exceed $5,000 per year, or cumulative total of $20,000 or 25% of AD&amp;D benefit, whichever is less.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Loss</th>
<th>Percentage Payable</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100%</td>
<td>No more than 100% of your AD&amp;D Insurance will be paid for all losses resulting from one accident.</td>
</tr>
<tr>
<td>One hand, one foot or sight of one eye</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Two or more of the Losses listed</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>
LONG-TERM DISABILITY INSURANCE
Meharry provides Long-Term Disability (LTD) coverage for you.

This coverage helps replace a portion of your income when you face a disabling illness or injury. Disability benefits are offset by any disability or retirement income from Social Security, Workers Compensation or any other insurance made available through an employer.

Coverage Includes
• Medical & Dental students - $1,500 monthly benefit
• Graduate Students - $750 monthly benefit
• 90 day elimination period
• 6 month/12 month pre-existing condition
• Length of benefit – Social Security Normal Retirement Age
• $2,000 - $2,500 monthly benefit available during residency on guaranteed issue basis
• 24 month limit: mental & nervous disabilities and substance abuse limited to 24 months of benefits
• $3,000 income offset
• Assisted Living Benefit (ALB)
• $5,000 lump sum after 12 months of permanent and total disability
• 5 Year Student definition: unable to perform duties of a student in good standing
• School Loan Provision: up to $200,000 at the end of 12 months for permanent & total disability

IMPORTANT
If you become disabled, please contact Student Life as soon as possible to discuss your coverage and for assistance in filing your disability claim.
LIFE ASSISTANCE FOR STUDENTS AND FAMILIES

The Student Assistance Plan (SAP) is an important part of your benefits package. Meharry encourages you and your family members to use these free and confidential services.

Your benefit includes six in-person consultations and unlimited consultations by telephone.

Your SAP can help with:

- Substance abuse
- Family issues
- Financial planning or concerns
- Emotional and mental health issues
- Legal questions
- Stress management
- Work-life balance
- Finding child care or elder care

Your confidentiality is protected by law. No information can be released without your written consent.

AVAILABLE 24/7

1.800.624.5544 or 816.237.2352

www.ndbh.com Login code Meharry
MEDICAL

What are the differences between the networks?
- Meharry network: no copays or deductible
- UHC network: copays and deductible apply
- Out-of-network: lower coverage, higher costs, possible balance billing

How do I find a network doctor or provider?
Go to https://www.uhcsr.com/mmc or call UHC 800.767.0700

What providers are in the Meharry network?
- Meharry Medical Group
  615.327.5572
- Nashville General Hospital
  http://nashvillegeneral.org/

Who do I contact if I have claims questions?
First, call UHC. If your issue is not resolved, please contact Rachel Love, Claims Specialist at Paradigm Group, our benefits consultant.
  rachellove@paradigmgroup.net
  Phone 615.625.3305 or toll-free 888.698.3489 ext. 3309

If I lose my card, how do I request a new one?
Go to https://www.uhcsr.com/mmc, or call Customer Service
  800.638.3120

COMMON TERMS

<table>
<thead>
<tr>
<th>TERMS</th>
<th>DEFINITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Amount you pay before insurance pays</td>
</tr>
<tr>
<td>Copay</td>
<td>Amount you pay per service</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Percentage you pay</td>
</tr>
<tr>
<td>Network</td>
<td>Group of providers who agree to a precise cost structure and billing procedure</td>
</tr>
</tbody>
</table>

Additional Definitions
Midyear Changes to Benefits
Unless you have a qualified status change, your elections will remain in effect for the entire calendar year.

Qualified status changes include:
- Marriage, divorce, legal separation
- Birth or adoption of a child
- Change in dependent status
- Death of a qualified dependent
- Change in dependent employment status

You must notify Student Life Services within 30 days of the change.

WHCRA
If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:
- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Prohibition on Rescission
Under the Patient Protection and Affordable Care Act (PPACA), a group health plan is prohibited from rescinding coverage except in three circumstances. A rescission is a retroactive termination of coverage. Coverage may be terminated retroactively only in the following circumstances:
- Failure to pay premiums
- Fraud
- Intentional misrepresentation of material fact
If coverage is to be rescinded, you must be given at least 30 days advanced written notice that coverage is being terminated retroactively.

HIPAA Special Enrollment Rights Notice
Under HIPAA, if you lose your group health plan coverage, you may be able to get into another group health plan for which you are eligible (such as a spouse’s plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. Therefore, once your coverage ends, if you are eligible for coverage in another plan (such as a spouse’s plan), you should request special enrollment as soon as possible. (Additional special enrollment rights are triggered by marriage, birth, adoption, and placement for adoption.)

If you have questions about your HIPAA rights, you may contact your state insurance department or the U.S. Department of Labor, Employee Benefits Security Administration (EBSA), toll-free at 1-866-444-3272 (for free HIPAA publications ask for publications concerning changes in health care laws). You may also contact the CMS publication hotline at 1-800-633-4227 (ask for Protecting Your Health Insurance Coverage). These publications and other useful information are also available on the Internet at:
www.dol.gov/ebsa, the DOL’s interactive Web pages - Health Elaws, or www.cms.hhs.gov/healthinsreformforconsumer.