## Student Injury and Sickness Insurance Plan for Anna Maria College Students

2012-2013

Anna Maria is pleased to offer a Student Injury and Sickness Insurance Plan underwritten by HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care, Inc. and administered by UnitedHealthcare **Student**Resources. Massachusetts law mandates that all full-time and three-quarter time students have health insurance coverage. Eligible students are automatically enrolled in and billed for the Student Injury and Sickness Insurance Plan which meets the requirements of the Commonwealth of Massachusetts. Eligible dependents of insured students can also be enrolled in the Student Injury and Sickness Insurance Plan for an additional cost.

## **Highlights of the Coverage and Services are:**

- Up to a \$100,000 per each Injury or Sickness Maximum Benefit for Covered Medical Expenses.
- \$50 deductible per Insured, per policy year for Preferred Providers, \$200 per Insured, per policy year for Out of Network providers.
- \$5,000 Out-of-Pocket maximum per Insured Person per Policy Year for Preferred Provider Services, \$10,000 per Insured, per Policy year for Out of Network Services. Refer to the plan brochure for details about how the Out-of-Pocket Maximum applies.
- Harvard Pilgrim (in MA, NH, and ME) and UnitedHealthcare Options PPO (throughout the rest of the U.S.) are the Preferred Provider Networks for this plan.
- Covered Medical Expenses for Preferred Providers are generally payable at 90% of the Preferred Allowance and Out-of-Network benefits are payable at 70% of Usual and Customary charges (all benefits are subject to satisfaction of the deductible, specific benefit limitations, maximums and co-pays as described in the policy).
- Prescription Drug Benefits: \$15 copay for Tier 1 / \$30 copay for Tier 2 /\$50 copay for Tier 3 drugs up to a 30-day supply per prescription up to the policy maximum.
   Prescriptions must be filled at a UnitedHealthcare Network Pharmacy.
- Preventive Services benefit which includes annual physicals, GYN exams, routine screenings and immunizations, covered at 100%, no co-pays or deductibles to Preferred Providers only. See <a href="https://www.healthcare.gov">www.healthcare.gov</a> for complete details of the services provided for specific risk groups.
- Coverage available for eligible dependents.
- Scholastic Emergency Services Domestic Students are covered when 100 miles or more away from their campus or home address. International Students are covered worldwide except in their home country.
- Also available for Anna Maria College students is Gallagher Koster Complements, for more information go to <a href="https://www.gallagherkoster/annamaria">www.gallagherkoster/annamaria</a>.
- Please refer to the brochure which provides details about the coverage including costs, benefits, exclusions, and any reductions.



ANNA MARIA COLLEGE

This plan is underwritten by HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care, Inc. and administered by UnitedHealthcare **Student**Resources. It is serviced by Gallagher Koster and is based on policy 2012-202708-1. \*Policy terms and conditions subject to regulatory approval.

Please read the certificate of coverage to determine whether this plan is right for you before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage maybe continued in force. Copies of the brochure are available from the University, or may be viewed and downloaded at <a href="https://www.uhcsr.com">www.uhcsr.com</a>.

More detailed plan information is available by visiting <a href="www.gallagherkoster.com/annamaria">www.gallagherkoster.com/annamaria</a> by clicking on "My Benefits and Plan Information".

The Policy is a Non-Renewable One-Year Term Policy.

Gallagher Koster
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Quincy, MA 02171
617-769-6005 or
Toll free 1-877-320-4347
Email:
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Your student health insurance coverage, offered by HPHC Insurance Company may not meet the minimum standards required by the healthcare reform law for restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions on annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012 and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage puts a policy year limit of \$100,000 for each Injury or Sickness that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified. If you have any questions or concerns about this notice, contact Gallagher Koster at 1-877-320-4347. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

BSFPPO-2012-99-1 HPHC Insurance Company

	Annual - Undergraduate 08/10/12- 8/09/13	Spring/Summer - Undergraduate 1/19/13-8/09/13	Annual - Graduate 8/10/12 – 8/09/13	Spring/Summer - Graduate 1/19/13-8/09/13
Student Only	\$1,435	\$805	\$1,691	\$947
Spouse Only	\$3,675	\$2,051	\$3,675	\$2,051
Each Child	\$2,395	\$1,339	\$2,395	\$1,339

This plan assumes the plan design outlined in the 2012-2013 proposal and duplicates the expiring enrollment, exclusions and limitations with the exception that they may be modified to comply with provisions of the Patient Protection and Affordable Care Act.

## **Exclusions and Limitations**

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

- Acne; acupuncture; allergy, including allergy testing; except as specifically provided in the policy;
- 2. Addiction, such as: nicotine addiction
- 3. Biofeedback;
- 4. Circumcision;
- Congenital conditions, except as specifically provided for Newborn or Adopted Infants; or except as specifically provided in the policy;
- Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
- Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
- Dental treatment, except for accidental Injury to Sound, Natural Teeth as specifically provided in the Schedule of Benefits;
- 9. Elective Surgery or Elective Treatment;
- Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
- 11. Health spa or similar facilities; strengthening programs;
- 12. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as specifically provided in the policy. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
- 13. Hirsutism; alopecia;
- 14. Hypnosis;
- Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;
- Injury or Sickness for which benefits are paid or payable under any Workers'
   Compensation or Occupational Disease Law or Act, or similar legislation;
- 17. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
- 18. 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, except as specifically provided;
- 19. Investigational services;
- 20. Lipectomy;
- Participation in a riot or civil disorder; commission of or attempt to commit a felony;
- 22. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months; or under a previous qualifying health plan, provided such coverage was in force within 63 days prior to the Insured's Effective Date under this policy;
- 23. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:

- a. Therapeutic devices or appliances, including: support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy;
- Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
- Drugs labeled, "Caution limited by federal law to investigational use" or experimental drugs, except as specifically provided in the policy;
- Products used for cosmetic purposes;
- e. Drugs used to treat or cure baldness; anabolic steroids used for body building;
- f. Anorectics drugs used for the purpose of weight control;
- g. Sexual enhancement drugs, such as Viagra;
- h. Growth hormones: or
- Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
- Family planning; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery;
- 25. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study;
- 26. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
- Routine Newborn Infant Care, well-baby nursery and related Physician charge, except as specifically provided in the Benefits for Maternity, Childbirth, Well-Baby and Post-Partum Care;
- 28. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
- 29. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
- Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
- 31. Supplies, except as specifically provided in the policy;
- Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
- 33. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
- War or any act of war, declared or undeclared; or while in the armed forces
  of any country (a pro-rata premium will be refunded upon request for such
  period not covered); and
- 35. Weight management, weight reduction, nutrition programs, treatment for obesity, except surgery for morbid obesity, surgery for removal of excess skin or fat, except as specifically provided in the policy.

