

Student Injury and Sickness Insurance Plan for Students of Hope International University

2012-2013



Hope International University is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company and serviced by Gallagher Koster.

2012-201728-1 Eligibility: All domestic undergraduate students taking 7 or more units and all students who are living in the residence halls and are actively attending classes on campus are required to purchase this insurance plan, unless proof of comparable coverage is furnished. All domestic graduate students are eligible to enroll in this insurance plan.

2012-201728-4 Eligibility: All international students enrolled in 7 or more units, possessing and maintaining a current passport and valid visa status (F-1, J-1, or M-1, etc.), engaged in educational activities at the University who are temporarily located outside their home country and have not been granted permanent residency status are required to be enrolled in the plan on a mandatory basis. Eligible dependents of enrolled students may participate in this plan on a voluntary basis.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources are:

- Up to \$100,000 for each Injury or Sickness, Maximum Benefit for Covered Medical Expenses.
- \$150 deductible per Insured Person per Policy Year.
- A Preferred Provider is a member of the UnitedHealthcare Options PPO network.
- Covered Medical Expenses for Preferred Providers are payable at 80% of Preferred Allowance and Out-of-Network benefits are payable at 60% of Usual and Customary charges.
All benefits are subject to satisfaction of the deductible, specific benefit limitations, maximums and copays as described in the policy.
- In-network office visits are covered at 100% of Preferred Allowance after a \$10 copayment.
- In-Network Prescription Drug Benefits filled at a UnitedHealthcare Network Pharmacy: 20% coinsurance per prescription for up to a 31-day supply. Prescriptions are covered up to the policy maximum. The Prescription Drug Benefit is also available at Out-of-Network pharmacies.
- Preventive Services benefit which includes annual physicals, GYN exams, routine screenings and immunizations, covered at 100%, no copays or deductibles to Preferred Providers only. Please refer to www.healthcare.gov for detailed information.
- 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.
- Please refer to the brochure which provides details about the coverage, including costs, benefits, exclusions, and any reductions.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2012-201728-1
2012-201728-4.

More detailed plan information may be found by visiting www.gallagherkoster.com/hiu

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

Gallagher Koster
500 Victory Rd.
Quincy, MA 02171
617-769-6092 or
Toll free 1-877-320-4347

Email:

HIUStudent@gallagherkoster.com



Your student health insurance coverage, offered by UnitedHealthcare 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 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.

Rates	Annual	Fall	Spring/Summer
201728-1/4	8/1/12 - 7/31/13	8/1/12 - 1/12/13	1/13/13 - 7/31/13
Student	\$1,671	\$835.50	\$835.50
Spouse	\$3,089	\$1,544.50	\$1,544.50
Each Child	\$2,143	\$1,071.50	\$1,071.50

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.

Pre-Existing Condition means any condition for which medical advice, diagnosis, care or treatment, including the use of Prescription Drugs is recommended or received from a Physician within 6 months immediately prior to the Insured's Effective Date under the policy.

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:

1. Addiction, such as nicotine addiction;
2. Biofeedback;
3. Chronic pain disorders;
4. 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;
5. 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;
6. Dental treatment, except for accidental Injury to Natural Teeth;
7. Elective Surgery or Elective Treatment;
8. Elective abortion;
9. 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;
10. Health spa or similar facilities; strengthening programs;
11. Hearing examinations or hearing aids;
12. Hirsutism; alopecia;
13. 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;
14. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
15. Injury or Sickness outside the United States and its possessions, except for a Medical Emergency when traveling for academic study abroad programs, business or pleasure;
16. 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;
17. Investigational services;
18. Lipectomy;
19. Nuclear, chemical or biological Contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death;
20. Organ transplants, including organ donation;
21. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
22. Pre-Existing Conditions, except for individuals who have been continuously insured for at least 6 consecutive months under any

health insurance plan or policy or employer-provided health benefit arrangement. Credit for time served will be given when covered under Creditable Coverage provided the individual becomes eligible and enrolls under this policy within 63 days of termination of the prior plan;

23. Prescription Drug Services - no benefits will be payable for:
 - a) Therapeutic devices or appliances, including hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Benefits for Diabetes;
 - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - d) Products used for unapproved cosmetic indications;
 - e) Drugs used to treat or cure baldness, and anabolic steroids used for body building;
 - f) Anorectics - drugs used for the purpose of weight control;
 - g) Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after one year of date of the prescription;
24. 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; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
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;
27. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
28. Supplies, except as specifically provided in the policy;
29. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
30. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
31. 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
32. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, except as specifically provided in the policy.