

American College Student Association (ACSA) Injury and Sickness Insurance Plan New York Residents Only 2013-2014



Gallagher Koster is pleased to offer the ACSA New York Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company of New York. All students or international scholars taking credit hours, registered for thesis or dissertation or part-time students are eligible to enroll in the ACSA Student Injury and Sickness Insurance Plan. Eligible dependents of insured students can also be enrolled in the ACSA Student Injury and Sickness Insurance Plan for an additional cost.

This plan is underwritten by UnitedHealthcare Insurance Company of New York, serviced by Gallagher Koster and is based on policy 2013-2300-31.

The Policy is a Non-Renewable Six-Month Policy.

Highlights of the Coverage and Services:

- Maximum benefit of \$1,250,000 per Insured Person per Policy year.
- Plan coverage is effective 08/01/13 and terminates 01/31/14.
- \$250 deductible for Preferred Providers, \$500 deductible for Out-of-Network Providers, per Insured Person per Policy Year.
- \$7,500 Out-of-Pocket maximum for Preferred Providers per Insured Person per Policy Year. Please refer to plan brochure for details about how the Out-of-Pocket maximum applies.
- A Preferred Provider is a member of the UnitedHealthcare ChoicePlus 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 co-pays as described in the policy).
- Immediate coverage for pre-existing conditions for Insured's under the age of 19 as of the effective date in the plan.
- Network Prescription Drug Benefit at UnitedHealthcare Pharmacy Network: \$15 copayment per prescription for Tier 1, \$40 copayment per prescription for Tier 2, \$70 copayment for Tier 3, up to a 31-day supply per prescription. Oral contraceptives covered at 100%, no copayment. Prescriptions are covered up to the policy maximum.
- Preventive Services benefit which includes annual physicals, GYN exams, routine screenings and immunizations, covered at 100%, no copayments or deductibles to Preferred Providers only. Please refer to www.healthcare.gov for complete details of the services provided for specific risk groups.
- Coverage available for eligible dependents. Dependent coverage must be purchased for the same time period as the student's period of coverage.
- Medex – 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.

Need more Information?

Please contact:

Gallagher Koster

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Toll free: 877-320-4347

Email:

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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	Domestic	International
Student Under Age 24	\$154	\$154
Student Age 24-29	\$208	\$208
Student Age 30 and Older	\$293	\$293
Spouse	\$489	\$489
All Children	\$345	\$345

Please refer to the brochure which provides details about the coverage including, costs, benefits, exclusions, and any restrictions.

Exclusions & 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. Chemical Dependence (Alcoholism/Drug Abuse), except as specifically provided in Benefits for Chemical Dependence (Alcoholism/Drug Abuse);
2. Cosmetic procedures, except that cosmetic procedures does not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect. It also does not include breast reconstructive surgery after a mastectomy;
3. 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;
4. Dental treatment, except for accidental Injury to Sound, Natural Teeth or due to congenital disease or anomaly;
5. Elective Surgery or Elective Treatment;
6. Elective abortion;
7. Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses. Vision correction, or other treatment for visual defects and problems; except when due to a disease process or a Medical Necessity;
8. Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet;
9. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
10. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
11. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency when traveling for academic study abroad programs, business or pleasure;
12. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by mandatory automobile no-fault benefits;
13. Injury sustained while (a) participating in any interscholastic sport, contest or competition; (b) traveling to or from any such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
14. Investigational services or experimental treatment, except for experimental or investigational treatment approved by an External Appeal Agent in accordance with Insured Persons Right to an External Appeal. If the External Appeal Agent approves benefits of an experimental or investigational treatment that is part

of a clinical trial, this policy will only cover the costs of services required to provide treatment to the Insured according to the design of the trial. The Company shall not be responsible for the cost of investigational drugs or devices, the costs of non-health cares services, the cost of managing research, or costs which would not be covered under this policy for non-experimental or non-investigational treatments provided in such clinical trial;

15. Participation in a felony, riot or insurrection;
16. Pre-existing Conditions; except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured was covered under Creditable Coverage which was continuous to a date not more than 63 days prior to the Insured's enrollment date under this policy;
17. Prescription Drugs, services or supplies as follows:
 - 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 Expense;
 - b. Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - c. Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra, except when a Medical Necessity;
 - d. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
18. Preventive medicines, serums, vaccines or immunizations; except as specifically provided in the policy;
19. Routine Newborn Infant Care, well-baby nursery and related Physician charges, except as specifically provided in the Benefits for Maternity Expense;
20. 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;
21. Services provided normally without charge by the Student Health Center of the Policyholder; or services covered or provided by the student health fee;
22. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
23. Supplies, except as specifically provided in the policy;
24. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
25. Treatment, service or supply which is not a Medical Necessity, subject to Article 49 of N.Y. Insurance Law; and
26. 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).