

American College Student Association (ACSA) Injury and Sickness Insurance Plan

2013-2014



Gallagher Koster is pleased to offer the ACSA Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. 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 not available in Massachusetts, New Hampshire, New York, New Jersey, North Carolina, Oregon, Puerto Rico, Vermont and Washington.

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.

This plan is underwritten by UnitedHealthcare Insurance Company, serviced by Gallagher Koster and is based on policy 2013-2300-21.

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

Need more Information?

Please contact:

Gallagher Koster

500 Victory Rd.

Quincy, MA 02171

617-769-6092

Toll free: 877-320-4347

Email:

ASCAsStudent@gallagherkoster.com



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. Acne; acupuncture;
2. Milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy under Benefits for Mental and Nervous Disorder, Alcoholism and Drug Dependency and under Benefits for Habilitative Services for the Treatment of Congenital or Genetic Birth Defects;
3. Circumcision;
4. Congenital conditions, except as specifically provided for Newborn or adopted Infants; and under Benefits For Habilitative Services For The Treatment of Congenital or Genetic Birth Defects;
5. 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;
6. Dental treatment, except for accidental Injury to Sound, 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. Hearing examinations or hearing aids or other treatment for hearing defects and problems except as specifically provided in the Benefits for Child Health Screening Services or except when due to an Injury. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
11. Hirsutism; alopecia;
12. Immunizations; except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury; or except as specifically provided in the policy;
13. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
14. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other and collectible insurance;
15. 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;
16. Investigational services;
17. Lipectomy;
18. 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;
19. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
20. Pre-existing Conditions, except for individuals who have been continuously insured under the student association's insurance policy for at least 12 consecutive months. If an Insured had: 1) coverage under a Previous Plan as defined below; and 2) that coverage was continuous to a date not more than 63 days prior to the Insured's Effective Date under this policy, the time under the Previous Plan will be credited toward the 12 consecutive months needed to provide benefits for a Pre-existing Condition. A "Previous Plan" means any accident or health insurance policy or certificate, nonprofit hospital or medical service corporation, HMO, MEWA, or plan provided by another benefit arrangement, including a government plan or program providing health benefits or health care. It does not include a Medicare Supplement.
21. 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 under the Benefits for Diabetes;
 - b) Immunization agents, except as specifically provided in the policy; 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, except as specifically provided in the policy;
 - d) 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) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
22. Reproductive/Infertility services including but not limited to: family planning; 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;
 23. 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, except for Covered Medical Expenses incurred in connection with participation in approved clinical trials;
 24. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery; except as specifically provided in the policy;
 25. 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; except as specifically provided under "Benefits for Child Health Screening Services";
 26. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
 27. 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;
 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,