

Student Injury and Sickness Insurance Plan for Medaille College Students

2013-2014



Medaille College is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company and serviced by Gallagher Koster. Medaille College Students are able to enroll in the insurance plan on a Voluntary basis. Medaille College students may enroll in the plan on a voluntary basis through www.gallagherkoster.com/medaille.

Highlights of the Coverage and Services:

- Up to \$500,000 per Insured Person, Per Policy Year Maximum Benefit for Covered Medical Expenses.
- \$100 Deductible for Preferred Providers Per Insured Person Per Policy Year, \$200 Deductible for Out-of-Network Providers Per Insured Person Per Policy Year.
- 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 to \$500,000 (all benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Co-pays as described in the policy).
- Preferred Provider Out-of-Pocket Maximum of \$5,000 Per Insured Person, Per Policy Year After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the policy Maximum Benefit subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.
- Prescription Drug Benefits: \$15 Co-pay for a generic prescription / \$30 Co-pay for a brand-name preferred prescription/ \$50 Co-pay for a brand-name non-preferred prescription up to a 31-day supply per prescription filled at a Express Script participating pharmacy. Prescriptions must be filled at a UHCP network pharmacy.
- Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations are covered at 100% with no Co-pay or deductible only when the services are received from a Preferred Provider. Please see www.healthcare.gov for complete details of the services provided for specific age and risk groups.
- Coverage available for eligible Dependents/Domestic Partner.
- The Preferred Providers for this plan are the UnitedHealthcare Options PPO.
- FrontierMEDEX – Domestic Students are eligible for FrontierMEDEX services when 100 miles or more away from your campus address and 100 miles or more away from your permanent 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 2013-202800-1.

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

Need more Information?

Please contact:

Gallagher Koster

500 Victory Rd.

Quincy, MA 02171

Toll free 877-320-4347

Email: medaillstudent@gallagherkoster.com

For the online decision form, please visit our website at www.gallagherkoster.com/Medaille, click on 'Student Direct Pay Enrollment and follow the online instructions. If you have any questions, please contact Customer Service toll free at 1-877-320-4347 or via e-mail at MedailleStudent@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 \$500,000 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 Customer Service at 1-877-498-5468. 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.

Voluntary Rates	Annual 08/01/13-07/31/14	Fall 08/01/13-12/31/13	Spring/Summer 01/01/14-07/31/14	Summer 05/15/14-07/31/14
Student	\$1,994	\$890	\$1,197	\$499
Spouse/Domestic Partner	\$4,959	\$2,191	\$2,961	\$1,211
Dependent Child(ren)	\$3,326	\$1,473	\$1,988	\$817

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 any of the following:

1. 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;
2. 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;
3. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
4. Elective Surgery or Elective Treatment;
5. 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 covered Injury or disease process or a Medical Necessity;
6. Hearing examinations; hearing aids; or other treatment for hearing defects and problems, except as a result of an infection or trauma. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
7. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
8. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by mandatory automobile no-fault benefits;
9. Injury sustained while (a) participating in any interscholastic 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;
10. 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 care 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;
11. Commission of or attempt to commit a felony, or participation in a riot or insurrection;
12. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 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. This exclusion will not be applied to an Insured Person who is under age 19;
13. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
14. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
15. Supplies, except as specifically provided in the policy;
16. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
17. Treatment, service or supply which is not a Medical Necessity, subject to Article 49 of N.Y. Insurance Law; and
18. 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).