

# Student Injury and Sickness Insurance Plan for West Virginia Higher Education Policy Commission

## 2013-2014



The West Virginia Higher Education Policy Commission is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company and serviced by Gallagher Koster. All registered undergraduate students taking 9 or more credit hours and graduate students taking 6 credit hours or designated as full-time are eligible to enroll on a Voluntary basis. Eligible dependents of students enrolled in the plan may participate in the plan on a voluntary basis.

### Highlights of the Coverage and Services:

- Up to a \$500,000 per policy year under the Basic Maximum Benefit for Covered Medical Expenses.
- \$500 deductible for Preferred Providers, \$1,000 deductible for Out-of-Network Providers, per insured person per Policy Year.
- \$5,000 Out-of-Pocket maximum for Preferred Providers, \$10,000 Out-of-Pocket maximum for Out-of-Network providers per Insured Person per Policy Year.
- The Preferred Provider is the United Healthcare Choice 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).
- Pre-existing conditions are excluded under this plan, except for individuals who have been continuously insured for at least 12 consecutive months under any health insurance plan 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.
- Network Prescription Drug Benefit at UHCP pharmacies: \$15 co-pay per prescription for Tier 1/ \$35 co-pay per prescription for Tier 2/ \$70 co-pay for Tier 3 up to a 31-day supply per prescription.
- 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.
- Coverage available for eligible dependents.
- 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.

Please read the certificate of coverage to determine whether this plan is right for you before you enroll. The certificate provides details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate are available from the University, or may be viewed and downloaded at [www.gallagherkoster.com/bluefield](http://www.gallagherkoster.com/bluefield).

For the online enrollment form, please visit our website at [www.gallagherkoster.com/bluefield](http://www.gallagherkoster.com/bluefield), click on the "Student Direct Pay Enroll" follow the online instructions. If you have any questions, please contact Customer Service toll free at 1-877-539-3492 or [wvstudent@gallagherkoster.com](mailto:wvstudent@gallagherkoster.com).

This plan is underwritten by UnitedHealthcare Insurance Company, serviced by Gallagher Koster and is based on Policy 2013-202829-1

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 1-877-320-4347  
Email: [wvstudent@gallagherkoster.com](mailto:wvstudent@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.**

## Domestic Students – Voluntary Enrollment

	2013-2014 Annual Rates	2013 Fall Rates	2014 Spring Rates	2014 Summer Rates
<b>Undergraduate Student</b>	\$1,688	\$704	\$1,028	\$385
<b>Graduate Student</b>	\$2,014	\$839	\$1,225	\$458
<b>Spouse</b>	\$4,132	\$1,715	\$2,510	\$932
<b>Each Child</b>	\$2,908	\$1,209	\$1,767	\$658

Pre-Existing Condition means any condition which manifested itself in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment or for which medical advice, diagnosis, care or treatment was recommended or received within the 6 months immediately prior to the Insured's Effective Date under this policy. Routine follow-up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for purposes of determining pre-existing conditions unless evidence of breast cancer is found during or as a result of the follow-up care.

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. Acne;
2. Acupuncture;
3. Allergy including allergy testing;
4. Addiction, such as: nicotine addiction, except as specifically provided in the policy;
5. Milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation;
6. Biofeedback;
7. Circumcision;
8. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
9. 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;
10. 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;
11. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
12. Elective Surgery or Elective Treatment;
13. Elective abortion;
14. 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 covered Injury or disease process;
15. Flat foot conditions; supportive devices for the foot; fallen arches; weak feet; chronic foot strain; symptomatic complaints of the feet; and routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery);
16. Health spa or similar facilities; strengthening programs;
17. Hearing examinations;; hearing aids; or cochlear implants; 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;
18. Hirsutism; alopecia;
19. Hypnosis;
20. 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;
21. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
22. 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;
23. 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;
24. 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;
25. Investigational services;
26. Lipectomy;
27. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation;
28. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
29. Pre-existing Conditions for a period of 12 months, 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 provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy. This exclusion will not be applied to an Insured Person who is under age 19;

30. 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 policy;
- 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;
- 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.

31. 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; female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;

32. 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;

33. Routine Newborn Infant Care, well-baby nursery and related Physician charges except as specifically provided in the policy;

34. Preventive care services; 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;

35. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;

36. 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 a covered Injury or treatment of chronic purulent sinusitis;

37. 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;

38. Sleep disorders;

39. Speech therapy; naturopathic services;

40. Supplies, except as specifically provided in the policy;

41. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;

42. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;

43. 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

44. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.