

Student Injury and Sickness Insurance Plan for University of Massachusetts - Lowell

2013-2014



University of Massachusetts - Lowell is pleased to offer an Injury and Sickness Insurance Plan underwritten by HPHC Insurance Company, Inc. an affiliate of Harvard Pilgrim Health Care, Inc. and serviced by Gallagher Koster. All matriculating undergraduate students, regardless of credit hours, and all matriculating graduate students, enrolled in 9 or more credit hours, are eligible and are automatically enrolled in the SHIP, unless proof of other insurance is provided. International Students cannot waive coverage and are enrolled on a mandatory basis.

This plan is underwritten by HPHC Insurance Company, Inc., serviced by Gallagher Koster and is based on policy 2013-200435-1.

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

Highlights of the Coverage and Services:

- Unlimited Maximum Benefit for Covered Medical Expenses.
- \$100 Deductible Per Insured Person Per Policy Year.
- Covered Medical Expenses for Preferred Providers are payable at 85% of Preferred Allowance and Out of Network benefits are payable at 65% 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).
- 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 Copay for Tier 1 / \$30 Copay for Tier 2 / \$50 Copay for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP). Mail order through UHCP at 2.5 times the retail copay up to a 90-day supply. \$15 Deductible for generic drugs / \$30 Deductible for brand name up to a 31-day supply per Prescription at an Out-of-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 Copay 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.
- The Preferred Providers for this plan are the HPHC Insurance Company Network in MA, ME and NH, and the United Healthcare Options PPO in all other areas.
- 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 brochure 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/UML

To waive/enroll, please go to www.isis.uml.edu, click on 'Student Self Service' and log in to your ISIS Account. Go to 'Student Center/Finance' and click on 'Health Insurance Form'. If you have any questions, please contact Gallagher Koster toll free at 1-800-467-3908 or UMLStudent@gallagherkoster.com.

Need more Information?

Please contact:

Gallagher Koster

500 Victory Rd.
Quincy, MA 02171
toll free 1-800-467-3908

Email:

UMLStudent@gallagherkoster.com



Rates	Annual	Fall	Spring/Summer	Summer
	08/01/13 - 07/31/14	08/01/13 - 12/31/13	01/01/14 - 07/31/14	05/20/14 - 07/31/14
Student	\$1,402	\$594	\$823	\$295
Spouse	\$2,700	\$1,129	\$1,571	\$542
All Children	\$2,130	\$890	\$1,240	\$428
All Dependents	\$4,798	\$2,009	\$2,789	\$962

The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are retained by your school (to, for example, cover your school's administrative costs associated with offering this health plan) as well as amounts which are paid to Gallagher Koster including Eyemed and Basix dental plan fees at the direction of your school.

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:

- 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;
- Custodial Care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, or places mainly for domiciliary or Custodial Care; extended care in treatment or substance abuse facilities for domiciliary or Custodial Care;
- Dental treatment, except as specifically provided in the Schedule of Benefits;
- Elective Surgery or Elective Treatment;
- 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;
- Flat foot conditions; supportive devices for the foot; fallen arches; weak feet; chronic foot strain; and routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery);
- Hearing examinations; hearing aids or cochlear implants, except as specifically provided in the policy; 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;
- 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;
- Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
- 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;
- 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;
- Investigational services;
- Participation in a riot or civil disorder; commission of or attempt to commit a felony;
- Prescription Drugs, services or supplies as follows:
 - Therapeutic devices or appliances, including: support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy;
 - Immunization agents, except as specifically provided in the policy, biological sera, blood or blood products administered on an outpatient basis;
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs, except as specifically provided in the policy;
 - Products used for cosmetic purposes;
 - Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - Anorectics - drugs used for the purpose of weight control;
 - Sexual enhancement drugs, such as Viagra;
 - Growth hormones; or
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
- Family planning; impotence, organic or otherwise; female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment surgery;
- 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 as specifically provided in the policy;
- 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;
- Services provided normally without charge by the Health Service of the policyholder; or services covered or provided by the student health fee;
- Temporomandibular joint dysfunction; nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic purulent sinusitis;
- Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
- Supplies, except as specifically provided in the policy;
- Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
- Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
- 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
- Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.