

Student Injury and Sickness Insurance Plan for Occidental College Students 2013-2014



Occidental College is pleased to offer a Student Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All students who are registered in a degree program are automatically enrolled in the Occidental College Student Injury and Sickness Insurance Plan at registration. Eligible dependents of insured students can also be enrolled in the Occidental College Student Injury and Sickness Insurance Plan for an additional cost.

Highlights of the Coverage and Services:

- Up to \$500,000 Per Insured Person, Per Policy Year Maximum Benefit for Covered Medical Expenses.
- \$0 Deductible
- Covered Medical Expenses for Preferred Providers are payable at 100% of Preferred Allowance to \$5,000, then 80% thereafter and Out of Network benefits are payable at 80% of Usual and Customary charges to \$5,000, then 60% thereafter (all benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the policy).
- Prescription Drug Benefits: \$15 co-pay for Tier 1/ \$30 co-pay for Tier 2 / \$50 co-pay Tier 3, up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP). Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.
- Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations, covered at 100%, no Copay or deductible only when the services are received from a Preferred Providers. Please see www.healthcare.gov for complete details of the services provided for specific age and risk groups.
- The Preferred Providers for this plan are the UnitedHealthcare Options PPO.
- FrontierMEDEX – 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.
- Also available for all students at Occidental College is a fully-insured Dental Plan through UnitedHealthcare Insurance Company. To enroll please visit www.gallagherkoster.com/oxy, then click 'Voluntary Dental'.
- Please read the brochure which provides details of the coverage including benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Copies of the brochure are available from the College or may be viewed or downloaded at www.gallagherkoster.com/Oxy.

This plan is underwritten by UnitedHealthcare Insurance Company, serviced by Gallagher Koster and is based on policy 2013-810-2.

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

Need more Information?

Please contact:

Gallagher Koster
500 Victory Rd. Quincy,
MA 02171
617-769-6018
Toll-free: 800-396-5977

Email: oxystudent@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.

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. Acupuncture;
2. Allergy, including allergy testing;
3. 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;
4. Circumcision;
5. Congenital conditions, except as specifically provided in benefits for Reconstructive Surgery or except as specifically provided for Newborn or adopted Infants;
6. 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;
7. Dental treatment, except for accidental Injury to Natural Teeth;
8. Elective Surgery or Elective Treatment;
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 covered Injury or disease process;
10. 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);
11. 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;
12. Hirsutism; alopecia;
13. 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;
14. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
15. Injury sustained while (a) participating in any interscholastic, 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. Lipectomy;
17. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
18. Prescription Drug Services - no benefits will be payable for:
 - 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 indications;
 - e. Drugs used to treat or cure baldness, and anabolic steroids used for body building;
 - f. Anorectics - drugs used for the purpose of weight control;
 - g. Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or 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;
19. 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;
20. Routine Newborn Infant Care, well-baby nursery and related Physician charges except as specifically provided in the policy;
21. 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;
22. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
23. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic purulent sinusitis;
24. 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;
25. Supplies, except as specifically provided in the policy;
26. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
27. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
28. 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
29. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.