

Student Injury and Sickness Insurance Plan

Designed especially for the students of



Occidental College

All Domestic students who are registered in a degree program at Occidental College are automatically enrolled in the Student Injury and Sickness Insurance Plan unless proof of comparable coverage is received by the waiver deadline. All International students registered in a degree program are automatically enrolled in the Student Injury and Sickness Insurance Plan on a mandatory basis.

When do I Enroll/Waive in the Plan?

Online Waiver and Enrollment forms are available at

www.gallagherstudent.com/oxy.

The deadline to Enroll or Waive is August 1, 2014.



Need more information? Please contact:

Gallagher Student Health & Special Risk
500 Victory Road
Quincy, MA 02171
1-617-769-6018 or
Toll free 1-800-396-5977
Email: oxystudent@gallagherstudent.com

For the online enrollment form, please visit our website at www.gallagherstudent.com/oxy, click on "Student Waive/Enroll" and follow the online instructions.

If you have any questions, please contact Customer Service toll-free at 1-800-396-5977 or at OXYStudent@gallagherstudent.com.

Visit www.gallagherstudent.com/oxy for complete plan details, under "My Benefits and Plan Information".

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



Highlights of the Coverage and Services offered:

- There is no overall maximum dollar limit on the policy.
- \$100 Deductible for Preferred Providers Per Insured Person, Per Policy Year, \$300 Deductible for Out of Network Providers Per Insured Person, Per Policy Year.
- Covered Medical Expenses for Preferred Providers are payable at 90% of Preferred Allowance and Out of Network benefits are payable at 70% 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).
- Preferred Provider Out-of-Pocket Maximum of \$6,350 Per Insured Person, Per Policy Year and \$12,700 for all Insureds in a Family, Per Policy Year. After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan brochure 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). 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.
- Refer to Plan brochure for details about pediatric dental and vision benefits. (Age limits apply.)
- 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 Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link, <http://www.uhcsr.com/lookupredirect.aspx?delsys=01> –
- 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.
- Also available for Occidental students is a UnitedHealthcare Insurance Company fully insured Dental plan, to enroll go to www.gallagherstudent.com/oxy, and click on "Voluntary Dental".
- Online Services: UnitedHealthcare StudentResources Insureds have online access to their claims status, EOBs, correspondence and coverage account information by logging in to My Account at www.uhcsr.com/myaccount. To create an online account, select the "create My Account Now" link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file.

	Fall (8/1/2014-1/19/2015)	Spring (1/20/2015-7/31/2015)
Student	\$860	\$860
Spouse	\$2,235	\$2,235
All Children	\$956	\$956
All Dependents	\$3,190	\$3,190

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may 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 certain non-insurer vendors or consultants by, or 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:

1. Behavioral problems. Conceptual handicap. Developmental delay or disorder or mental retardation. Learning disabilities. Milieu therapy. Parent-child problems.
2. Circumcision.
3. Congenital Conditions, except as specifically provided for:
 - Habilitative Services.
 - Benefits for Reconstructive Surgery.
 - Cleft palate as described under Dental Treatment in the policy.
 - Newborn or adopted Infants.
4. Cosmetic procedures, except as specifically provided in the policy or reconstructive procedures to:
 - Correct an Injury or treat a Sickness for which benefits are otherwise payable under this policy. The primary result of the procedure is not a changed or improved physical appearance.
 - Treat or correct Congenital Conditions of a Newborn or adopted Infant.
5. Dental treatment, except:
 - For accidental Injury to Natural Teeth.
 - As described under Dental Treatment in the policy.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
6. Elective Surgery or Elective Treatment.
7. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
8. Foot care for the following, except as specifically provided in the policy:
 - Flat foot conditions.
 - Supportive devices for the foot.
 - Fallen arches.
 - Weak feet.
 - Chronic foot strain.
 - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).

This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
9. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.

This exclusion does not apply to:

 - Hearing defects or hearing loss as a result of an infection or Injury.
 - A bone anchored hearing aid for an Insured Person with: a) craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or b) hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid.
10. Hirsutism. Alopecia.
11. 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.
12. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
13. Injury sustained while:
 - Participating in any interscholastic, intercollegiate, or professional sport, contest or competition.
 - Traveling to or from such sport, contest or competition as a participant.
 - Participating in any practice or conditioning program for such sport, contest or competition.
14. Lipectomy.
15. Voluntary participation in a riot or civil disorder. Commission of or attempt to commit a felony.
16. Prescription Drugs, services – no benefits will be payable for:
 - 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.
 - Immunization agents, except as specifically provided in the policy. Biological sera.
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
 - 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.
 - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
 - Growth hormones, except when used for the long-term treatment of Insureds under age 19 with growth failure from the lack of adequate endogenous growth hormone secretion.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
17. Reproductive/Infertility services including but not limited to the following, except as specifically provided in the policy:
 - Procreative counseling.
 - Genetic counseling and genetic testing, except for prenatal diagnosis of fetal genetic disorders.

- Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Fertility tests.
 - Infertility treatment (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.
 - Reversal of sterilization procedures.
 - Sexual reassignment surgery.
18. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems.
This exclusion does not apply as follows:
- When due to a covered Injury or disease process.
 - To benefits specifically provided in Pediatric Vision Services.
 - To benefits specifically provided in the policy.
 - To eye examinations, including preventive screenings, for conditions such as hypertension, diabetes, glaucoma, or macular degeneration.
19. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
20. Preventive care services, except as specifically provided in the policy, including:
- Routine physical examinations and routine testing.
 - Preventive testing or treatment.
 - Screening exams or testing in the absence of Injury or Sickness.
21. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
22. Services provided normally without charge by the Health Service of the Policyholder. 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 sinusitis.
24. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.
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).
29. Weight management. Weight reduction. Nutrition programs. Treatment for surgery for removal of excess skin or fat.

This plan is underwritten by UnitedHealthcare Insurance Company, serviced by Gallagher Student Health & Special Risk, and is based on policy 2014-810-2.

Please read the plan brochure to determine whether this plan is right for you before you enroll. The plan brochure 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 brochure are available from the College, or may be viewed and downloaded at www.gallagherstudent.com/oxy.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.