

Student Injury and Sickness Insurance Plan

Designed especially for the students of



University of Massachusetts - Lowell

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.

Need more information? Please contact:

Gallagher Student Health & Special Risk
500 Victory Road
Quincy, MA 02171
1-617-769-6058
Toll free 1-800-467-3908
Email: UMLstudent@gallagherstudent.com

If you have any questions, please contact Customer Service toll-free at 1-800-467-3908 or at UMLstudent@gallagherstudent.com

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.
- \$250 Deductible 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 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, \$10,000 Per 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 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 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.
- 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 Harvard Pilgrim (in MA, NH, and ME) and UnitedHealthcare Options PPO (throughout the rest of the U.S.) Preferred Providers can be found using the following link, www.gallagherstudent.com/uml.
- 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 Umass Lowell students is a UnitedHealthcare Insurance Company fully insured Dental plan, to enroll go to www.gallagherstudent.com/uml.
- Online Services: UnitedHealthcare StudentResources Insureds have online access to their claims status, EOBs, ID Cards, network providers, 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.

	Annual Period 8/1/2014-7/31/2015	Fall Period 8/1/2014-12/31/2014	Spring/Summer Period 1/1/2015-7/31/2015	Summer Period 5/20/2015-7/31/2015
Student	\$1,362	\$582	\$800	\$290
Spouse *	\$2,592	\$1,086	\$1,506	\$519
All Children*	\$2,048	\$858	\$1,190	\$410
All Dependents*	\$4,677	\$1,959	\$2,718	\$936

*A nominal, non-refundable processing fee applies.

The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include 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. Cosmetic procedures, except 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.
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.
 - As described under Dental Treatment in the policy.
 - As specifically provided in the Schedule of Benefits.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
4. Elective Surgery or Elective Treatment.
5. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
6. Foot care for the following:
 - Flat foot conditions.
 - Supportive devices for the foot.
 - Subluxations of 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.
7. Hearing examinations. 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.
 - Benefits specifically provided in Benefits for Treatment of Speech, Hearing and Language Disorders.
8. 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.
9. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
10. 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.
11. Investigational services.
12. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
13. 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.
 - 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.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
14. Reproductive services for the following, except as specifically provided in Benefits for Infertility:
 - Procreative counseling.
 - Genetic testing.
 - Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Impotence, organic or otherwise.
 - Reversal of sterilization procedures.
 - Sexual reassignment surgery.

15. 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.
16. 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 contact lenses to treat keratoconus.
17. 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.
18. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
19. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.
20. Supplies, except as specifically provided in the policy.
21. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
22. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
23. 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).
24. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat.

This plan is underwritten by HPHC Insurance Company, Inc., serviced by Gallagher Student Health & Special Risk, and is based on policy 2014-200435-1.

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 University, or may be viewed and downloaded at www.uhcsr.com.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by Harvard Pilgrim Health Care. 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 Harvard Pilgrim Health Care 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.