

## Student Injury and Sickness Insurance Plan

*Designed especially for the students of*

### Anna Maria College

All students enrolled in a degree program regardless of the number of credit hours and non degree students enrolled at least 75% of full-time are automatically enrolled in the plan on a hard waiver basis. Enrolled students may enroll their Eligible Dependents, including Domestic Partners, on a voluntary basis.



#### **When can I Waive the Plan?**

The online form will be available on June 10, 2014 and your deadline to waive is September 5, 2014.

#### **Need more information? Please contact:**

Gallagher Student Health & Special Risk  
500 Victory Road  
Quincy, MA 02171  
Toll free 1-888-440-9291  
Email: [AnnaMariaStudent@gallagherstudent.com](mailto:AnnaMariaStudent@gallagherstudent.com)

For the online waiver form, please visit our website at [www.gallagherstudent.com/AnnaMaria](http://www.gallagherstudent.com/AnnaMaria), click on "Student Waive/Enroll" and follow the online instructions.

If you have any questions, please contact Customer Service toll-free at 1-888-440-9291 or at [AnnaMariaStudent@gallagherstudent.com](mailto:AnnaMariaStudent@gallagherstudent.com)

Visit [www.gallagherstudent.com/AnnaMaria](http://www.gallagherstudent.com/AnnaMaria) to learn about Gallagher Student Health & Special Risk Complements (Dental, Vision and CampusFit). Gallagher Student Health & Special Risk Complements is not underwritten or administered by HPHC Insurance Company, Inc.

**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.
- \$50 Deductible for Preferred Providers per insured person per policy year, \$200 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 \$5,000 Per Insured Person, Per Policy Year. Out-of-Network, Out-of-Pocket maximum of \$10,000 Per Insured Person, 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). 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](http://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/AnnaMaria](http://www.gallagherstudent.com/AnnaMaria).
- 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 Anna Maria College students is a UnitedHealthcare Insurance Company fully-insured Dental and Vision plan, to enroll go to [www.uhcsr.com](http://www.uhcsr.com) then click on 'My School's Plan'.
- 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](http://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.

	<b>Annual Period</b> 8/10/2014-8/09/2015	<b>Spring Period</b> 1/16/2015-8/09/2015
Enrollment/Waiver Deadline	9/5/14	2/27/15
Undergraduate Student	\$1,596	\$901
Graduate Student	\$1,945	\$1,098
Spouse*	\$3,942	\$2,225
Each Child*	\$2,603	\$1,470

\*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 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 Student Health & Special Risk 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:

1. Acupuncture.
2. Addiction, such as:
  - Caffeine addiction.
  - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
  - Codependency.
3. Biofeedback.
4. Circumcision.
5. 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.
6. 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.
7. Dental treatment, except:
  - For accidental Injury to Sound, Natural Teeth.
  - As described under Dental Treatment in the policy.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
8. Elective Surgery or Elective Treatment.
9. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
10. Health spa or similar facilities. Strengthening programs.
11. 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.
12. Hirsutism. Alopecia, except as specifically provided in Benefits for Scalp Hair Prosthesis.
13. Hypnosis.
14. 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.
15. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
16. 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.
17. Injury sustained while:
  - Participating in any or 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.
18. Investigational services.
19. Lipectomy.
20. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
21. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
- 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.
22. Reproductive services for the following, except as specifically provided in Benefits for Infertility or as specifically provided in the policy:
- Procreative counseling.
  - Genetic testing.
  - Cryopreservation of reproductive materials. Storage of reproductive materials.
  - Impotence, organic or otherwise.
  - Reversal of sterilization procedures.
  - Sexual reassignment surgery.
23. 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.
24. 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.
  - To benefits specifically provided in the policy.
25. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in Benefits for Maternity, Childbirth, Well-Baby and Post Partum Care.
26. 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.

27. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
28. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, except orthognathic surgery to correct a significant functional impairment that cannot be adequately corrected with orthodontic services. 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 sinusitis. This exclusion does not apply to benefits specifically provided in the policy.
29. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
30. 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.
31. Supplies, except as specifically provided in the policy.
32. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
33. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
34. 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).
35. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the policy.
36. Elective abortion.

This plan is underwritten by HPHC Insurance Company, Inc., serviced by Gallagher Student Health & Special Risk, and is based on policy 2014-1560-1.

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 Anna Maria College or may be viewed and downloaded at [www.uhcsr.com](http://www.uhcsr.com) or [www.gallagherstudent.com/AnnaMaria](http://www.gallagherstudent.com/AnnaMaria).