

Student Injury and Sickness Insurance Plan for Tufts University Health Sciences Schools

2013-2014



The Tufts University Health Sciences Schools are pleased to offer an Injury and Sickness Insurance Plan underwritten by HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care, Inc. and administered by UnitedHealthcare **StudentResources**. All students enrolled at the following Tufts University Health Sciences Schools are required to purchase this insurance, unless proof of comparable coverage is furnished: Cummings School of Veterinary Medicine, School of Dental Medicine, Friedman School of Nutrition Science and Policy, School of Medicine, Sackler School of Graduate Biomedical Sciences, Public Health and Professional Degree Programs.

Highlights of the Coverage and Services are:

- Up to \$1,000,000 for each Injury or Sickness Maximum Benefit for Covered Medical Expenses.
- \$0 Deductible for Preferred Providers, \$150 Deductible Per Insured Person, Per Policy Year for Out of Network Providers.
- Covered Medical Expenses for Preferred Providers are payable at 100% of Preferred Allowance and Out of Network benefits are payable at 80% 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-Network Out-of-Pocket maximum of \$4,000 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. Prescriptions must be filled at a UnitedHealthcare Pharmacy. Mail order 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 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 / Domestic Partners.
- The Preferred Provider Network for this plan is HPHC Insurance Company Network. Preferred Providers can be found using the following link, <http://www.uhcsr.com/lookupredirect.aspx?delsys=67>.
- FrontierMEDEX – Domestic Students are eligible for FrontierMEDEX services when 100 miles or more away from your campus address or 100 miles or more away from your permanent home address. International Students are covered worldwide except in their home country.

This plan is underwritten by HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care, Inc. and administered by UnitedHealthcare **StudentResources** and is based on policy 2013-1645-1. Please read the certificate of coverage to determine whether this plan is right for you before you enroll. The certificate of coverage 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.uhcsr.com/tuftshealthsciences.

If you have any questions, please contact Customer Service at 866-909-6342 or customerservice@uhcsr.com.

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

Your student health insurance coverage, offered by HPHC 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 \$1,000,000 for each Injury or Sickness 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 1-866-909-6342. 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.

Rates	Monthly
Student	\$272.00
Dependent	\$405.00
All Dependents	\$771.00

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this health plan.

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. Addiction, such as: nicotine addiction, except as specifically provided in the policy; and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
2. Biofeedback;
3. Circumcision;
4. 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;
5. 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;
6. Dental treatment, except as specifically provided in the Schedule of Benefits;
7. Elective Surgery or Elective Treatment;
8. 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;
9. Hearing examinations; hearing aids; except as specifically provided in the policy; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
10. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
11. 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;
12. 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;
13. Investigational services;
14. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
15. Prescription Drugs, services or supplies as follows:
 - a. Therapeutic devices or appliances, including: 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, except as specifically provided in the policy;
 - d. Products used for cosmetic purposes;
 - e. Anabolic steroids used for body building;
 - f. Anorectics - drugs used for the purpose of weight control;
 - g. Sexual enhancement drugs, such as Viagra; or
 - h. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
16. Impotence, organic or otherwise; sexual reassignment surgery; except as specifically provided in the policy;
17. 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;
18. Temporomandibular joint dysfunction; 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 purulent sinusitis;
19. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
20. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
21. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
22. 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
23. Weight management, weight reduction, nutrition programs, treatment for obesity, (except surgery for morbid obesity), surgery for removal of excess skin or fat, except as specifically provided in the policy.

