

Student Injury and Sickness Insurance Plan for Georgia College and State University

2013-2014



Georgia College and State University is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All students enrolled for six (6) or more credits per term or participating in Cooperative Education Programs are eligible to enroll in the insurance plan, excluding those students that are required to enroll in the plan as stated below:

The students required to enroll in the plan are as follows:

1. All undergraduate and ESL international students holding F or J visas.
2. All undergraduate students enrolled in programs that require proof of health insurance.
3. All graduate students receiving a full tuition waiver as part of their graduate assistantship award.
4. All graduate international students and visiting scholars holding F or J visas.
5. All graduate students enrolled in programs that require proof of health insurance.
6. All graduate students receiving fellowships that fully fund their tuition.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources are:

- Up to \$500,000 Per Insured Person, Per Policy Year Maximum Benefit for Covered Medical Expenses.
- \$300 Deductible for Preferred Providers Per Insured Person, Per Policy Year, \$750 For all Insureds in Family, Per Policy Year. \$500 Deductible for Out of Network Providers Per Insured Person, Per Policy Year, \$900 For all Insureds in a Family, Per Policy Year.
- Covered Medical Expenses for Preferred Providers are payable at 80% of Preferred Allowance and Out of Network benefits are payable at 60% 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 \$4,500 Per Insured Person, Per Policy Year and \$15,000 For all Insureds in a Family, Per Policy Year. Out-of-Network Out-of-Pocket maximum of \$7,500 Per Insured Person, Per Policy Year and \$24,000 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% up to the policy Maximum Benefit 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. \$15 Deductible for generic drugs / \$30 Deductible for brand name up to a 31-day supply per Prescription at an Out-of-Network pharmacy.
- 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 Choice Plus. Preferred Providers can be found using the following link, <http://www.uhcsr.com/lookupredirect.aspx?delsys=52>.
- 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.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2013-200883-1.

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/usg.

If you have any questions, please contact Customer Service at 866-403-8267 or customerservice@uhcsr.com.

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



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 1-866-403-8267. 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	Annual	Fall	Spring/Summer
	8/1/13 - 7/31/14	8/1/13 - 12/31/13	1/1/14 - 07/31/14
Voluntary			
Student - Age 26 and Under	\$1,381.00	\$579.00	\$802.00
Student - Age 27 to 34	\$1,782.00	\$747.00	\$1,035.00
Student - Age 35 and Older	\$4,324.00	\$1,813.00	\$2,511.00
Mandatory			
Student - Age 26 and Under	\$1,381.00	\$579.00	\$802.00
Student - Age 27 and Older	\$1,782.00	\$747.00	\$1,035.00

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. Biofeedback;
2. 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;
3. Dental treatment, except as specifically provided in the Schedule of Benefits;
4. Elective Surgery or Elective Treatment;
5. 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;
6. Flat foot conditions; supportive devices for the foot, except as specifically provided in Benefits for the Management and Treatment of Diabetes; subluxations of the foot; fallen arches; weak feet; chronic foot strain; symptomatic complaints of the feet; and routine foot care including care, cutting and removal of corns, calluses, toenails and bunions (except capsular or bone surgery);
7. 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;
8. Hirsutism; alopecia;
9. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;
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 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;
12. Investigational services;
13. Organ transplants, including organ donation;
14. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
15. Prescription Drugs, services or supplies as follows:
 - 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, except as specifically provided in the Benefits for Drug Treatment for Children's Cancer;
 - d) Products used for cosmetic purposes;
 - e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - f) Anorectics - drugs used for the purpose of weight control;
 - g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, 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;
16. Reproductive/Infertility services including but not limited to: family planning, except contraceptives; fertility tests; infertility (male or female), except Covered Medical Expenses relating to diagnosis, 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;
17. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
18. Deviated nasal septum, including submucous resection and/or other surgical correction thereof;
19. 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;
20. Sleep disorders;
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); and
24. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.