

Student Injury and Sickness Insurance Plan



Designed especially for the students of

California Baptist University

All international students and visiting scholars are required to participate in this plan on a mandatory basis. Eligible Dependents of students may participate in this plan on a voluntary basis.

Students who are currently enrolled in a health insurance plan of comparable coverage that will be in effect through July 31, 2015 can waive the Student Health Insurance Plan by Completing an online waiver before **September 16, 2014.**

Need more information? Please contact:

Gallagher Student Health & Special Risk
500 Victory Road
Quincy, MA 02171
1-617-328-2325
Toll free 1-877-371-7602
Email: CalbaptistStudent@gallagherstudent.com

For the online waiver form, please visit our website at www.calbaptist.edu/healthinsurance, click on the "Student Waive" and follow the online instructions.

If you have any questions, please contact Customer Service toll-free at 1-877-371-7602 or at CalbaptistStudent@gallagherstudent.com.

Visit www.calbaptist.edu/healthinsurance 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 UnitedHealthcare Insurance Company.

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 Out of Network Providers for Each Injury or Sickness.
- 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 \$2,500 Per Insured Person, Per Policy Year and \$5,000 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% 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 / \$25 Copay for Tier 2 / \$45 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 their campus address and 100 miles or more away from their permanent home address.
- Also available for an additional cost is a UnitedHealthcare Insurance Company fully insured Dental and Vision plan, to enroll go to www.uhcsr.com/calbaptist.
- 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 Period 1/1/2015-7/31/2015	Summer Period 5/1/2015-7/31/2015
Student	\$1,540	\$770	\$770	\$365
Spouse*	\$3,713	\$1,856	\$1,856	\$938
Per Child*	\$1,740	\$870	\$870	\$444

*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 retained by your school (to for example cover your school’s administrative costs associated with offering this health plan) as well as amount 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. Biofeedback.
2. Chronic pain disorders.
3. 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.
4. 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.
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. Elective abortion.
8. 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.
9. Hirsutism. Alopecia.
 10. 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.
 11. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
 12. Treatment outside the United States and its possessions, except for a Medical Emergency when traveling for academic study abroad programs, business, or pleasure.
 13. Injury sustained while:
 - Participating in any 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. Investigational services.
 15. Lipectomy.
 16. Voluntary participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting, except in self-defense.
 17. Prescription Drug 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.
 18. Reproductive/Infertility services including but not limited to the following:
 - Procreative counseling.
 - Genetic counseling and genetic testing, except for the 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.
19. 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.
 20. 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.
21. 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.
 22. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
 23. 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.
 24. Supplies, except as specifically provided in the policy.
 25. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
 26. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
 27. 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).
 28. 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 United Healthcare Insurance Company, serviced by Gallagher Student Health & Special Risk, and is based on policy 2014-200405-4.

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 California Baptist University or may be viewed and downloaded at www.uhcsr.com or www.calbaptist.edu/healthinsurance.