

## Student Injury and Sickness Insurance Plan

*Designed especially for the students of*

## University of South Florida Voluntary Students



A Student Injury and Sickness Insurance Plan is offered to USF students on a Voluntary basis underwritten by UnitedHealthcare Insurance Company and serviced by Gallagher Student Health & Special Risk. All registered degree seeking undergraduate students enrolled in a minimum of 12 credit hours (or considered full-time) and all full time Graduate students in a degree seeking program, cooperative education students, students with internships, students with disabilities, students enrolled in their graduating semester, and certificate students, are eligible to participate on a voluntary basis.



The online forms will be available beginning July 1, 2014 and your deadline to Enroll is September 30, 2014

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

Gallagher Student Health & Special Risk  
500 Victory Road  
Quincy, MA 02171  
1-617-769-6405 or  
Toll free 1-877-539-3492  
Email: [USFStudent@gallagherstudent.com](mailto:USFStudent@gallagherstudent.com)

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

If you have any questions, please contact Customer Service toll-free at 1-877-539-3492 or at [USFStudent@gallagherstudent.com](mailto:USFStudent@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 for Preferred Providers Per Insured Person Per Policy Year, \$500 Deductible for Out of Network Providers 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 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).
- The deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center.
- Preferred Provider Out-of-Pocket Maximum of \$6,350 Per Insured Person, Per Policy Year, \$12,700 for all Insured 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 / \$40 Copay for Tier 2 / \$70 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 certificate 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 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.
- Also available for University of South Florida students is a UnitedHealthcare Insurance Company fully insured Dental plan, to enroll go to [www.gallagherstudent.com/usf](http://www.gallagherstudent.com/usf) under "Voluntary Dental".
- Online Services: UnitedHealthcare StudentResources Insureds have online access to their claims status, EOBs, 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.

| Rates               | Annual<br>(08/17/14 – 08/16/15) | Fall<br>(08/17/14 – 12/31/14) | Spring/Summer<br>(01/01/15 – 08/16/15) | Summer<br>(05/07/15 – 08/16/15) |
|---------------------|---------------------------------|-------------------------------|--|---------------------------------|
| <b>Student</b>      | \$3,706                         | \$1,418                       | \$2,360                                | \$1,056                         |
| <b>Spouse</b>       | \$15,936                        | \$6,100                       | \$10,151                               | \$4,542                         |
| <b>Each Child</b>   | \$5,045                         | \$1,930                       | \$3,212                                | \$1,437                         |
| <b>All Children</b> | \$12,337                        | \$4,722                       | \$7,858                                | \$3,516                         |

**NOTE:** 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. Acne.
2. Acupuncture.
3. Behavioral problems. Conceptual handicap. Developmental delay or disorder or mental retardation. Learning Disabilities. Milieu therapy. Parent-child problems.
4. Biofeedback.
5. Chronic pain disorders.
6. Circumcision.
7. Congenital Conditions, except as specifically provided for:
  - Habilitative Services.
  - Benefits for Newborn Infant, Adopted or Foster Child.
  - Benefits for Cleft Lip and Cleft Palate.
  - Reconstructive surgery to correct deformity caused by birth defects or growth defects.
8. 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.
  - Correct deformity caused by birth defects or growth defects.
  - Treat or correct Congenital Conditions of a Newborn or adopted Infant.
9. 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.
10. Dental treatment, except:
  - For accidental Injury to Sound, Natural Teeth.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
11. Elective Surgery or Elective Treatment, except cosmetic surgery made necessary as the result of a covered Injury or to correct a disorder of a normal bodily function.
12. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
13. Foot care for the following, except as specifically provided in the policy:
  - 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.
14. Health spa or similar facilities. Strengthening programs.
15. 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 for Cleft Lip and Cleft Palate.
  - Benefits for Child Health Assurance.
  - Benefits for Newborn Infant, Adopted or Foster Child.
16. Hirsutism. Alopecia.
17. Hypnosis.
18. 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.
19. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
20. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency when traveling for academic study abroad programs, business or pleasure.
21. 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.
  - While participating in any practice or conditions program for such sport, contest or competition.
22. Investigational services.
23. Lipectomy.
24. Nuclear, chemical or biological Contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death.

25. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting, except in self-defense.
26. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
  - 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. 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.
  - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
  - Growth hormones.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
27. Reproductive/Infertility services including but not limited to the following:
  - Procreative counseling.
  - Genetic counseling and genetic testing.
  - 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.
  - Reversal of sterilization procedures.
  - Sexual reassignment surgery.
28. 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.
29. 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 Benefits for Newborn Infant, Adopted or Foster Child.
  - To benefits specifically provided in Benefits for Child Health Assurance.
30. Routine Newborn Infant Care and well-baby nursery and related Physician charges, except as specifically provided in the policy.
31. 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.
32. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
33. 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.
34. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
35. Sleep disorders.
36. Speech therapy, except as specifically provided in Benefits for Cleft Lip and Cleft Palate. Or except as specifically provided in the policy. Naturopathic services.
37. 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.
38. Supplies, except as specifically provided in the policy.
39. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
40. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
41. 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).
42. Weight management. Weight reduction. Nutrition programs. Treatment for obesity, surgery for removal of excess skin or fat.

This plan is underwritten by UnitedHealthcare Insurance Company, serviced by Gallagher Student Health & Special Risk, and is based on policy 2014-363-1

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.gallagherstudent.com/usf](http://www.gallagherstudent.com/usf).