

2015–2016 Student Injury and Sickness Plan for Fisher College



Who is eligible to enroll?

All students registered for at least 75% of full-time credits are automatically enrolled in this insurance Plan at registration, unless proof of comparable coverage is furnished.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the College and may be viewed at www.gallagherstudent.com/fisher.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-844-484-0085 or fisherstudent@gallagherstudent.com.

What important dates or deadlines should I be aware of?

Online waivers must be submitted by September 15, 2015 for annual waiver, and January 26, 2016 for Spring waiver.

How much does the plan cost?

Undergraduate Student Rates	Annual 8/17/15 - 8/16/16	Spring/Summer 1/4/16 - 8/16/16
Student	\$1,825	\$1,125

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may 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.

This plan is underwritten by HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care, Inc. and administered by UnitedHealthcare **Student**Resources and is based on policy number 2015-202708-62.

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

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	\$50 per Insured Person, per Policy Year	\$200 per Insured Person, per Policy Year
Out-of-Pocket Maximum <i>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.</i>	\$5,000 Per Insured Person, Per Policy Year	\$10,000 Per Insured Person, Per Policy Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan brochure.</i>	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs and medicines lawfully obtainable only upon written prescription of a Physician <i>Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.</i>	\$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)	Usual and Customary Charges up to a 31 day supply per prescription
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible 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.</i>	100% of Preferred Allowance	No Benefits
The following services have per Service Copays/Deductibles <i>This list is not all inclusive. Please read the plan brochure for complete listing of Copays/Deductibles.</i>	Physician's Visits: \$25, The Policy Deductible does not apply Medical Emergency: \$100, in addition to the Policy Deductible, and waived if admitted to the Hospital	Medical Emergency: \$100, in addition to the Policy Deductible, and waived if admitted to the Hospital
Pediatric Dental and Vision Benefits	Refer to the plan brochure for details (age limits apply).	
UnitedHealthcare Global: Global Emergency Services	Domestic Students are eligible for UnitedHealthcare Global 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.	

Preferred Providers

The Preferred Provider Network for this plan is HPHC Insurance Company. Preferred Providers can be found using the following link: www.uhcsr.com/HarvardPilgrimOptions.

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. 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. Insureds can also download our UHCSR Mobile App available on Google Play and Apple's App Store.

Other Coverage

Visit www.gallagherstudent.com/fisher 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.

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 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.
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 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:
 - 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 except as specifically provided in the policy:
 - Procreative counseling.
 - Genetic testing.
 - Impotence, organic or otherwise.
 - Reversal of sterilization procedures.
 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.
 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 Preventive Care Services benefit:
 - 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.
 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 Weight Loss Programs.

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NOTE: This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by Harvard Pilgrim Health Care and does not constitute a promise of coverage. Benefits and rates under any Student policy are subject to state and federal requirements and review. Company reserves the right to make any changes necessary to meet such requirements.

Need more information? Please contact:
Gallagher Student Health & Special Risk
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Quincy, MA 02171
Toll free 1-844-484-0085
Email: fisherstudent@gallagherstudent.com

For the online waiver form, please visit our website at www.gallagherstudent.com/fisher, click on "Student Waive" and follow the online instructions.

