

**PLEASE NOTE:  
THIS DOCUMENT HAS BEEN  
CHANGED. SEE THE BACK  
COVER FOR DETAILS**

# 2015–2016 Student Injury and Sickness Plan for Azusa Pacific University



## Who is eligible to enroll?

All Domestic undergraduate students who are enrolled in 7 or more credit hours (at least 3 credit hours must be taken on campus) or are living in on-campus housing are automatically enrolled in this insurance Plan at registration, unless proof of comparable coverage is furnished. All International students, visiting faculty and scholars and other persons possessing and maintaining a current passport and valid visa status (F-1, J-1 or M-1) are automatically enrolled in this insurance Plan at registration, unless proof of comparable coverage is furnished. Eligible students may also insure their Dependents. Eligible Dependents are the student's spouse or Domestic Partner and dependent children under 26 years of age. See the Definitions section of the Brochure for the specific requirements needed to meet Domestic Partner eligibility.

## Where can I get more information about the benefits available?

Please read the plan brochure to determine whether this plan is right before you enroll. The plan brochure 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 plan brochure are available from the University and may be viewed at [www.gallagherstudent.com/APU](http://www.gallagherstudent.com/APU).

## Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-800-406-4517 or [APUStudent@gallagherstudent.com](mailto:APUStudent@gallagherstudent.com).

## What important dates or deadlines should I be aware of?

The waiver deadline is 9/18/15 for annual and 1/21/16 for spring.

## How much does the plan cost?

| Rates                         | Annual<br>8/15/15 – 8/14/16 | Fall<br>8/15/15 – 1/10/16 | Spring<br>1/11/16 – 8/14/16 |
|-------------------------------|-----------------------------|---------------------------|-----------------------------|
| Student                       | \$1,800                     | \$900                     | \$900                       |
| Spouse                        | \$1,800                     | \$900                     | \$900                       |
| One Child                     | \$1,800                     | \$900                     | \$900                       |
| Two or More Children          | \$3,600                     | \$1,800                   | \$1,800                     |
| Spouse + Two or More Children | \$5,400                     | \$2,700                   | \$2,700                     |

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 UnitedHealthcare Insurance Company and is based on policy number 2015-320-1.

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   |
|---|--|--|
| <b>Overall Plan Maximum</b>   | There is no overall maximum dollar limit on the policy   |  |
| <b>Plan Deductible</b>  | \$150 per Insured Person, per Policy Year  | \$300 per Insured Person, per Policy Year  |
| <b>Out-of-Pocket Maximum</b><br><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>   | \$1,500 Per Insured Person, Per Policy Year<br>\$3,000 For all Insureds in a Family, Per Policy Year   | There is no Out-of-Pocket Maximum for Out-of-Network benefits.                   |
| <b>Coinsurance</b><br><i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan brochure.</i>   | 80% of Preferred Allowance for Covered Medical Expenses  | 60% of Usual and Customary Charges for Covered Medical Expenses                  |
| <b>Prescription Drugs</b><br><i>Prescriptions must be filled at a UHCP network pharmacy. Mail order Prescription Drugs through UHCP up to a 90 day supply.</i>  | 75% Coinsurance per prescription<br>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)  | No Benefits  |
| <b>Preventive Care Services</b><br><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 <a href="http://www.healthcare.gov">www.healthcare.gov</a> for complete details of the services provided for specific age and risk groups.</i> | 100% of Preferred Allowance  | 60% of Usual and Customary Charges<br>\$25 Deductible per visit                  |
| <b>The following services have per Service Copays/Deductibles</b><br><i>This list is not all inclusive. Please read the plan brochure for complete listing of Copays/Deductibles.</i>   | Physician's Visits: \$25<br>Lab: \$25<br>X-rays: \$25<br>Medical Emergency: \$50   | Physician's Visits: \$25<br>Lab: \$25<br>X-rays: \$25<br>Medical Emergency: \$50 |
| <b>Pediatric Dental and Vision Benefits</b>   | Refer to the plan brochure for details (age limits apply).   |  |
| <b>UnitedHealthcare Global: Global Emergency Services</b>   | 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 UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: [www.uhcsr.com/Options](http://www.uhcsr.com/Options)

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

## Other Coverage

Also available for Azusa Pacific University students is a UnitedHealthcare Insurance Company fully insured Dental plan. To enroll go to [www.uhcsr.com/apu](http://www.uhcsr.com/apu).

Visit [www.gallagherstudent.com/APU](http://www.gallagherstudent.com/APU) 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.

## 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 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.
3. 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.
4. 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.
5. Elective Surgery or Elective Treatment.
6. Elective abortion.
7. Health spa or similar facilities. Strengthening programs.
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.
  - Benefits specifically provided in the policy.
  - 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. This exclusion does not apply to the Preventive Care Services outlined in the Medical Expense Benefits portion of the policy.
11. Injury or Sickness for which benefits are paid 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. Investigational services.
14. Lipectomy.
15. Voluntary participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting, except in self-defense.
16. 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 such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene.]
  - 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.

17. 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.
18. 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.
19. 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.
20. Physical examinations and tests for non-preventive care purposes in the absence of Injury or Sickness. This exclusion does not apply to the Preventive Care Services outlined in the Medical Expense Benefits portion of the policy.
21. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
22. 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. This exclusion does not apply to the Preventive Care Services outlined in the Medical Expense Benefits portion of the policy.
23. Supplies, except as specifically provided in the policy.
24. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
25. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
26. War or any act of war, declared or undeclared, while serving in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).
27. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat.

v2 NOC1 (8/18/15)

**NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. 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. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.**

**Need more information? Please contact:**

Gallagher Student Health & Special Risk  
500 Victory Road  
Quincy, MA 02171  
1-617-769-6050 or  
Toll free 1-800-406-4517  
Email: [APUStudent@gallagherstudent.com](mailto:APUStudent@gallagherstudent.com)

For the online Enrollment/Waiver forms, please visit our website at [www.gallagherstudent.com/APU](http://www.gallagherstudent.com/APU), click on either "Student Enroll" or "Student Waive" and follow the online instructions.





**POLICY NUMBER: 2015-320-1**

**NOTICE:**

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

**NOC#1 (8/18//15)**

**Exclusions:**

- Exclusion for Chronic Pain Disorder has been removed.
- Exclusion for Immunizations has had the following language added: This exclusion does not apply to the Preventive Care Services outlined in the Medical Expense Benefits portion of the policy.
- Exclusion for Workers Compensation has changed to the following:  
Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
- Exclusion for Sports Injury has been removed.
- Exclusion for Prescription Drugs has been changed to the following:  
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 such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene.
  - 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.
- Preventive Care Exclusion has changed to the following:  
Physical examinations and tests for non-preventive care purposes in the absence of Injury or Sickness. This exclusion does not apply to the Preventive Care Services outlined in the Medical Expense Benefits portion of the policy.
- The Exclusion for Smoking Cessation has had the following language added: This exclusion does not apply to the Preventive Care Services outlined in the Medical Expense Benefits portion of the policy.
- The Exclusion for War has changed to the following: War or any act of war, declared or undeclared, while serving in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).