

Student Injury and Sickness Insurance Plan for American Medical Student Association (AMSA)

2012-2013



American Medical Student Association is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company to its members. Full members or resident fellowship and Pre-Med members of the American Medical Student Association are eligible to enroll in the plan.

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

- Up to \$1,250,000 Per Insured Person, Per Policy Year Maximum Benefit for Covered Medical Expenses.
- \$350 Deductible for Preferred Providers Per Insured Person Per Policy Year, \$700 Deductible Per Insured Person Per Policy Year for Out of Network Providers.
- 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 \$7,500 Per Insured Person, Per Policy Year. Out-of-Network Out-of-Pocket maximum of \$12,000 Per Insured Person, 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 certificate for details about how the Out-of-Pocket Maximum applies.
- Prescription Drug Benefits: \$15 Copay for Tier 1 / \$25 Copay for Tier 2 / \$50 Copay for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Network Pharmacy (UHPS). Prescriptions must be filled at a UHPS network pharmacy.
- Coverage available for eligible Dependents including Domestic Partners who have filed an Affidavit of Domestic Partnership with the American Medical Student Association.
- 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>
- Scholastic Emergency Services – Domestic Students are covered when 100 miles or more away from their campus or 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 2012-503-1. * Policy terms and conditions subject to regulatory approval. Benefits may vary by state and coverage is not available in Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Oregon, Puerto Rico, Vermont and Washington.

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 American Medical Student Association, or may be viewed and downloaded at www.UHCSR.com/AMSA.

If you have any questions, please contact Customer Service at 800-505-5450 or customerservice@uhcsr.com.

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

Rates	12 Months	9 Months	6 Months	3 Months
	Cannot be purchased after 11/01/2012	Cannot be purchased after 02/01/2013	Cannot be purchased after 05/01/2013	Cannot be purchased after 07/31/2013
Student	\$ 1,802	\$ 1,376	\$ 918	\$ 459
Spouse	\$ 4,217	\$ 3,224	\$ 2,149	\$ 1,075
Each Child	\$ 3,010	\$ 2,300	\$ 1,534	\$ 767

For New York residents only, a separate plan underwritten by UnitedHealthcare Insurance Company of New York is available. Please visit www.uhcsr.com/AMSA for more information.

PRE-EXISTING CONDITION means any condition for which medical advice, diagnosis, care or treatment was recommended or received within the 6 months immediately prior to the Insured's Effective Date under this policy.

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:

1. Acne; acupuncture; allergy testing;
2. Addiction, such as: nicotine addiction;
3. Milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or intellectual disability;
4. Biofeedback;
5. Circumcision;
6. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
7. 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; removal of warts, non-malignant moles and lesions;
8. Dental treatment, except for accidental Injury to Sound, Natural Teeth; as specifically provided in the Schedule of Benefits;
9. Elective Surgery or Elective Treatment;
10. Elective abortion;
11. 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 apart from the disease process;
12. Foot care including: flat foot conditions, supportive devices for the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
13. Health spa or similar facilities; strengthening programs;
14. Hearing examinations or hearing aids; or other treatment for hearing defects and problems; except as provided in Benefits for Newborn Infant Hearing Screening. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
15. Hirsutism; alopecia;
16. Hypnosis;
17. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for a treatment of a covered Injury, or as specifically provided in the policy;
18. Injury caused by, contributed to, or resulting from the use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
19. Injury or Sickness for which benefits are paid or payable 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 (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;
22. Lipectomy;
23. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation;
24. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
25. Pre-existing Conditions for a period of 12 months; except for individuals who have been continuously insured under AMSA's insurance policy (503-1) for at least 12 months. If an individual: (1) had coverage under Creditable Coverage as defined and (2) that coverage was continuous to a date not more than 63 days prior to the Insured's Effective Date under this policy, the time under the previous plan will be credited toward the 6 consecutive months needed to provide benefits for a Pre-existing Condition. (This exclusion will not be applied to an Insured Person under age 19);

Pre-existing Condition limitations will not apply:

- a) for individuals who, as of the last day of the thirty-day period beginning under the date of birth, are covered under Creditable Coverage;
 - b) any child who is adopted or placed for adoption before attaining eighteen years of age and who, as of the last day of the thirty-day period beginning on the date of the adoption or placement for adoption, is covered under Creditable Coverage; or
 - c) to pregnancy;
26. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
 - 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 Benefits for Diabetes;
 - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis; except as specifically provided in the Benefits for Home Treatment of Hemophilia and Congenital Bleeding Disorders;
 - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - 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, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene;
 - h) Growth hormones; or
 - i) 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: family planning; fertility tests; infertility (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; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
 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 Benefits for Clinical Trials for Treatment Studies on Cancer;
 29. Routine Newborn Infant Care, well-baby nursery and related Physician charges; except as specifically provided in the policy;
 30. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness, except as specifically provided in the policy;
 31. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
 32. Nasal and sinus surgery; except as specifically provided in the Benefits for Treatments Involving Bones and Joints of the Head, Neck, Face or Jaw;
 33. 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;
 34. Sleep disorders;
 35. Speech therapy, except as specifically provided in the Benefits for Early Intervention Services; naturopathic services;
 36. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
 37. Supplies, except as specifically provided in the policy;
 38. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
 39. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
 40. 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
 41. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.