

Student Injury and Sickness Insurance Plan for Stonehill College

2013-2014

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



Stonehill College is pleased to offer an Injury and Sickness Insurance Plan underwritten by HPHC Insurance Company, Inc. an affiliate of Harvard Pilgrim Health Care, Inc. and serviced by Gallagher Koster. All registered students taking at least 9 credits are automatically enrolled in the plan and the premium for coverage is added to their tuition billing, unless proof of comparable coverage is furnished.

Highlights of the Coverage and Services:

- Up to \$500,000 Per Insured Person, Per Policy Year Maximum Benefit for Covered Medical Expenses.
- \$50 Deductible for Preferred Providers Per Insured Person, Per Policy Year, \$200 Deductible for Out-of-Network Providers Per Insured Person, Per Policy Year.
- Covered Medical Expenses for Preferred Providers are payable at 90% of Preferred Allowance and Out-of-Network benefits are payable at 70% 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 \$5,000 Per Insured Person, Per Policy Year. Out-of-Network Out-of-Pocket maximum of \$10,000 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 / \$30 Copay for Tier 2 / \$50 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.
- 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/Domestic Partner.
- The Preferred Providers for this plan are the HPHC Insurance Company Network in MA, ME and NH, and UnitedHealthcare Options PPO in all other areas.
- 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 Stonehill College students is a UnitedHealthcare Insurance Company fully insured Dental and Vision plan, to enroll go to www.gallagherkoster.com/Stonehill.
- Accident coverage for Intercollegiate sports injury is provided under a separate policy # 2013-1633-8.

Please read the certificate of coverage to determine whether this plan is right for you before you enroll. The certificate 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 may be viewed or downloaded at www.gallagherkoster.com/Stonehill.

For the online enrollment or waiver form, please visit www.gallagherkoster.com/Stonehill, click on the "Student Waive/Enroll" and follow the online instructions. If you have any questions, please contact Customer Service toll free at 1-877-320-4347 or Stonehillstudent@gallagherkoster.com.

This plan is underwritten by HPHC Insurance Company, Inc., serviced by Gallagher Koster and is based on policy 2013-1640-1.

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

Visit

www.gallagherkoster.com/Stonehill to learn about Gallagher Koster Complements (Dental, Vision and CampusFit). Gallagher Koster Complements is not underwritten or administered by HPHC Insurance Company, Inc.

Need more Information?

Please contact:

Gallagher Koster

500 Victory Rd.
Quincy, MA 02171
toll free 877-320-4347

Email:

Stonehillstudent@gallagherkoster.com



Your student health insurance coverage, offered by UnitedHealthcare Insurance Company may not meet the minimum standards required by the healthcare reform law for restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions on annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012 and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage puts a policy year limit of \$500,000 that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified. If you have any questions or concerns about this notice, contact Customer Service at 1-877-320-4347 Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

Undergraduate Students	Annual	Spring
	08/13/13 - 08/12/14	01/14/14 - 08/12/14
Student	\$1,390	\$ 812
Spouse	\$3,413	\$1,981
Per Child	\$2,257	\$1,313

The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to Gallagher Koster including Eyemed and Basix dental plan fees at the direction of your school.

Pre-Existing Condition means any condition (1) which manifested itself during the 6 months immediately preceding the Insured's Effective Date of coverage under this policy and would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care or treatment was recommended or received; or (2) a pregnancy existing on the Insured's Effective Date of coverage 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 any of the following:

1. Acne;
2. Acupuncture;
3. Allergy; including allergy testing;
4. Addiction, such as: nicotine addiction, except as specifically provided in the policy; and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
5. Biofeedback;
6. Circumcision;
7. Congenital conditions, except as specifically provided for Newborn or Adopted Infants;
8. 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;
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 Injury to Sound, Natural Teeth;
11. Elective Surgery or Elective Treatment;
12. 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 due to a covered Injury or disease process;
13. Health spa or similar facilities; strengthening programs;
14. Hearing examinations; hearing aids; or cochlear implants; except as specifically provided in the policy; or other treatment for hearing defects and problems, except as specifically provided in the policy; or except as a result of an infection or trauma. "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 treatment of a covered Injury or as specifically provided in the policy;
18. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
19. 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;
20. 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;
21. Investigational services;
22. Lipectomy;
23. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
24. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months; or under a previous qualifying health plan, provided such coverage was in force within 63 days prior to the Insured's Effective Date under this policy. This exclusion will not be applied to an Insured Person who is under age 19;
25. Prescription Drugs, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy;
 - b) Immunization agents, except as specifically provided in the policy, biological sera, blood or blood products administered on an outpatient basis;
 - 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) Sexual enhancement drugs, such as Viagra;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
26. Family planning; impotence, organic or otherwise; female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment surgery;
27. 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;
28. Routine Newborn Infant Care, well-baby nursery and related Physician charges, except as specifically provided in Benefits for Maternity, Childbirth, Well-Baby and Post Partum Care;
29. Preventive care services; 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 Preventive Care Services benefit or except as specifically provided in the policy;
30. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
31. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; 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 purulent sinusitis;
32. 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;
33. Supplies, except as specifically provided in the policy;
34. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
35. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
36. 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
37. Weight management, weight reduction, nutrition programs, treatment for obesity, (except surgery for morbid obesity,) surgery for removal of excess skin or fat, except as specifically provided in the policy.



POLICY NUMBER: 2013-1640-1

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 #3 (10/29/13)

1. Updated Spring Premium rates: from
\$742 Student, \$1,911 Spouse, \$1,243 Per Child
to
\$812 Student, \$1,981 Spouse, \$1,313 Per Child