

Student Injury and Sickness Insurance Plan for the Mandated Student and Scholar Population of University of South Florida

2013-2014



University of South Florida is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company and serviced by Gallagher Koster. All international students, visiting scholars, Program Mandated and INTO USF students, Intercollegiate athletes, USF Wellness Employees, and students participating in Optical Practical Training, Curricular Practical Training, or a Study Abroad / Exchange program are automatically enrolled on a hard waiver basis. Eligible dependents (including Domestic Partners) of enrolled students/scholars may participate in this plan on a voluntary basis.

This plan is underwritten by UnitedHealthcare Insurance Company, serviced by Gallagher Koster and is based on policy 2013-363-2.

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

Highlights of the Coverage and Services:

- Up to \$500,000 each for Injury or Sickness Maximum Benefit for Covered Medical Expenses.
- \$100 Deductible for Preferred Providers Per Insured Person Per Policy Year, \$400 Deductible for Out of Network Providers Per Insured Person Per Policy Year .
- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered by the Student Health Center. The laboratory in the Student Health clinic is operated by CPL Laboratories; they are not directly affiliated with SHS or USF.
- Covered Medical Expenses for Preferred Providers are payable at 80% 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). Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply. 70% of Usual and Customary Charges after a \$15 Deductible for generic drugs / \$30 Deductible for brand name up to a 31-day supply per Prescription at an Out-of-Network pharmacy.
- Immediate coverage for pre-existing conditions as of your effective date in the plan.
- 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 UnitedHealthcare Choice Plus.
- 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.

Need more Information?

Please contact:

Gallagher Koster

500 Victory Rd.
Quincy, MA 02171
617-769-6405 or
toll free 1-877-539-3492

Email: USFStudent@gallagherkoster.com

-or-

USF Student Health Services

Insurance Office
813-974-5407
Insurance@shs.usf.edu

For the online enrollment form, please visit our website at www.gallagherkoster.com/FloridaUSSystem, click on the "Student Enroll" follow the online instructions. If you have any questions, please contact Customer Service toll free at 1-877-539-3492 or USFStudent@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 for each Injury or Sickness 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 1-877-539-3492. 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.

Rates	Annual	Fall	Spring / Summer	Summer
	8/17/13 – 8/16/14	8/17/13 – 12/31/13	1/1/14 – 8/16/14	5/7/14 - 8/16/14
Student	\$ 2,298	\$ 862	\$ 1,436	\$ 642
Spouse	\$ 5,225	\$ 1,961	\$ 3,264	\$ 1,460
Each Child	\$ 3,804	\$ 1,428	\$ 2,376	\$ 1,064
All Children	\$ 4,580	\$ 1,718	\$ 2,862	\$ 1,280

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 Gallagher Koster 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. Acupuncture;
2. Allergy, including allergy testing;
3. Congenital conditions, except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child or Benefits for Cleft Lip and Cleft Palate;
4. 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;
5. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
6. 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;
7. 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 covered Injury or disease process; except as specifically provided in the policy or under Benefits for Newborn Infant, Adopted or Foster Child or Benefits for Child Health Assurance;
8. Health spa or similar facilities; strengthening programs;
9. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as specifically provided under Benefits for Cleft Lip and Cleft Palate or Benefits for Newborn Infant, Adopted or Foster Child, or Benefits for Child Health Assurance. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
10. Hirsutism; alopecia;
11. Hypnosis;
12. 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;
13. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
14. 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;
15. Lipectomy;
16. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting, except in self-defense;
17. Prescription Drugs, services or supplies as follows:
 - 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 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. Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - h. Growth hormones; or
 - i. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
18. 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; female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
19. Routine Newborn Infant Care, well-baby nursery and related Physician charges except as specifically provided in the policy;
20. 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 policy;
21. 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;
22. Speech therapy, except as specifically provided in Benefits for Cleft Lip and Cleft Palate; naturopathic services;
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; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
27. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.