

# 2015–2016 Student Injury and Sickness Plan for University of South Florida Department Sponsored Payees/Graduate/ Teaching/Research Assistants



## Who is eligible to enroll?

Graduate / Research / Teaching Assistants, Department Payees, and Post-Doctoral Scholars and Fellows are eligible to participate in this plan on a hard waiver basis. 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. The Named Insured may continue to cover a dependent child to the end of the calendar year in which the Dependent reaches age 30 under certain circumstances. See the Definitions section of the Brochure/Certificate for the specific requirements needed to meet Domestic Partner eligibility.

## 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 University and may be viewed at [www.gallagherstudent.com/usf](http://www.gallagherstudent.com/usf).

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

If you have questions please contact Customer Service at 1-877-539-3492 or [USFstudent@gallagherstudent.com](mailto:USFstudent@gallagherstudent.com).

## How much does the plan cost?

GA/TA/RAs with a job code of 9181, 9182, 9183, 9184, 9185 or 9550 and an appointment of at least .25 FTE are eligible for GA Health Insurance Subsidy.

Rates	Annual 8/17/15 – 8/16/16	Fall 8/17/15 – 12/31/15	Spring/Summer 1/1/16 – 8/16/16
Student	\$2,410.00	\$903.00	\$1,508.00
Spouse	\$2,410.00	\$903.00	\$1,508.00
One Child	\$2,410.00	\$903.00	\$1,508.00
Two or More Children	\$4,820.00	\$1,806.00	\$3,016.00
Spouse + Two or More Children	\$7,230.00	\$2,709.00	\$4,524.00

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 certain non-insurer vendors or consultants by, or at the direction, of your school.

This plan is underwritten by UnitedHealthcare Insurance Company, serviced by Gallagher Student Health & Special Risk, and is based on policy number 2015-363-3.

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> <i>4 Deductibles maximum Per Policy Year.</i>	\$100 For Each Injury or Sickness.	\$400 For Each Injury or Sickness.
<b>Out-of-Pocket Maximum</b> <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 certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$6,350 Per Insured Person, Per Policy Year. \$12,700 For all Insureds in a Family, Per Policy Year.	\$12,700 Per Insured Person, Per Policy Year. \$25,400 For all Insureds in a Family, Per Policy Year.
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charges for Covered Medical Expenses
<b>Prescription Drugs</b> <i>Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.</i>	\$20 Copay for Tier 1 \$35 Copay for Tier 2 \$50 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	70% of Usual and Customary Charges \$20 Deductible for generic drugs \$35 Deductible for brand name drugs Up to a 31-day supply per prescription
<b>Preventive Care Services</b> <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	No Benefits
<b>The following services have per Service Copays/Deductibles</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays/Deductibles.</i>	Physician's Visits: \$30 Lab: \$30 X-rays: \$30 Medical Emergency: \$100 The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$100 The per visit Deductible will be waived if admitted to the Hospital.
<b>Pediatric Dental and Vision Benefits</b>	Refer to the plan certificate 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.	

### Preferred Providers

The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: [www.uhcsr.com/ChoicePlus](http://www.uhcsr.com/ChoicePlus)

### 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 University of South Florida students is a UnitedHealthcare Insurance Company fully insured Dental plan. To enroll go to [www.uhcsr.com](http://www.uhcsr.com).

## 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. 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.
  - Correct deformity caused by birth defects or growth defects.
  - Treat or correct Congenital Conditions of a Newborn or adopted Infant.
3. Dental treatment, except:
  - For accidental Injury to Sound, Natural Teeth.This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
4. 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.
5. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
6. Health spa or similar facilities. Strengthening programs.
7. 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 for Cleft Lip and Cleft Palate.
  - Benefits for Child Health Assurance.
  - Benefits for Newborn Infant, Adopted or Foster Child.
8. Hirsutism. Alopecia.
9. Hypnosis.
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.
11. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
12. 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.
13. Lipectomy.
14. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting, except in self-defense.
15. Prescription Drugs, services or supplies as follows:
  - 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. 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.
  - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
  - Growth hormones.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
16. Reproductive/Infertility services including but not limited to the following:
  - Procreative counseling.
  - Genetic counseling and genetic testing.
  - 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.
  - Reversal of sterilization procedures.
  - Sexual reassignment surgery.
17. 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 Benefits for Newborn Infant, Adopted or Foster Child.
    - To benefits specifically provided in Benefits for Child Health Assurance.
  18. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.
  19. Preventive care services, except as specifically provided in the policy, including:
    - Routine physical examinations and routine testing.
    - Preventive testing or treatment.
    - Screening exams or testing in the absence of Injury or Sickness.
  20. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
  21. Speech therapy, except as specifically provided in Benefits for Cleft Lip and Cleft Palate. or except as specifically provided in the policy. Naturopathic services.
  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.
  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).
  27. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat.

**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 UnitedHealthcare 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  
500 Victory Road  
Quincy, MA 02171  
Toll free 1-877-539-3492  
Email: [USFstudent@gallagherstudent.com](mailto:USFstudent@gallagherstudent.com)

For the online enrollment form, please visit our website at [www.gallagherstudent.com/usf](http://www.gallagherstudent.com/usf), click on "Student Enroll" and follow the online instructions.

