

Injury and Sickness Insurance Plan for University of South Florida

Postdoctoral Scholars 2011-2012



The 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 Postdoctoral Scholars and eligible dependents are welcome to participate in this plan.

Highlights of the Coverage and Services are:

- Up to a \$250,000 per each Injury or Sickness Maximum Benefit for Covered Medical Expenses.
- \$100 deductible for Preferred Providers, \$200 deductible for Out of Network Providers, per Insured Person per Policy Year.
- \$5,000 out-of-pocket maximum for Preferred Providers, \$10,000 out-of-pocket maximum for Out of Network providers per Insured Person per Policy Year.
- The Preferred Provider is the United HealthCare Choice Plus network.
- 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 co-pays as described in the policy).
- Immediate coverage for pre-existing conditions as of your effective date under this policy.
- Prescription Drug Benefit: \$15 copay per prescription for Generic drug/ \$30 copay per prescription for Brand drug/ \$50 copay for Non-Formulary drug up to a 31-day supply per prescription. \$1,500 maximum per policy year.
- Coverage available for eligible dependents including Domestic Partners.
- Scholastic Emergency Services – Participants are covered when 100 miles or more away from their campus or home address.

Coverage	Monthly Premium	Monthly Postdoc Contribution	Monthly USF Contribution
Postdoc Only	\$150.50	\$30.10	\$120.40
Spouse*	\$365.84	\$182.92	\$182.92
One Child*	\$266.16	\$133.08	\$133.08
Children*	\$321.32	\$160.66	\$160.66

* This premium does not include cost for Postdoc Only coverage. To calculate the full monthly premium add the contribution amount for Postdoc Only coverage.

This plan is underwritten by UnitedHealthcare StudentResources, serviced by Gallagher Koster and is based on policy 2011-363-2

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

For complete plan benefits and information, or to complete an online enrollment form please visit:

www.gallagherkoster.com/floridausystem

- Click on *University of South Florida*
- Click on "Postdoc Enroll" (found on the left side menu of the [USF Welcome Page](#))

For questions, please contact:

Gallagher Koster
500 Victory Rd.
Quincy, MA 02171

Toll free 1- 877-539-3492

USFstudent@gallagherkoster.com

OR

USF Human Resources
813-974-2970

[Benefits Representative](#)

Please read the plan brochure to determine whether this plan is right for you. The plan brochure provides details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may remain in force may be viewed and downloaded at :

www.gallagherkoster.com/FloridaUSystem

Click on University of South Florida, then My Benefits and Plan Information.



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. Acupuncture; allergy; except as specifically provided in the policy;
2. Congenital conditions, except as specifically provided under Benefits for Newborn or Adopted Infants or Benefits for Cleft Lip and Cleft Palate;
3. 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;
4. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
5. 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;
6. 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 disease process; except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child or Benefits for Child Health Assurance;
7. Health spa or similar facilities; strengthening programs;
8. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child, Benefits for Child Health Assurance and Benefits for Cleft Lip and Cleft Palate. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
9. Hirsutism; alopecia;
10. Hypnosis;
11. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury, except as specifically provided in the policy;
12. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
13. 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;
14. Lipectomy;
15. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting, except in self-defense;
16. 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;
 - b. Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use, except as specifically provided in the policy;
 - c. Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
- d. Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
- e. Products used for cosmetic purposes;
- f. Drugs used to treat or cure baldness; anabolic steroids used for body building;
- g. Anorectics - drugs used for the purpose of weight control;
- h. Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
- i. Growth hormones; or
- j. 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: 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;
18. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery; except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child or Benefits for Child Health Assurance;
19. 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 under Benefits for Child Health Assurance;
20. 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;
21. Speech therapy, except as specifically provided under Benefits for Cleft Lip and Cleft Palate; naturopathic services;
22. Supplies, except as specifically provided in the policy;
23. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
24. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
25. 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
26. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.