

Student Injury and Sickness Insurance Plan for Smith College

2010-2011



Smith College is pleased to offer a Student Injury and Sickness Insurance Plan underwritten by HPHC Insurance Company, Inc. Massachusetts Law requires all college students registered for at least 75% of full-time credits to carry health insurance. Smith College policy requires that all students in a degree program enrolled in at least 25% of full-time credits carry health insurance. Ada Comstock Scholars who are regular employees of the College are not eligible. If you are an eligible student, you will be automatically billed for and enrolled in the Student Injury and Sickness Insurance Plan that meets the requirements of the Commonwealth of Massachusetts.

This plan is underwritten by HPHC Insurance Company, Inc., serviced by Gallagher Koster and is based on policy 2010-2052-1

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

Highlights of the Coverage and Services offered by Gallagher Koster are:

- Up to a \$50,000 per each Injury or Sickness Maximum Benefit for Covered Medical Expenses.
- \$100 deductible Per Insured Person, Per Policy Year for Preferred Providers and \$200 deductible Per Insured Person, Per Policy Year for Out-of-Network providers The Preferred Providers for this plan are the HPHC Insurance Company Network in MA, ME and NH, and the United Healthcare Options PPO in all other areas.
- 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). **A referral is required from Health Services prior to seeking care from an off-campus provider.**
- \$25 copay/office and \$100 copay. ER visit (waived if admitted).
- Prescription Drug Benefits: \$10 copay for Tier 1 / \$25 copay for Tier 2 /\$45 copay for Tier 3 up to a 31-day supply per prescription. \$2000 maximum per policy year. Prescriptions must be filled at a UnitedHealthcare Network Pharmacy.
- Coverage available for eligible dependents.
- 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.
- Also available for Smith College students is a UnitedHealthcare Insurance Company fully insured Dental plan, to enroll contact UnitedHealthcare Dental at 888-679-8925.

Visit www.gallagherkoster.com/Smith to learn about 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?

For general information on benefits, eligibility enrollment, and ID Cards, Please contact:

Gallagher Koster
500 Victory Rd.
Quincy, MA 02171
617-769-6048 or
toll free 800-456-3753

Email: SmithStudent@gallagherkoster.com

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. Copies of the brochure may be viewed and downloaded at www.gallagherkoster.com/Smith.

For the online decision form, please visit our website at www.gallagherkoster.com/Smith, click on "Student Waive Form", select the blue "I want to Waive/Enroll" button, and follow the online instructions. If you have any questions, please contact Gallagher Koster's Customer Service at 1-800-456-3753 or 1-617-769-6048.

Rates	Annual	Spring
	08/15/2010-08/14/2011	01/15/2011-08/14/2011
Student	\$1,892	\$1,211
Spouse	\$3,134	\$2,095
Child(ren)	\$2,327	\$1,556

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. Circumcision;
2. Congenital conditions, except as specifically provided for Newborn or Adopted Infants;
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. 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;
5. Dental treatment, except as specifically provided in the Schedule of Benefits;
6. Elective Surgery or Elective Treatment;
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 a disease process;
8. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as specifically provided in the policy. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
9. Hirsutism;
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 or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
12. 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;
13. Injury sustained while (a) participating in any intercollegiate 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, in excess of \$500;
14. Investigational services;
15. Lipectomy;
16. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
17. Prescription Drugs, services or supplies:
 - 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, 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, except as specifically provided in the policy;
 - 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.
18. Impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery;
19. 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;
20. 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. Routine Newborn Infant Care, well-baby nursery and related Physician charges except as specifically provided in the Benefits for Maternity, Childbirth, Well-baby and Post Partum Care;
22. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
23. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
24. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
25. Supplies, except as specifically provided in the policy;
26. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
27. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
28. 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
29. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, except as specifically provided in the policy.