



**University of Massachusetts Amherst
2008-2009 Post Doctoral Injury and Sickness Insurance Plan**

SCHEDULE OF BENEFITS

Medical Expense Benefits Injury and Sickness Benefits
 Maximum Benefit: Up to \$250,000 for each Injury or Sickness
 Preferred Provider Coinsurance: 100%
 Out-of-Network Coinsurance: 80%

The policy provides benefits as shown below for loss incurred by an Insured Person due to a covered Injury or Sickness up to the policy Maximum Benefit of \$250,000 for each Injury or Sickness. If care is received from a Preferred Provider, any Covered Medical Expenses will be paid at the applicable Preferred Provider level of benefits. If a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider Benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced, or lower benefits will be provided when an Out-of-Network Provider is used. All benefit maximums are combined Preferred Provider and Out-of-Network benefit maximums unless noted below. Covered Medical Expenses include:

PA = Preferred Allowance	Max = Maximum	U&C = Usual & Customary Charges
INPATIENT	Preferred Providers	Out-of-Network Provider
Room and Board , daily semiprivate room rate; general nursing care provided by the Hospital	100% of PA	80% of U&C
Intensive Care	100% of PA	80% of U&C
Hospital Miscellaneous , such as the cost of the operating room, laboratory tests, X-ray, examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.	100% of PA	80% of U&C
Routine Newborn	See Benefits for Maternity, Childbirth, Well-Baby and Post Partum Care	
Physiotherapy	Paid Under Hospital Miscellaneous	
Surgeon's Fees , covered services and procedures will be paid in accordance with our reimbursement policy guidelines developed using standard industry practice.	100% of PA	80% of U&C
Assistant Surgeon , covered services and procedures will be paid in accordance with our reimbursement policy guidelines developed using standard industry practice.	100% of PA	80% of U&C
Anesthetist , professional services in connection with inpatient surgery will be paid in accordance with our reimbursement policy guidelines developed using standard industry practice.	100% of PA	80% of U&C
Registered Nurse's Services	No benefits	
Physician's Visits , benefits do not apply when related to Surgery.	100% of PA	80% of U&C
Pre-Admission Testing , Payable within 7 working days of admission	Paid under Hospital Miscellaneous	
Mental Disorders	See Benefits for Treatment of Mental Disorders	

OUTPATIENT	Preferred Providers	Out-of-Network Provider
Surgeon's Fees , covered services and procedures will be paid in accordance with our reimbursement policy guidelines developed using standard industry practice.	100% of PA	80% of U&C
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room, laboratory tests, x-ray examinations, professional fees, anesthesia, drugs or medicines, and supplies. U&C charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	100% of PA	80% of U&C
Assistant Surgeon , covered services and procedures will be paid in accordance with our reimbursement policy guidelines developed using standard industry practice.	100% of PA	80% of U&C
Anesthetist , professional services in connection with inpatient surgery will be paid in accordance with our reimbursement policy guidelines developed using standard industry practice.	100% of PA	80% of U&C
Physician's Visits , benefits for Physician's visits do not apply when related to Surgery or Physiotherapy.	100% of PA	80% of U&C
Wellness Benefits – Routine Physical Exam and associated laboratory cost	100% of PA Up to \$400	80% of U&C Up to \$400
Physiotherapy , benefits are limited to one visit per day.	100% of PA	80% of U&C
Radiation Therapy & Chemotherapy	100% of PA	80% of U&C
Medical Emergency Expense , benefits will be paid for the attending Physician's charges, x-rays, laboratory procedures, injections, the use of the emergency room and supplies.	100% of PA \$35 copay per visit	80% of U&C \$35 copay per visit
Diagnostic X-ray Services & Laboratory Services	100% of PA	80% of U&C
Injections , when administered in the Physician's office and charged on the Physician's statement	100% of PA	80% of U&C
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's visits, physiotherapy, x-rays and laboratory procedures.	100% of PA	80% of U&C
Prescription Drugs, \$5,000 max per Policy Year. Medicines lawfully obtainable only upon written prescription of a Physician based on a 31-day supply per prescription.	100% of U&C \$7.50 copay per prescription for Tier 1 / \$15.00 copay per prescription for Tier 2 Prescriptions are only covered if filled at a United Healthcare Network Pharmacy	
Mental Disorders Inpatient: 60 days max Per Policy Year Outpatient: 24 visits max Per Policy Year	See Benefits for Treatment of Mental Disorders	
Additional Services		
Ambulance Services	100% of PA	80% of U&C
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	100% of PA	80% of U&C
Consultant Physician's Fees , when requested and approved by the attending Physician.	100% of PA	80% of U&C
Dental Treatment, \$1,000 max per Injury made necessary by Injury to Sound, Natural Teeth only. Wisdom teeth removal up to \$50.00 max per tooth.	100% of PA	80% of U&C
Alcoholism	See Benefits for Treatment of Alcoholism	
Drug Abuse	No Benefits except as specifically provided in the benefits for Treatment of Mental Disorders	
Maternity	See Benefits for Maternity, Childbirth, Well-Baby and Post Partum Care	

Please note: This document is a summary of benefits only. Please refer to the 2008-2009 UMASS Amherst Post Doctoral Injury and Sickness Insurance Plan brochure for full explanation of benefits. Please call Gallagher Koster at 800-466-8153 with any questions regarding the Plan.

Elective Abortion	Paid as any other Sickness	
Skilled Nursing Facility	100% of PA	80% of U&C
High Cost Procedures , for outpatient procedures costing over \$200, including but not limited to C.A.T. Scan, Magnetic Resonance Imaging (MRI) and Laser Treatments.	100% of PA	80% of U&C
Voluntary Sterilization Expenses	Covered Medical Expenses incurred for tubal ligation are covered the same as any other Injury or Sickness. No coverage is provided for any other elective sterilization procedure.	
Acupuncture	100% of PA	80% of U&C

Gallagher Koster Complements	
Basix Discount Dental	Basix contracts with dentists that agree to charge a negotiated fee to students covered under your Gallagher Koster plan. Savings vary but can be as high as 50% depending upon the type of service received and the contracted dentist providing the service. Contracted dentists and their fee schedules are listed on our website.
EyeMed Discount Vision Plan	<p>Students are automatically enrolled in the EyeMed plan that includes discounts on prescription eyeglasses, contact lenses or even non-prescription sunglasses. Some of the nation's most highly qualified laser vision correction surgeons will even offer savings.</p> <p>EyeMed has over 45,000 providers, including LensCrafters, Pearle Vision, Sears Optical, JC Penney Optical and Target Optical. Discounts range between 15% to 45% off retail pricing. Contact EyeMed at: http://www.enrollwitheyemed.com</p>