

# Student Injury and Sickness Insurance Plan for University of Massachusetts – Amherst Post Doctoral Fellowship Program 2011-2012



University of Massachusetts Amherst is pleased to offer an Injury and Sickness Insurance Plan underwritten by HPHC Insurance Company, Inc. and serviced by Gallagher Koster. All Post Doctoral Fellows at the University are eligible to enroll on a voluntary basis for the Post Doctoral Fellow Injury and Sickness Insurance Plan.

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

- Up to a \$250,000 per each Injury or Sickness Maximum Benefit for Covered Medical Expenses.
- There is no Plan Deductible.
- The Preferred Providers for this plan are the HPHC Insurance Company Network in MA, ME and NH, and the UnitedHealthcare Options PPO in all other areas.
- Covered Medical Expenses for Preferred Providers are payable at 100% of Preferred Allowance and Out-of-Network benefits are payable at 80% 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).
- Prescription Drug Benefits: \$7.50 copay for Tier 1 / \$15 copay for Tier 2 up to a 31-day supply per prescription. \$5,000 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 all University of Massachusetts Post-Doctoral Fellows at the University of Massachusetts is a fully insured Dental plan through United Healthcare Insurance Company. To enroll please visit [www.gallagherkoster.com/umassamherstpostdoc](http://www.gallagherkoster.com/umassamherstpostdoc), then click “Voluntary Dental”.

Please read the certificate of coverage to determine whether this plan is right for you. The certificate of coverage 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 certificate are available from the University, or may be viewed and downloaded at [www.gallagherkoster.com/umassamherstpostdoc](http://www.gallagherkoster.com/umassamherstpostdoc).

This plan is underwritten by HPHC Insurance Company, serviced by Gallagher Koster and is based on policy 2011-1649-2

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

Visit [www.gallagherkoster.com/umassamherstpostdoc](http://www.gallagherkoster.com/umassamherstpostdoc) 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)

### Need more Information?

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

Gallagher Koster  
500 Victory Rd.  
Quincy, MA 02171  
Toll free 1-800-466-8153  
Email: [umassamherstpostdocstudent@gallagherkoster.com](mailto:umassamherstpostdocstudent@gallagherkoster.com)

| Rates                | Annual<br>9/1/11 – 8/31/12 | Monthly        |
|----------------------|----------------------------|----------------|
| Post Doctoral Fellow | <b>\$3,331</b>             | <b>\$279</b>   |
| Spouse               | <b>\$8,332</b>             | <b>\$695</b>   |
| Child(ren)           | <b>\$6,000</b>             | <b>\$501</b>   |
| Family               | <b>\$14,332</b>            | <b>\$1,196</b> |

\*Rate is for Injury and Sickness Plan only. Dental plan is available for an additional premium.

## 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. Allergy;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Biofeedback;
4. Circumcision;
5. 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;
6. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
7. Dental treatment, except for accidental Injury to Sound, Natural Teeth as specifically provided in the Schedule of Benefits;
8. Elective Surgery or Elective Treatment;
9. Eye refractions, eyeglasses, 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;
10. 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;
11. Hirsutism; alopecia;
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 or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
14. 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;
15. 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;
16. Investigational services;
17. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
18. Prescription Drugs, services or supplies as follows:
  - 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; or
- h. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
19. Family planning; impotence, organic or otherwise; sexual reassignment surgery;
20. 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;
21. 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;
22. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
23. Temporomandibular joint dysfunction; 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. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
26. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and
27. 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
28. Weight management, weight reduction, nutrition programs, treatment for obesity, (except surgery for morbid obesity), surgery for removal of excess skin or fat, except as specifically provided in the policy.