Student Injury and Sickness Insurance Plan for Long Island University

2013-2014



Long Island University is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company and serviced by Gallagher Koster. All international students, clinical students, residential students, and intercollegiate athletes who actively attend classes at LIU are automatically enrolled unless a waiver is submitted. All Global College students are enrolled on a mandatory basis. All other students are eligible to enroll on a voluntary basis.

Highlights of the Coverage and Services:

- Up to \$500,000 Per Insured Person, Per Policy Year Maximum Benefit for Covered Medical Expenses.
- \$250 Deductible for Preferred Providers Per Insured Person Per Policy Year, \$500 Deductible for Out-of-Network Providers Per Insured Person Per Policy Year.
- Covered Medical Expenses for Preferred Providers are payable at 80% of Preferred Allowance and Out of Network benefits are payable at 50% of Usual and Customary Charges to \$500,000 (all benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the policy).
- Prescription Drug Benefits: \$15 Copay for a generic prescription / \$45 Copay for a brand-name preferred prescription/ \$60 Copay for a brand-name non-preferred prescription up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP). For prescriptions filled at non-UnitedHealthcare Pharmacies, \$15 Deductible for generic prescription, and \$60 per prescription for brand name, up to a 31-day supply per prescription.
- Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations are covered at 100% with no Copay or deductible only when the services are received from a Preferred Provider. Please see www.healthcare.gov for complete details of the services provided for specific age and risk groups.
- Coverage available for eligible Dependents/Domestic Partner.
- The Preferred Providers for this plan are the UnitedHealthcare Choice Plus PPO.
- FrontierMEDEX Domestic Students are eligible for FrontierMEDEX services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address. International Students are covered worldwide except in their home country.

This plan is underwritten by UnitedHealthcare Insurance Company, serviced by Gallagher Koster and is based on policy 2013-1884-1.

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

Need more Information?

Please contact:

Gallagher Koster

500 Victory Rd. Quincy, MA 02171

617-769-6002 Toll free: 1-800-350-3520

Email:

LIUstudent@gallagherkoster.com



For the online decision form, please visit our website at www.gallagherkoster.com/liu, click on 'Student Waive/Enroll' and follow the online instructions. If you have any questions, please contact Customer Service toll free at 1-800-350-3520 or via e-mail at LIUStudent@gallagherkoster.com.

Your student health insurance coverage, offered by UnitedHealthcare Insurance Company may not meet the minimum standards required by the healthcare reform law for restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions on annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012 and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage puts a policy year limit of \$500,000 that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified. If you have any questions or concerns about this notice, contact Customer Service at 1-800-350-3520. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

Rates	Annual 8/15/13-8/14/14	Spring/Summer 1/1/14-8/14/14	Summer 5/15/14-8/14/14
Compulsory Student	\$1,599	\$1,030	\$452
Voluntary Student	\$4,538	\$2,886	\$1,208
Spouse/Domestic Partner	\$5,670	\$3,601	\$1,499
Dependent Child(ren)	\$4,688	\$2,981	\$1,246

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:

- Cosmetic procedures, except that cosmetic procedures does not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect. It also does not include breast reconstructive surgery after a mastectomy;
- 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;
- Dental treatment, except for accidental Injury to Sound, Natural Teeth;
- 4. Elective Surgery or Elective Treatment;
- 5. Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses. Vision correction or other treatment for visual defects and problems; except when due to a covered Injury or disease process or a Medical Necessity;
- 6. Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet;
- Hearing examinations; hearing aids; or cochlear implants; or other treatment for hearing defects and problems, except as a result of an infection or trauma. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
- Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
- Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by mandatory automobile no-fault benefits;

- 10. Injury sustained while (a) participating in any interscholastic 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;
- 11. Investigational services or experimental treatment, except for experimental or investigational treatment approved by an External Appeal Agent in accordance with Insured Persons Right to an External Appeal. If the External Appeal Agent approves benefits of an experimental or investigational treatment that is part of a clinical trial, this policy will only cover the costs of services required to provide treatment to the Insured according to the design of the trial. The Company shall not be responsible for the cost of investigational drugs or devices, the costs of non-health care services, the cost of managing research, or costs which would not be covered under this policy for non-experimental or non-investigational treatments provided in such clinical trial:
- Commission of or attempt to commit a felony, or participation in a riot or insurrection;
- 13. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
- 14. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline:
- 15. Supplies, except as specifically provided in the policy;
- 16. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment:
- Treatment, service or supply which is not a Medical Necessity, subject to Article 49 of N.Y. Insurance Law;
- 18. 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).

