Student Injury and Sickness Insurance Plan for Tufts University Health Sciences Schools

2014-2015

The Tufts University Health Sciences Schools are pleased to offer an Injury and Sickness Insurance Plan underwritten by HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care, Inc. and administered by UnitedHealthcare Student Resources. All students enrolled at the following Tufts University Health Sciences Schools are required to purchase this insurance, unless proof of comparable coverage is furnished: Cummings School of Veterinary Medicine, School of Dental Medicine, Friedman School of Nutrition Science and Policy, School of Medicine, Sackler School of Graduate Biomedical Sciences, Public Health and Professional Degree Programs.

Highlights of the Coverage and Services are:

- There is no overall maximum dollar limit on the policy.
- $0 Deductible for Preferred Providers, $150 Deductible for Out-of-Network Providers per Insured Person, Per Policy Year.
- 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).
- Preferred Provider Out-of-Pocket Maximum of $5,000 Per Insured Person, Per Policy Year and $10,000 for all Insureds in a Family, Per Policy Year. Out-of-Network Out-of-Pocket maximum of $4,000 Per Insured Person, Per Policy Year. After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.
- Prescription Drug Benefits (Prescription Drugs and medicines lawfully obtainable only upon written prescription of a Physician): $15 Copay for Tier 1 / $30 Copay for Tier 2 / $50 Copay for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP). Prescriptions must be filled at a UnitedHealthcare Pharmacy (UHCP). Mail order through UHCP at 2.5 times the retail copay up to a 90 day supply.
- Copays: $15 Copay per visit for Preferred Provider Physician’s Visits. $100 Copay/Deductible for Medical Emergency Expenses. (There are additional plan copays. See certificate for details.)
- Refer to Plan certificate for details about pediatric dental and vision benefits. (Age limits apply.)
- 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 Partners.
- The Preferred Provider Network for this plan is HPHC Insurance Company Network. Preferred Providers can be found using the following link, http://www.uhcsr.com/lookupredirect.aspx?delsys=67
- 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 HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care, Inc. and administered by UnitedHealthcare Student Resources and is based on policy 2014-1645-1.

Please read the certificate of coverage to determine whether this plan is right for you before you enroll. 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 be continued in force.

Copies of the certificate are available from the University, or may be viewed and downloaded at www.uhcsr.com/tuftshealthsciences

If you have any questions, please contact Customer Service at 1-866-909-6342 or customerservice@uhcsr.com.

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

### Rates

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<tr>
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<th>Monthly</th>
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<tbody>
<tr>
<td>Student</td>
<td>$293.00</td>
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<tr>
<td>Dependent</td>
<td>$432.00</td>
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<tr>
<td>All Dependents</td>
<td>$821.00</td>
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NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school’s administrative costs associated with offering this health plan.
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:

1. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
2. Biofeedback.
3. Circumcision.
4. Cosmetic procedures, except reconstructive procedures to:
   - Correct an Injury or treat a Sickness for which benefits are otherwise payable under this policy. The primary result of the procedure is not a changed or improved physical appearance.
   - Treat or correct Congenital Conditions of a Newborn or Adopted Infant.
5. 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.
6. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As described under Dental Treatment in the policy.
   - As specifically provided in the Schedule of Benefits. This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment.
8. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
9. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process. This exclusion does not apply to:
   - Hearing defects or hearing loss as a result of an infection or Injury.
   - Benefits specifically provided in Benefits for Treatment of Speech, Hearing and Language Disorders.
10. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.
11. 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.
12. Injury sustained while:
   - Participating in any intercollegiate or professional sport, contest or competition.
   - Traveling to or from such sport, contest or competition as a participant.
   - Participating in any practice or conditioning program for such sport, contest or competition.
13. Investigational services.
14. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
15. Prescription Drugs, services or supplies as follows:
   - Therapeutic devices or appliances, including: support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy.
   - Immunization agents, except as specifically provided in the policy. Biological sera. Blood or blood products administered on an outpatient basis.
   - Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs.
   - Products used for cosmetic purposes.
   - Anabolic steroids used for body building.
   - Anorectics - drugs used for the purpose of weight control.
   - Sexual enhancement drugs, such as Viagra.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
16. Reproductive services for the following, except as specifically provided in Benefits for Infertility or as specifically provided in the policy:
   - Impotence, organic or otherwise.
   - Sexual reassignment surgery.
17. 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, except as specifically provided in the policy.
18. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems. This exclusion does not apply as follows:
   - When due to a covered Injury or disease process.
   - To benefits specifically provided in Pediatric Vision Services.
   - To contact lenses to treat keratoconus.
   - To benefits specifically provided in the policy.
19. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, except orthognathic surgery to correct a significant functional impairment that cannot be adequately corrected with orthodontic services. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.
20. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
21. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
22. 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).