Student Injury and Sickness Insurance Plan for University of South Florida Voluntary Students
2013-2014

A Student Injury and Sickness Insurance Plan is offered to USF students on a Voluntary basis underwritten by UnitedHealthcare Insurance Company and serviced by Gallagher Koster. All registered degree seeking undergraduate students enrolled in a minimum of six credit hours and graduate students in a degree seeking program, cooperative education students, students with internships, students with disabilities, students enrolled in their graduating semester, and certificate students are eligible to participate on a voluntary basis.

Highlights of the Coverage and Services:

- Up to $2,000,000 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.
- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered by the Student Health Center. The laboratory in the Student Health clinic is operated by CPL Laboratories; they are not directly affiliated with SHS or USF.
- Covered Medical Expenses for Preferred Providers are payable at 80% of Preferred Allowance and Out of Network benefits are payable at 60% of Usual and Customary Charges to $12,000 then 80% thereafter (all benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the policy).
- Out-of-Pocket Maximum of $7,500 Per Insured Person, Per Policy Year. After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the policy Maximum Benefit subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.
- Prescription Drug Benefits: $15 Copay for Tier 1 / $40 Copay for Tier 2 / $70 Copay for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP). Prescriptions must be filled at a UHCP network pharmacy.
- Students under the age of 19 are immediately covered for pre-existing conditions. For students who are 19 and over, pre-existing conditions will apply for the first 6 months, except for individuals who have been continuously insured under the school’s student insurance policy for at least 6 consecutive months or a similar insurance plan without a 63 day break in coverage (refer to Exclusion 16 on reverse side).
- 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 Providers for this plan are the UnitedHealthcare Choice Plus.
- 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.

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 $2,000,000 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 1-877-539-3492. 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.

This plan is underwritten by UnitedHealthcare Insurance Company, serviced by Gallagher Koster and is based on policy 2013-363-1.

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

Need more Information?
Please contact:
Gallagher Koster
500 Victory Rd.
Quincy, MA 02171
617-769-6405 or
toll free 1-877-539-3492
Email: USFStudent@gallagherkoster.com
- or-
USF Student Health Services
Insurance Office
813-974-5407
Insurance@shs.usf.edu
For the online enrollment form, please visit our website at www.gallagherkoster.com/FloridaUSystem, click on the “Student Enroll” follow the online instructions. If you have any questions, please contact Customer Service toll free at 1-877-535-3127 or USFStudent@gallagherkoster.com.
Gallagher Koster at the direction of your school.

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to
All Children

Student - 30 and Older
$ 3,051
$ 1,145
$ 1,907
$ 853
1/1/14-8/16/14

Spouse
$ 5,281
$ 1,983
$ 3,299
$ 1,475

All Children
$ 3,734
$ 1,401
$ 2,333
$ 1,043
5/7/14-8/16/14

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to

Pre-Existing Condition means any condition which manifested itself in such a manner as
would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment or for which medical advice, diagnosis, care or treatment was recommended or received within the 6 months immediately prior to the Insured's Effective Date under this policy. Routine follow-up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for purposes of determining pre-existing conditions unless evidence of breast cancer is found during or as a result of the follow-up care.

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:

27. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation; or when referred by the Student Health Center;
28. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting, except in self-defense;
29. Pre-existing Conditions, will apply for the first 6 months, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months. Credit will be given for the time the insured was covered under a previous similar plan if the previous coverage was continuous to a date not more than 63 days prior to the Insured's Effective Date under this policy. This exclusion will not be applied to an Insured Person who is under age 18;
30. Prescription Drugs, services or supplies as follows:

a. Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy;
b. Immunization agents, except as specifically provided in the policy, 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;
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. Fertility agents or sexual enhancement drugs, such as Partodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
h. Growth hormones; or
i. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
31. Reproductive/Infertility services including but not limited to: family planning; fertility testing; any procedure or treatment for which benefits are paid under this policy or for which benefits are otherwise payable under this policy or for newborn or adopted children; or
32. 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;
33. Routine Newborn Infant Care, well-baby nursery and related Physician charges; except as specifically provided in the policy;
34. Preventive care services; 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;
35. Services provided normally without charge by the Health Service of the Palate or Benefits for Newborn Infant, Adopted or Foster Child or Benefits for Child Health Assurance;
36. Deviated nasal septum, including submucous resection and/or surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent anuities;