

Worcester State College
2009-2010 Student Accident and Sickness Insurance Program

The Plan is underwritten by Nationwide Life Insurance Company

The following is a summary of benefits and instructions for waiving the coverage; provided you have comparable private health insurance that pays claims within the United States and wish to waive the Student Coverage. If you are enrolled in the plan, you will receive a benefits brochure with your identification card. The benefit brochure is also available on-line at the University Health Plans website. Simply click on Worcester State College and then 'Brochure' to view, download and/or print the Worcester State College 2009-2010 brochure.

ON-LINE WAIVER PROCESS:

If you **DO NOT** want the above insurance and have comparable coverage with claims payment in the United States, simply follow the instructions below to waive the coverage quickly and easily. **IF YOU DO NOT COMPLETE THE WAIVER BY SEPTEMBER 1, 2009, YOU WILL BE BILLED THE ANNUAL PREMIUM.*

You may also waive the student health insurance fee by using the waiver form that will accompany your bill. You may fill out the waiver form and return it, with your payment, to the Bursar's office.

To waive the coverage on-line:

1. Go to www.universityhealthplans.com
2. Click on Worcester State College
3. Click on the Worcester State College Insurance Plan
4. On the left hand side menu, click on the Waiver Form
5. Fill in all required information (if a piece of required information is missing, your waiver will NOT be accepted.)
6. Submit the form by clicking 'Apply.' If the form is accepted, you will receive immediate confirmation of your waiver.

BENEFIT SUMMARY:

The Preferred Provider Network is PHCS Preferred Provider Network, except in the Western Massachusetts Counties of Hampden, Hampshire, Berkshire and Franklin where you have the CHP Preferred Provider Network. A list of participating providers can be found on the University Health Plans website. The plan does not require you to use a preferred provider, but certain benefits and your out-of-pocket payments may be lower if you utilize PHCS providers. This summary is not a complete listing of the benefits available, please refer to the Worcester State College 2009-2010 brochure for details.

SUMMARY OF BASIC INSURANCE BENEFITS		
UP TO \$50,000 MAXIMUM BENEFIT PAID AS SPECIFIED BELOW (FOR EACH INJURY OR SICKNESS)		
The policy will pay 80% of the Usual and Customary Charges (except as specifically stated), for Covered Medical Expenses incurred by a Covered Person due to a Covered Sickness or Injury up to a maximum benefit of \$50,000.		
Coverage		
Inpatient Services		
	In Network (PHCS)	Out-of-Network
Hospital Room and Board: Daily semi-private room rate; and general nursing care provided by the Hospital.	80% of Preferred Allowance	80% of Reasonable & Customary
Surgeon's Fees: when multiple procedures are performed through the same incision or in immediate succession, the additional surgery will be covered at 50%	80% of Preferred Allowance / Maximum \$5,000	80% of Reasonable & Customary / Maximum \$5,000
Outpatient Services		
Surgeon's Fees: In accordance with data provided with Ingenix, Inc when multiple procedures are performed through the same incision or in immediate succession, the additional surgery will be covered at 50%.	80% of Preferred Allowance / Maximum \$5,000	80% of Reasonable & Customary / Maximum \$5,000
Day Surgery Miscellaneous: Related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests; X-rays, including professional fees; anesthesia; drugs or medicines; and supplies.	Paid Under Outpatient Miscellaneous 80% Preferred Allowance/ Maximum \$2,000	Paid Under Outpatient Miscellaneous 80% of Reasonable & Customary/ Maximum \$2,000
Physician Visits: Benefits for Physician's visits do not apply when related to surgery or Physiotherapy.	Doctor's office visits to a PHCS or CHP Preferred Provider will be paid at 100% after PPO discount / Paid Under Outpatient Miscellaneous with a \$25 Copayment Up to a maximum benefit of \$2,000 for each Sickness or Injury.	80% of Reasonable & Customary /Paid Under Outpatient Miscellaneous with a \$25 Copayment Up to a maximum benefit of \$2,000 for each Sickness or Injury.
Prescription Drug Coverage: Note that Mental Health prescriptions are covered under the \$500 per Policy Year maximum.	\$10 co-pay for generic and \$20 co-pay for brand name; up to \$500 per Policy Year maximum. Must be filled at a participating Express Scripts Pharmacy.	
Dental Treatment: Made necessary by Injury to Sound, Natural Teeth.	80% of Reasonable & Customary Charges/ \$1,000 per Accident	80% of Reasonable & Customary / \$1,000 per Accident
Dental Treatment: For removal of impacted wisdom teeth only.	100% of Reasonable & Customary Charges/ \$50 per tooth	100% of Reasonable & Customary / \$50 per tooth