Eligibility
The College of Graduate Studies provides health insurance coverage for all university fellows and graduate assistants with appointments totaling 20 hours per week. The UCF Student Health Insurance is underwritten by UnitedHealthcare Insurance Company and serviced by Gallagher Student Health & Special Risk.

Health Insurance Coverage Periods
- Fall: August 15-December 31
- Spring: January 1-August 14
- Summer: May 1-August 14

How It Works
1. All assistantship and fellowship students who qualify for this paid health insurance will receive an email in their Knights account from the College of Graduate Studies asking the students to accept or decline the health insurance coverage.
2. You must accept or decline the health insurance by completing and submitting the Health Insurance eForm in your myUCF Student Center (see page 2 for more information).
3. The College of Graduate Studies reviews your Health Insurance form and you receive notice of the decision in your Knights email. Then, Graduate Studies sends your health insurance enrollment information to Gallagher Student Health for processing.
4. After your enrollment information has been processed by the College of Graduate Studies and Gallagher Student Health (allow 10 business days for processing), you can go to the Gallagher Student Health website, create an account, and print your health insurance card.

International Students with Health Insurance Holds
For international students on F-1 visa, the College of Graduate Studies will notify the UCF Health Center of your health insurance and request adjustment of the health insurance hold on your university record so you can register for classes. International students who decline the Graduate Studies-paid health insurance must go to the Gallagher Student Health website and complete the online Waiver Form.

Communications
Communications from the College of Graduate Students and the health insurance company will be sent to your Knight's email address and mailing address in the university system. If you anticipate receiving health insurance coverage due to your assistantship or fellowship, please keep your contact information current at myUCF (my.ucf.edu).

For more information about this health insurance coverage, see the following sources:
UCF Student Health Plan, underwritten by UnitedHealthcare Insurance Company and serviced by Gallagher Student Health:
https://www.gallagherstudent.com/floridausystem/
Gallagher Student Health contact information:
Toll free: 1-877-535-3127
Email: UCFstudent@gallagherstudent.com
Frequently asked questions for Paid Health Insurance at https://funding.graduate.ucf.edu

Purchasing Health Insurance for Your Dependents
If you will have health insurance coverage provided by the College of Graduate Studies and wish to enroll your dependents in this plan:
1. The Graduate College approves your Health Insurance Form accepting the health insurance and sends your health insurance enrollment information to Gallagher Student Health.
2. Allow 10 business days for processing of your health insurance enrollment information.
3. Then, you can go to the Dependent Enroll page on the Gallagher Student Health website and enroll your dependents. You will need to pay for your dependents' coverage yourself.

For more information, contact Jennifer Parham in the College of Graduate Studies, Millican Hall 230 at gradassistantship@ucf.edu or 407-823-4337.
Completing the Health Insurance Form in Your myUCF Student Center

1. Login to your myUCF (my.ucf.edu) account.
2. Click on Student Self Service to enter your Student Center.
3. From within your Student Center page, scroll down to the Graduate Students section.
4. Select Health Insurance from the choose Graduate Form drop-down box and click the Go arrow.

5. Review your Health Insurance form and indicate if you wish to accept or decline the coverage for each term listed.
6. Submit the Health Insurance form. You should receive a notice that your form submitted successfully in your Knights email account.

You can submit the Health Insurance form only once per term. If you submit the Health Insurance form and then wish to change your decision later, send an email to gradassistantship@ucf.edu requesting this change or contact Jennifer Parham in the College of Graduate Studies (407-823-4337). A change can only be made during a health insurance open enrollment period.

Receiving the Graduate College Decision

When the Graduate College reviews and makes a decision about your Health Insurance form, you will receive an email in your Knights email account telling you whether your Health Insurance form has been approved or not.

Awaiting Enrollment in Health Insurance

Your health insurance enrollment should be active on the Gallagher Student Health & Special Risk website about 10 business days after your Health Insurance form has been approved by the Graduate College. During this time the Graduate College is preparing and submitting your health insurance enrollment information to Gallagher Student Health, and Gallagher Student Health is loading your information to their system as well as the UnitedHealthcare system.

Creating Your Account on the Gallagher Student Health & Special Risk Website

After your health insurance enrollment information has been processed by the College of Graduate Studies and Gallagher Student Health, you can go to the Gallagher Student Health website (https://www.gallagherstudent.com/floridausystem/), choose UCF as your university, and create an account.

Once you have created your account, you can print your health insurance card, enroll your dependents in health insurance and pay for them, add other insurance coverage and pay for it, and take advantage of the online customer service if you have questions about your health insurance.
Who is eligible to enroll?
All eligible international students with F-1 or J-1 visas, College of Graduate Studies supported Students, Medical Students, Practical Training students and Post-Doctoral Visiting Scholars are eligible to enroll in this insurance Plan at registration, subject to the insurance requirements as outlined by the University. Eligible Dependents are the student’s spouse or Domestic Partner and dependent children under 26 years of age. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

Where can I get more information about the benefits available?
Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at www.uhcsr.com.

Who can answer questions I have about the plan?
If you have questions please contact Customer Service at 1-877-535-3127 or www.UCFStudent@gallagherstudent.com.

How much does the plan cost?

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual Coverage Only 8/15/15 – 8/14/16</th>
<th>Fall Only Coverage 8/15/15 – 12/31/15</th>
<th>Spring/Summer 1/1/16 – 8/14/16</th>
<th>Summer 5/1/16 – 8/14/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,620.00</td>
<td>$616.00</td>
<td>$1,004.00</td>
<td>$469.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,620.00</td>
<td>$616.00</td>
<td>$1,004.00</td>
<td>$469.00</td>
</tr>
<tr>
<td>Each Child</td>
<td>$1,620.00</td>
<td>$616.00</td>
<td>$1,004.00</td>
<td>$469.00</td>
</tr>
<tr>
<td>All Children</td>
<td>$3,240.00</td>
<td>$1,232.00</td>
<td>$2,008.00</td>
<td>$938.00</td>
</tr>
<tr>
<td>All Dependents</td>
<td>$4,860.00</td>
<td>$1,848.00</td>
<td>$3,012.00</td>
<td>$1,407.00</td>
</tr>
</tbody>
</table>

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 certain non-insurer vendors or consultants by, or at the direction, of your school.

This plan is underwritten by UnitedHealthcare Insurance Company serviced by Gallagher Student Health & Special Risk and is based on policy number 2015-648-2.

The Policy is a Non-Renewable One-Year Term Policy.
### Highlights of the Coverage and Services offered by UnitedHealthcare Student Resources

<table>
<thead>
<tr>
<th><strong>Preferred Providers</strong></th>
<th><strong>Out-of-Network Providers</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Plan Maximum</strong></td>
<td>There is no overall maximum dollar limit on the policy</td>
</tr>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$250 per Insured Person, per Policy Year</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80% of Preferred Allowance for Covered Medical Expenses</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>$15 Copay for Tier 1</td>
</tr>
<tr>
<td></td>
<td>$40 Copay for Tier 2</td>
</tr>
<tr>
<td></td>
<td>$70 Copay for Tier 3</td>
</tr>
<tr>
<td></td>
<td>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) (UCF Health Services - $15 copay per prescription for Tier 1 / $30 copay per prescription for Tier 2 / $50 copay per prescription for Tier 3, up to a 31 day supply per prescription, and a 90 day supply of maintenance medications.)</td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td>100% of Preferred Allowance</td>
</tr>
<tr>
<td></td>
<td>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Please see <a href="http://www.healthcare.gov">www.healthcare.gov</a> for complete details of the services provided for specific age and risk groups.</td>
</tr>
<tr>
<td><strong>The following services have per Service Copays/Deductibles</strong></td>
<td>Physician's Visits: $25</td>
</tr>
<tr>
<td></td>
<td>Medical Emergency: $150</td>
</tr>
<tr>
<td><strong>Pediatric Dental and Vision Benefits</strong></td>
<td></td>
</tr>
<tr>
<td><strong>UnitedHealthcare Global: Global Emergency Services</strong></td>
<td>Domestic Students are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address.</td>
</tr>
</tbody>
</table>

**Preferred Providers**
The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: www.uhcsr.com/ChoicePlus.
Online Services
UnitedHealthcare Student Resources Insureds have online access to their claims status, EOBs, network providers, correspondence and coverage account information by logging in to My Account at www.uhcsr.com/myaccount. To create an online account, select the “create My Account Now” link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and Apple's App Store.

Other Coverage
Also available for School students is a UnitedHealthcare Insurance Company fully insured Dental plan. To enroll go to www.uhcsr.com.

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. Acne.
2. Acupuncture.
5. Chronic pain disorders.
6. Circumcision.
7. Cosmetic procedures, 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.
   • Correct deformity caused by birth defects or growth defects.
   • Treat or correct Congenital Conditions of a Newborn or adopted Infant.
8. 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.
9. Dental treatment, except:
   • For accidental Injury to Sound, Natural Teeth.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
10. Elective Surgery or Elective Treatment, except cosmetic surgery made necessary as the result of a covered Injury or to correct a disorder of a normal bodily function.
11. Elective abortion.
12. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
13. Foot care for the following:
   • Flat foot conditions.
   • Supportive devices for the foot.
   • Subluxations of the foot.
   • Fallen arches.
   • Weak feet.
   • Chronic foot strain.
   • Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).
   This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
14. Health spa or similar facilities. Strengthening programs.
15. 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 for Cleft Lip and Cleft Palate.
   • Benefits for Child Health Assurance.
   • Benefits for Newborn Infant, Adopted or Foster Child.
17. Hypnosis.
18. 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.

19. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.

20. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency when traveling for academic study abroad programs, business, or pleasure.

21. 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.

22. Investigational services.

23. Lipectomy.

24. Nuclear, chemical or biological Contamination, whether direct or indirect. “Contamination” means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death.

25. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting, except in self-defense.

26. Prescription Drugs, services or supplies as follows:
   - 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.
   - 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.
   - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
   - Anorectics - drugs used for the purpose of weight control.
   - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Cloid, Profasi, Metrodin, Serophene, or Viagra.
   - Growth hormones.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

27. Reproductive/Infertility services including but not limited to the following:
   - Procreative counseling.
   - Genetic counseling and genetic testing.
   - Cryopreservation of reproductive materials. Storage of reproductive materials.
   - Fertility tests.
   - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
   - Premarital examinations.
   - Impotence, organic or otherwise.
   - Reversal of sterilization procedures.
   - Sexual reassignment surgery.

28. 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.

29. 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 benefits specifically provided in Benefits for Newborn Infant, Adopted or Foster Child.
   - To benefits specifically provided in Benefits for Child Health Assurance.

30. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.

31. Preventive care services, except as specifically provided in the policy, including:
   - Routine physical examinations and routine testing.
   - Preventive testing or treatment.
   - Screening exams or testing in the absence of Injury or Sickness.

32. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
33. 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.


35. Sleep disorders.

36. Speech therapy, except as specifically provided in Benefits for Cleft Lip and Cleft Palate, or except as specifically provided in the policy. Naturopathic services.

37. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.

38. Supplies, except as specifically provided in the policy.

39. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.

40. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.

41. 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).


NOTE: This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare and does not constitute a promise of coverage. Benefits and rates under any Student policy are subject to state and federal requirements and review. Company reserves the right to make any changes necessary to meet such requirements.
Need more information? Please contact:
Gallagher Student Health & Special Risk
500 Victory Road
Quincy, MA 02171
Toll free 1-877-535-3127
Email: UCFStudent@gallagherstudent.com

For the online enrollment form, please visit our website at www.gallagherstudent.com/ucf, click on “Student Enroll” and follow the online instructions.