

# **STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN**

*Designed for the students of:*

**2911 Centenary Boulevard  
Shreveport, LA 71134**

**Centenary College**  
of Louisiana

**2006—2007**

**Policy number  
US7082-06B0474**

**Please keep this outline of coverage for future reference.**



## COVERAGE

This brochure is a brief description of the benefits provided through **Centenary College of Louisiana** for full time students for the 2006-2007 academic year.

## ELIGIBILITY

Every full-time student is provided the **Basic Accident Benefit**. Coverage is in effect for the 9 month academic year. Students are covered from the first to the last date they are required to be on campus.

All full-time students are automatically enrolled in the **Hard Waiver Accident & Sickness Plan** expanding the **Basic Accident Benefit** as well as adding **sickness** benefits for 12 months. The **Hard Waiver Accident & Sickness Plan** is provided at an annual cost of \$165 per student.

Participation in the **Hard Waiver Accident & Sickness Plan** is required unless a signed waiver form, identifying comparable coverage, is returned to the Student Health Services prior to September 6, 2006. *No exceptions will be made for waiver cards received after the deadline.*

Students with a large **deductible** on their primary insurance plan or an HMO or PPO plan that excludes all out-of-network services should seriously consider purchasing the **Hard Waiver Accident & Sickness Plan**. Your participation in this plan will provide additional coverage that can help fill the gaps of your current health insurance policy.

## REFUND PROVISION

In the event an **covered person** leaves school to enter active military service, coverage will cease and a pro-rata refund of premium will be made upon written request.

## EXCESS COVERAGE PROVISION

Your benefits are payable for **covered expenses** not otherwise covered and payable by any other plan providing medical expense benefits. If there are no other valid and collectible benefits available from any other source, this plan will pay the **covered expenses** up to the limits of the policy.

## SUBROGATION

When benefits are paid to or for a **covered person** under the terms of this policy, we shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such person against any person who might acknowledge liability or is found legally liable by a Court of competent jurisdiction for the **sickness** or **injury** that necessitated the hospitalization or the medical or the surgical treatment for which the benefits were paid. Such subrogation rights shall extend only to the recovery by us of the benefits we have paid for such hospitalization and treatment and we shall pay fees and costs associated with such recovery.

The **covered person** agrees to sign papers and do whatever else is necessary to transfer their rights to us. We will exercise such rights on their behalf. The **covered person** further agrees to furnish us with all relevant information and documents.

## DEFINITIONS

**Accident** means a specific unforeseen event which happens while the **covered person** is covered under this policy and which directly, and from no other cause, results in **injury**.

**Covered Expense** means charges:

- Not in excess of the **usual, reasonable and customary** charge;
- Not in excess of the maximum benefit amount payable per service as shown in the Description of Benefits;
- Made for medical services and supplies not excluded under the policy;
- Made for services and supplies which are **medically necessary**; and
- Made for medical services specifically included in the Description of Benefits.

**Covered Person** means an eligible student.

**Doctor** means a licensed practitioner of the healing arts acting within the scope of his license.

**Doctor** does not include:

- You;
- Your spouse, dependent, parent, brother, or sister; or
- A person who ordinarily resides with you.

**Hospital** means an institution;

- Operated pursuant to law;
- Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- Under the supervision of a staff of **doctors**;
- Providing 24-hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
- With medical, diagnostic and treatment facilities, and with major surgical facilities on its premises; or available on a prearranged basis; and
- Charging for its services.

**Hospital** does *not* include a clinic or facility for:

- Convalescent, custodial, educational or nursing care;
- The aged, drug addicts or alcoholics (except as stated below); or
- Rehabilitation.

For treatment of chemical dependency the definition of **hospital** includes a treatment center which provides a program for treatment of chemical dependency according to a written treatment plan approved and monitored by a **doctor**. Such facility must be: 1) affiliated with a **hospital** under a contract agreement with an established system of outpatient referrals; or 2) accredited as such by the Joint Commission on Accreditation of Hospitals; or 3) licensed as a chemical dependency treatment program; or 4) licensed, certified or approved as an chemical dependency treatment program or center by any state agency having legal authority to so license, certify or approve.

**Injury** means bodily harm resulting, directly and independently of disease or bodily infirmity, from an **accident**. All **injuries** to the same person sustained in one **accident**, including all related conditions and recurring symptoms of **injuries** will be considered one **injury**.

**Medically Necessary** means those services or supplies provided or prescribed by a **hospital** or **doctor**:

- Essential for the symptoms and diagnosis or treatment of the **sickness** or **injury**;
- Provided for the diagnosis, or the direct care and treatment of the **sickness** or **injury**;

### DEFINITIONS – Continued

- In accordance with the standards of good medical practice;
- Not primarily for your convenience or that of your **doctor**; and
- That are the most appropriate supply or level of service that can safely be provided.

**Natural Teeth** means **natural teeth** or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.

**Physiotherapy** means any form of the following:

physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a **doctor**.

**Sickness** means illness or disease of the **covered person**. **Sickness** includes normal pregnancy and complications of pregnancy. All related conditions and recurring symptoms of **sickness** will be considered one **sickness**.

**Usual, reasonable and customary (URC)** means:

- Charges and fees for medical services or supplies that are the lesser of: The usual charge by the provider for the service or supply given; or the average charged for the service or supply in the area where service or supply is received; and
- Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

## **EXTENSION OF BENEFITS**

The coverage under this policy ceases on the expiration date for **covered persons** who are not eligible to continue coverage under the new or renewal policy issued to the Institution. If, however, on the expiration date, the **covered person** is confined to a **hospital** for a condition covered by this policy, benefits will be extended for the condition for up to 30 days after the expiration date as long as the **covered person** remains **hospital** confined.

**TO BE ELIGIBLE FOR REIMBURSEMENT A CLAIM FORM MUST BE SUBMITTED WITHIN 180 DAYS FROM THE DATE OF INJURY OR FIRST TREATMENT FOR SICKNESS.**

## **DESCRIPTION OF BENEFITS**

### **HOSPITAL & SURGICAL PROVISIONS:**

1. **Hospital** room and board are included up to the semi-private room rate;
2. When more than one surgical procedure is performed at the same time, through the same incision, the highest payment will be for the surgery which costs the most. We will pay a maximum of 50% for a second surgical procedure and 25% for the third surgical procedure;
3. Services of an assistant surgeon are included, up to 25% of the amount payable for the surgery;
4. Services of an anesthetist who is not employed or retained by the **hospital** are included, up to 25% of the amount payable for the surgery;
5. If the **covered person** is admitted into the **hospital** on a Friday or Saturday on a non-emergency basis and the procedure for which the student is admitted is not performed on the date of or the date after the admission, we will not pay the **hospital** room & board or miscellaneous expenses for the initial Friday or Saturday preceding the procedure.

Expenses incurred on an outpatient basis for **physiotherapy** due to an **accident** or **sickness** is limited to \$300 unless specifically ordered by an orthopedic doctor. **Physiotherapy** includes heat treatment or diathermy, ultrasonic microtherm, manipulation, adjustment, massage therapy and acupuncture.

**BASIC ACCIDENT BENEFIT: \$5,000**

This benefit is provided by the College to all eligible students for the 9-month academic year. Coverage for intercollegiate athletic **injuries** is provided under a separate plan.

When your **injury** requires (a) treatment by a **doctor**; (b) **hospital** services; (c) services of a licensed practical nurse or RN; (d) x-ray service; (e) use of operating room, anesthesia, laboratory service; (f) use of an ambulance; (g) use of an ambulatory surgical center or ambulatory medical center; (h) if ordered by a **doctor**, prescription medicines, drugs, or any other therapeutic services or supplies; or (i) home health care, we will pay the **covered expense** incurred within (104) weeks after the date of the **accident** up to a maximum of \$5,000 within the U&C. This benefit includes coverage for treatment of **injury to natural teeth**.

Initial medical treatment must be incurred within 90 days from the date of the **accident**.

**HARD WAIVER ACCIDENT & SICKNESS PLAN: \$10,000 AGGREGATE LIMIT**

*This coverage applies only to eligible students who have paid for this coverage and did not return a waiver form.*

**EXPANDED ACCIDENT BENEFIT: \$5,000**

This benefit is payable at 80% of **URC** for any one **injury** that has exceeded the Basic **Accident** Benefit of \$5,000. Both the Basic **Accident** Benefit and the Expanded **Accident** Benefit combined may not exceed the aggregate limit of \$10,000. The first **covered expense** must be incurred within 90 days from the date of **accident** and incurred within 104 weeks from the date of **accident**

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS:**

Accidental Death and Dismemberment insurance covers you for a loss as shown below. The loss must result from an **accident**, directly and independently of all other causes. The **accident** must take place while you are a **covered person** under this policy. Also, the loss must take place within fifty-two (52) weeks after the **accident**. The following table shows the amounts we will pay:

**SICKNESS INPATIENT BENEFIT: \$10,000**

When your **sickness** requires **hospital** confinement (18 consecutive hours or more), we will consider the **covered expenses** incurred by you to the aggregate limit of \$10,000. Expenses are covered provided you are a **covered person** during the time the **covered expense** is incurred.

- The covered percentage is 100% of **URC** for the first \$500, then 80% thereafter up to the maximum;
- **Hospital** miscellaneous charges are included;
- Surgery charges are included based on the MDR (Medical Data Research) survey of surgical fees valued at the 90<sup>th</sup> percentile;
- In **hospital doctor** charges are included.

**SICKNESS OUTPATIENT BENEFIT: \$500**

A **REFERRAL** from the Student Health Services must be secured for outpatient treatment. This provision is waived in case of a medical emergency or when the Student Health Services is not accessible. The maximum limit for all combined **sickness** Outpatient Expenses shown below may not exceed \$500 per **sickness**.

If, while not confined to a **hospital**, your **sickness** requires emergency room services, ambulance service, diagnostic x-ray or laboratory services, the services of a **doctor**, prescribed medicines and therapeutic services or supplies, We will consider the Expense up to the combined maximum limit of \$500 of **URC** per **sickness**.

**Outpatient Mental Illness and Chemical & Substance Abuse**

If, while not confined to a **hospital**, your **sickness** requires the services of a licensed psychiatrist, **doctor**, or psychologist, prescriptions or lab expenses, we will pay the **covered expense** the same as any other **sickness**.

*The maximum limit for all combined sickness Outpatient Expenses shown above may not exceed \$500 per sickness.*

**PRESCRIPTION EXPENSE: \$250**

*When your accident or sickness requires prescribed medicines, this plan provides an aggregate maximum benefit of \$250 per policy year. We will pay the covered expense up to the maximum after a \$0 deductible for generic prescriptions and a \$15 deductible for name brand prescriptions. If generic is available and the covered person chooses name brand, the covered person will pay the difference.*

*An Express Scripts prescription card will be mailed to you once eligibility is received by the insurance carrier.*

**OUTPATIENT SURGICAL EXPENSE: \$1,000**

*If, while not confined to a hospital, your sickness requires surgery, we will consider the covered expenses subject to the Hospital & Surgical Provisions to the \$1,000 maximum limit.*

Treatment for bony impacted wisdom teeth or dental abscesses is limited to a maximum of \$100 per tooth, \$400 total.

*The maximum limit for all combined Outpatient Surgical Expenses may not exceed \$1,000 per sickness.*

<p><b>ALL BENEFITS COMBINED MAY NOT EXCEED THE AGGREGATE LIMIT OF \$10,000 PER ACCIDENT OR SICKNESS.</b></p>
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*Any expense not specifically listed in the preceding sections is not covered.*

## INCREASED SUPPLEMENTAL MEDICAL PLAN

If you would like to extend your coverage beyond the aggregate limit that is provided through the Student **Accident & Sickness** Plan, you may enroll in the Increased Supplemental Medical (Buy-up) Plan. The Increased Supplemental Medical Plan provides benefits only after the Student **Accident & Sickness** Plan Aggregate Limit has been exhausted. Coverage is then provided for **covered expenses** at 80% of the **URC** charge to the limit purchased below.

Below are some important things you should know about the Increased Supplemental Medical Plan.

- Payment must be received by October 15, 2006. No payments will be accepted after October 15, 2006.
- Coverage becomes effective the date the payment is received.
- Only Cashier's Checks or Money Orders will be accepted. No personal checks please.
- The Increased Supplemental Medical Plan does not extend the Outpatient Benefit Limits under the Student **Accident & Sickness** Plan.
- The Increased Supplemental Medical Plan has a deductible that is only satisfied by the Student **Accident & Sickness** Plan Aggregate Limit.
- The Increased Supplemental Medical Plan provides benefits at 80% of **URC** for eligible expenses.
- All exclusions and limitations provided under the Student **Accident & Sickness** Plan are duplicated in the Increased Supplemental Medical Plan.
- Enrollment information can be found on your institution's student insurance website.

INCREASED SUPPLEMENTAL MEDICAL PLAN				
	<b>\$25,000 Aggregate Maximum</b>		<b>\$50,000 Aggregate Maximum</b>	
Student <b>Accident &amp; Sickness</b> Plan Limit	Annual Premium		Annual Premium	
	24 yrs & under	Over 24 yrs.	24 yrs & under	Over 24 yrs.
\$10,000 Aggregate	\$497	\$694	\$538	\$735
Premium must be received no later than <b>October 15, 2006</b>				

To enroll you must download and complete the enrollment form available on your institution's website and submit the application along with your payment to Summit America Insurance Services before **October 15, 2006**.

**ADDITIONAL BENEFITS**  
**BENEFITS FOR MAMMOGRAPHY**

Benefits will be paid the same as any other Sickness for a mammogram subject to the following guidelines:

One baseline mammogram examination for women who are thirty-five through thirty-nine years of age;

One mammogram examination every twenty-four months, or more frequently if recommended by a Doctor, for women who are forty through forty-nine years of age; and One mammogram every 12 months for women age fifty and over.

The policy deductible will not be applied to this benefit. Benefits shall be subject to all copayment, coinsurance, limitations, or any other provisions of the policy.

**BENEFITS FOR INITIAL PROSTHETIC DEVICE AND RECONSTRUCTIVE SURGERY**

Benefits will be provided for the surgical procedure known as a Mastectomy and the initial prosthetic device or reconstructive surgery incident to the Mastectomy. Benefits shall include surgery on the other breast to produce a symmetrical appearance.

"Mastectomy" means the removal of all or part of the breast for medically necessary reasons as determined by a licensed Doctor.

Benefits shall be subject to all deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

**BENEFITS FOR PAP SMEAR**

Benefits will be paid the same as any other Sickness for an annual Pap Smear or more frequently, if recommended by a Doctor.

The policy deductible will not be applied to this benefit. Benefits shall be subject to all copayment, coinsurance, limitations, or any other provisions of the policy.

**BENEFITS FOR OSTEOPOROSIS SCREENING**

Benefits will be paid the same as any other Sickness for a Qualified Covered Person for Bone Mass Measurement for the diagnosis and treatment of osteoporosis. The following definitions shall apply: (1) "Bone mass measurement" means a radiologic or radioisotopic procedure or other scientifically proven technologies performed on an individual for the purpose of identifying bone mass or detecting bone loss. (2) "Qualified Insured" means: (a) An estrogen deficient woman at clinical risk of osteoporosis who is considering treatment. (b) An individual receiving long term steroid therapy. (c) An individual being monitored to assess to response to or efficacy of approved osteoporosis drug therapies.

Benefits shall be subject to all deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **BENEFITS FOR DETECTION OF PROSTATE CANCER**

Benefits will be paid the same as any other Sickness for expenses incurred in conducting an annual diagnostic examination for the detection of prostate cancer, including:

- a physical examination for the detection of prostate cancer; and
- a prostate-specific antigen test used for the detection of prostate cancer for each Covered Person who is a) at least 50 years of age and asymptomatic; or b) as medically necessary for a person over the age of 40 years.

The policy deductible will not be applied to this benefit. Benefits shall be subject to all copayment, coinsurance, limitations, or any other provisions of the policy.

### **BENEFITS FOR THE TREATMENT OF DIABETES**

Benefits will be paid the same as any other Sickness for medication, equipment, supplies and appliances that are medically necessary for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin using diabetes.

Benefits will also be provided for training and education:

1. After the initial diagnosis of diabetes for medically necessary care and management of diabetes, including, counseling in nutrition and the proper use of equipment and supplies for the treatment of diabetes. Coverage for initial training shall not exceed [\$500.00].
2. When medically necessary as a result of a subsequent diagnosis that indicates a significant change in the symptoms or condition of the Covered Person and which requires modification of the Covered Person's program of self-management of diabetes, training and education. Coverage for subsequent training shall not exceed [\$100.00] per year. The lifetime maximum for additional training is limited to [\$2,000] per Insured.
3. When medically necessary because of the development of new techniques and treatment for diabetes. Training shall be provided by health care professional working within the scope of his or her license in compliance with the National Standard for Diabetes Self-Management Education Program and are payable upon receipt of the certification that the Covered Person has successfully completed the program.

Benefits shall be subject to all deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **BENEFITS FOR TRANSLITERATOR SERVICES**

Benefits will be paid for the services of an interpreter/transliterators, other than a family member of the Insured, when such services are used by the Covered Person in connection with medical treatment or diagnostic consultations performed by a Doctor, if such treatment is covered under this policy.

Benefits shall be subject to all deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

## **BENEFITS FOR CLINICAL TRIAL FOR CANCER TREATMENT**

Benefits will be paid the same as any other Sickness for patient costs incurred as a result of a treatment being provided in accordance with a clinical trial for cancer. Such costs shall include coverage for costs incurred for health related services not otherwise required under R.S. 22:215.20.

Costs of investigational treatments and costs of associated protocol related patient care shall be covered if all of the following criteria are met:

- The treatment is being provided with a therapeutic or palliative intent for patients with cancer, or for the prevention or early detection of cancer.
- The treatment is being provided or the studies are being conducted in a Phase II, Phase III, or Phase IV clinical trial for cancer.
- The treatment is being provided in accordance with a clinical trial approved by one of the following entities: (a) One of the United States NIH. (b) A cooperative group funded by one of the NIH. (c) The FDA in the form of an investigational new drug application. (d) The United States Department of Veterans Affairs. (e) The United States Department of Defense. (f) A federally funded general clinical research center. (g) The Coalition of National Cancer Cooperative Groups.
- The proposed protocol has been reviewed and approved by a qualified institutional review board which operates in this state and which has a multiple project assurance contract approved by the office of protection from research risks

- The facility and personnel providing the protocol provided the treatment within their scope of practice, experience, and training and are capable of doing so by virtue of their experience, training, and volume of patients treated to maintain expertise.
- There is no clearly superior, non-investigational approach.
- The available clinical or pre-clinical data provide a reasonable expectation that the treatment will be at least as efficacious as the non-investigational alternative.
- The patient has signed an institutional review board approved consent form.

Any entity seeking coverage for treatment in a clinical trial approved by an institutional review board shall post electronically, and keep up-to-date, a list of the cancer clinical trials meeting these requirements and the list shall include the following for each clinical trial:

(1) The phase for which the trial is approved. (2) The entity approving the trial which renders it eligible for reimbursement. (3) The cancer or cancers for which the trial is approved. (4) The estimated number of participants in the trial. The provisions of this oart shall not be construed to affect compliance or coverage for off-label use of drugs not directly affected by this part.

Benefits shall be subject to all deductible, copayment, coinsurance, limitations or any other provisions of the policy.

### **BENEFITS FOR DENTAL ANESTHESIA**

Benefits will be paid the same as any other Sickness for anesthesia when rendered in a Hospital or day surgery setting when the mental or physical condition of the Covered Person requires dental treatment to be rendered in a Hospital setting as determined by a Doctor.

The benefits under this section shall not apply to treatment rendered for temporomandibular joint disorder ("TMJ").

Benefits shall be subject to all deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **BENEFITS FOR TREATMENT OF CLEFT LIP AND CLEFT PALATE**

Benefits will be paid the same as any other Sickness, for dependent children, for inpatient or outpatient expenses arising from medical and dental treatment, including orthodontic and oral surgery treatment, involved in the management of birth defects known as cleft lip and cleft palate. If orthodontic services are eligible for coverage under a dental insurance plan, the dental plan shall be primary and this coverage shall be secondary. Payment for dental or orthodontic treatment not related to the management of the congenital condition of cleft lip and cleft palate shall not be covered under this policy.

Primary medical benefits shall include:

- Oral and facial surgery, surgical management, and follow-up care;
- Prosthetic treatment such as obturators, speech appliances, and feeding appliances;
- Orthodontic treatment and management;
- Preventive and restorative dentistry to insure good health and adequate dental structures for orthodontic treatment or prosthetic management or therapy;
- Speech-language evaluation and therapy;
- Audiological assessments and amplification devices;
- Otolaryngology treatment and management;
- Psychological assessment and counseling; and
- Genetic assessment and counseling for patient and parents.

Benefits shall be subject to all deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **BENEFITS FOR CHILDHOOD IMMUNIZATION**

Benefits will be paid the same as any other Sickness for complete basic immunization series as defined by the state health officer and required for school entry for dependent children from birth to age six.

The policy deductible will not be applied to this benefit. Benefits shall be subject to all copayment, coinsurance, limitations, or any other provisions of the policy.

**BENEFITS FOR THE TRANSPORTATION OF NEWBORN INFANTS AND TEMPORARILY DISABLED MOTHERS BY PROFESSIONAL AMBULANCE**

Benefits will be paid the same as any other Sickness for transportation by professional ambulance services, including air or surface transport, of the Newborn Infant to the nearest available Hospital or neonatal special care unit for treatment of illnesses, injuries, congenital defects, and complications of premature birth. Benefits do not include transportation services for the purpose of obtaining routine well baby care.

In addition, benefits will be provided for professional ambulance transportation services for the Temporarily Medically Disabled Mother of the ill Newborn Infant when accompanying the Newborn Infant to the nearest available Hospital or neonatal special care unit. The mother's need for ambulance service must be certified by her attending physician.

"Newborn Infant" means infants from the time of birth until age one month or until such time as the infant is well enough to be discharged from a Hospital or neonatal special care unit to his home, whichever period is longer.

"Temporarily Medically Disabled Mother" means a woman who has recently given birth and whose Doctor has advised that normal travel would be hazardous to her health.

Benefits shall be subject to all deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

**BENEFITS FOR THE TREATMENT OF INHERITED METABOLIC DISEASE**

Benefits will be paid the same as any other sickness not to exceed [\$200] per month for low protein food products for treatment of inherited metabolic diseases if the low protein food products are due to a medical necessity.

"Low protein food products" means a food product that is especially formulated to have less than one gram of protein per serving and is intended to be used under the direction of a doctor for the dietary treatment of an inherited metabolic disease. Low protein food products shall not include a natural food that is naturally low in protein.

"Inherited Metabolic Disease" means a disease caused by an inherited abnormality of body chemistry. Such diseases shall be limited to glutaric acidemia, isovaleric acidemia (iva), maple syrup urine disease (msud), methylmalonic acidemia (mma), phenylketonuria (pku), propionic acidemia, tyrosinemia, and urea cycle defects.

Benefits shall be subject to all deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **BENEFITS FOR THE TREATMENT OF ATTENTION DEFICIT/ HYPERACTIVITY DISORDER**

Benefits will be payable for diagnosis and treatment for Attention Deficit/Hyperactivity Disorder (**ADHD**) when rendered or prescribed by a Doctor. Benefits provided for an initial diagnosis shall not exceed [\$600.00]. Services rendered on an outpatient basis shall not exceed [\$50.00] per visit. Total benefits shall be limited to [\$10,000.00] during a person's lifetime and shall not exceed twenty-five hundred dollars (\$2,500) in any policy year.

Benefits shall be subject to all deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **BENEFITS FOR THE TREATMENT OF SEVERE MENTAL ILLNESS**

Benefits will be paid the same as any other Sickness for treatment of Severe Mental Illness.

For purposes of this benefit, "Severe Mental Illness" shall include any of the following diagnosed Severe Mental Illnesses:

- Schizophrenia or schizoaffective disorder.
- Bipolar disorder.
- Pervasive developmental disorder or autism.
- Panic disorder.
- Obsessive-compulsive disorder.
- Major depressive disorder.
- Anorexia/bulimia.
- Asperger's Disorder.
- Intermittent explosive disorder.
- Posttraumatic stress disorder.
- Psychosis NOS (not otherwise specified) when diagnosed in a child under seventeen years of age.
- Rett's Disorder.
- Tourette's Disorder.

Benefits will be limited to [forty-five (45)] inpatient days per Covered Person per calendar year. However, one inpatient day of treatment may be exchanged for two days of partial hospitalization or two days of residential treatment center hospitalization.

Benefits will be limited to [fifty-two (52)] visits per Covered Person per calendar year, including the intensive outpatient program. However, one inpatient day of treatment may be exchanged for four outpatient visits or four outpatient visits may be exchanged for one inpatient day of treatment.

Benefits shall be subject to all deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

## EXCLUSIONS

This policy does not cover loss nor provide benefits for:

- Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution;
- Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of **sickness** or **injury**, except as specifically provided in the policy;
- Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a **covered expense** associated with an **injury** covered by the policy;
- Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a **covered expense** associated with an **injury** covered by the policy;
- Dental treatment, except as specifically provided for in the schedule;
- War or any act of war, declared or undeclared, or while in the armed forces of any country.
- Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
- **Injury** of any **covered person** sustained while: participating in intercollegiate sports contest or competition, unless specifically listed in the schedule; traveling to or from such sport, contest or competition as a participant; or during participation in any practice or conditioning program for intercollegiate sports.
- Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.
- Treatment in a military or Veterans **Hospital** or a **hospital** contracted for or operated by a national government or its agency unless; The services are rendered on an medical emergency basis and a legal liability exists for the charges made on behalf of a **covered person** for the services given in the absence of insurance.
- Elective surgery and elective treatment, except as required to correct an **injury** for which benefits are otherwise payable under the policy;
- Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act;
- Expense for knee orthopedic devices unless prescribed for use during post-surgical physical therapy;
- For international students, expenses incurred within your home country or country of regular domicile;
- The part of medical expense payable by any automobile insurance policy without regard to fault;
- Any **accident** where the **covered person** is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
- Preventative medicines, serums, vaccines;
- Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
- Expenses for **physiotherapy** exceeding \$300 without a prescription from an orthopedic **doctor**;
- **Injury** caused by, contributed to or resulting from the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person's **doctor**;
- Intentionally self-inflicted injury, suicide or any attempt threat.

## LIMITATIONS

Benefits payable under this plan will be reduced by 50% under the following circumstances:

**For surgical benefits:** if the **covered person** has coverage under an HMO, PPO or similar arrangement; and the Insured student does not use the facilities of the HMO, PPO or similar arrangement for provision of benefits.

**For outpatient benefits:** if the **covered person** does not attempt to obtain an out-of-network authorization or a referral from their managed care provider to get treatment.

The 50% reduction in benefits will not apply to emergency treatment required within 24 hours after an **accident or emergency medical condition** which occurred outside the geographic area serviced by the HMO, PPO or similar arrangement.

**TO BE ELIGIBLE FOR REIMBURSEMENT A CLAIM FORM MUST BE SUBMITTED WITHIN 180 DAYS FROM THE DATE OF INJURY OR FIRST TREATMENT FOR SICKNESS.**

### ASSIST AMERICA GLOBAL EMERGENCY ASSISTANCE SERVICES

Enrollment in the **Accident & Sickness** Plan provides you with a unique array of global emergency assistance when faced with a medical emergency while traveling. Any time you are at least **100 miles from your permanent address**, campus address or in another country, the Assist America program ensures that you have access to appropriate medical care.

Some of the many services offered include: medical consultations, prescription assistance, medical evacuation, medical repatriation, return of mortal remains, **hospital** admission guarantee, emergency trauma counseling, and pre-trip information. Should you experience a medical emergency while traveling, call Assist America and speak with trained crisis management counselors and medical personnel 24 hours a day, 365 days a year.

Assist America does not replace your medical insurance. All medical costs incurred should be submitted to your medical insurance plan and are subject to the policy limits of your health insurance. All assistance services must be arranged and provided by Assist America. Claims for reimbursement of assistance services will not be accepted.

Once you are enrolled in the **Accident & Sickness** plan you may obtain an identification card and further information regarding the services provided by Assist America from Health Services.

*The Assist America program is solely provided by Assist America Inc. and is not affiliated with United States Fire Insurance Company. Assist America is a registered service mark of Assist America Inc.*

## CLAIM PROCEDURES

In the event of an **accident** or **sickness**, you should:

- 1) Report your **accident** or **sickness** to the Student Health Services. A REFERRAL must be secured from the Student Health Services for outpatient treatment, **except:** a) In case of an emergency; b) When the Student Health Services is closed or between semester breaks or during the summer.
- 2) File all charges with your primary insurance carrier first. If you are insured by an HMO/PPO, you must obtain pre-authorization for all services rendered or benefits will be reduced by 50%.
- 3) If the other insurance does not pay the entire bill, secure a claim form and instructions from the Student Health Services, fill in the necessary information, attach all itemized medical and **hospital** bills along with the explanation of benefits from your primary carrier (if you have other insurance) and mail them to the address on the claim form or contact the claims administrator below:

**Summit America Insurance Services, LC**  
**7400 College Blvd, Suite 120**  
**Overland Park, KS 66210**  
**Phone: 800-926-3441**  
**Fax: 913-327-7520**  
**E-mail: EIIA@summitamerica-ins.com**



- 4) Identify all subsequent information relating to your claim with your name; the institution name; the policy number; and the initial date of **injury** or **sickness**.

## FAIRMONT SPECIALTY PRIVACY PRACTICES

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect your personal information. We do not use or disclose your information for any fundraising, marketing or research activities.

We use and disclose your information to determine your eligibility for plan benefits, to facilitate payment for treatment and services provided to you, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claim inquiry. We may also disclose your information to law or government agencies when required by law.

Under the privacy laws, you have unlimited access to your information. You may limit how we use and disclose your information and get a listing of instances where it was disclosed. You may request that we correct inaccurate information or add missing information.

If you have any questions about your rights, our Privacy Practices or you want to file a complaint, please contact our Privacy Officer at: 1 (800) 926-3441.

This outline of coverage is intended only for quick reference and does not limit or amplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file with the Institution.

Administered by:



educational & institutional insurance administrators, inc.

Underwritten by:

United States Fire Insurance Company,  
By Fairmont Specialty, a Division of Crum & Forster

