

# 2008-2009 STUDENT ACCIDENT & SICKNESS INSURANCE PLAN



*Designed for the students of:  
Wagner College*



**Policy number  
US030663-08E0204**

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

**Plan Administered by:**



educational & institutional insurance administrators, inc.



## COVERAGE

This brochure is a brief description of the benefits provided through **Wagner College** for full time undergraduate students for the 2008-2009 academic year.

## PARTICIPATION

Participation in the **College Student Accident & Sickness Plan** is required unless you complete a waiver form and return it to the College identifying comparable coverage by, August 27, 2008. **The waiver deadline date is strictly enforced.**

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 **College Student Accident & Sickness Plan**. This plan may reimburse co-payments or deductibles that you are required to pay under your primary insurance plan. Your participation in this plan will provide additional coverage that can help fill the gaps of your current health insurance policy.

## ELIGIBILITY

Every full-time undergraduate student is automatically enrolled in the **College Student Accident & Sickness Plan** covering **sickness** as well as **accidents** for a full 12 months. The policy term will cover enrolled students who purchase this coverage from August 1, 2008 through July 31, 2009. The **College Student Accident & Sickness Plan** is provided at an annual cost of \$210 per student which includes a fee for administration of the program.

**NOTE:** This is not a major medical health plan, the benefits are very limited.

## 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.

## REFUND PROVISION

In the event a **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.

## 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 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 pertaining to the subrogation.

## DEFINITIONS

**Accident** means an event which directly, and from no other cause causes **injury** to one or more **covered persons** and occurs while coverage is in effect.

**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 schedule;
- 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 schedule.

**Covered Person** means an eligible student.

**Deductible** means the amount of **covered expenses** paid on behalf of a **covered person** before benefits are payable under the policy.

**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.

**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**.

**Medical Emergency** means the occurrence of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect in the absence of immediate medical attention to result in:

- a. Placing one's health (for a pregnant woman this includes the health of the newborn) in serious jeopardy;
- b. Serious impairment to bodily functions; or
- c. Serious dysfunction of any body organ or part.

**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**;

- 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 of 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 charges 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 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.

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

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## 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 insured student 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 a **doctor**. **Physiotherapy** includes any form of physical or mechanical therapy, diathermy, ultra-sonic therapy, heat treatment in any form, manipulation or massage.

***This coverage applies only to eligible students who have paid for this coverage and did not waive the coverage.***

**ACCIDENT BENEFIT: \$10,000**

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 \$10,000 within the **URC**. This benefit includes coverage for treatment of **injury to natural teeth**.

- The covered percentage is 100% for the first \$5,000; then 80% thereafter up to the maximum of \$10,000 per accident;
- Initial Medical treatment must be incurred within 90 days from the date of the accident.

*Coverage for intercollegiate athletic injuries is provided under a separate plan.*

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

**ACCIDENTAL DEATH & 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:

For loss of life	\$1,000
Both hands or both feet or sight of both eyes	\$1,000
One hand and one foot	\$1,000
One hand and sight of one eye	\$1,000
One hand or one foot or sight of one eye	\$500

**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 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: \$1,000**

A **REFERRAL** from the Student Health Center must be secured for outpatient treatment. This provision is waived in case of a **medical emergency** or when the Student Health Center is not accessible. The maximum limit for all combined **sickness** outpatient expenses shown below may not exceed \$1,000 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 (contraceptives are covered at 50% of **URC**) and therapeutic services or supplies, we will consider the expense up to the combined maximum limit of \$1,000 of **URC** per **sickness**.

**Mental Illness and Chemical & Substance Abuse:** We will pay 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 \$1,000 per sickness.*

**SICKNESS OUTPATIENT SURGICAL BENEFIT:  
\$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 sickness outpatient surgical expenses shown above may not exceed \$1,000 per sickness.*

**ALL BENEFITS COMBINED MAY NOT EXCEED THE AGGREGATE LIMIT OF \$10,000 PER ACCIDENT OR SICKNESS.**

Any expense not specifically listed in the preceding sections is not covered.

**MAJOR 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 Major Medical (Buy-up) Plan. The Major 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.

<b>MAJOR MEDICAL PLAN</b>		
	<b>\$25,000 Aggregate Maximum</b>	<b>\$50,000 Aggregate Maximum</b>
	<b>Annual Premium</b>	<b>Annual Premium</b>
24 yrs & under	<b>\$348</b>	<b>\$376</b>
Over 24 yrs	<b>\$555</b>	<b>\$588</b>
<b>Premium must be received no later than October 15, 2008</b>		

Below are some important things you should know about the Major Medical Plan:

- Payment must be received by October 15, 2008. No payments will be accepted after October 15, 2008.
- Coverage becomes effective the date the payment is received but not prior to the effective date of your **Student Accident & Sickness Plan**.
- Only Cashier's Checks or Money Orders will be accepted. No personal checks please.
- The Major Medical Plan has a deductible that is only satisfied by the **Student Accident & Sickness Plan** aggregate limit.
- The Major 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 Major Medical Plan.
- Enrollment information can be found on your institution's student insurance website.

To enroll you must download and complete the enrollment form available on your institution's website or at the end of this document. Submit the application along with your payment to EIIA Student Programs before **October 15, 2008**.

**ADDITIONAL BENEFITS**

Covered Person's Covered Charges for non-surgical treatment to remove nerve interference and its effects, which is caused by or related to Body Distortion. Body Distortion means structural imbalance, distortion or incomplete or partial dislocation in the human body which: (a) is due to or related to distortion, misalignment or incomplete or partial dislocation of or in the vertebral column; and (b) interferes with the human nerves. Charges are treated the same way as any other Sickness.

**Cancer Second Opinion Expense Benefit:** Benefits will be payable for second medical opinion by an appropriate specialist, including but not limited to a specialist affiliated with a specialty care center, in the event of a positive or negative diagnosis of cancer or a recurrence of cancer or a recommendation of a course or treatment for cancer. Charges are treated the same way as any other Sickness.

**Reconstructive Breast Surgery Expense Benefit:** Benefits will be payable for inpatient hospital care for an Covered Person undergoing: (a) a lumpectomy or a lymph node dissection for the treatment of breast cancer; or (b) a mastectomy which is covered under this Plan. Coverage is limited to a time frame determined by the Covered Person's Doctor to be medically appropriate. Benefits will also be payable for breast reconstruction surgery after a mastectomy including: (a) all stages of reconstruction of the breast on which the mastectomy has been performed; and (b) surgery and reconstruction of the other breast to produce symmetry. Charges are treated the same way as any other Sickness.

**Prostate Cancer Screening:** Benefits will be payable for the screening and diagnosis of prostate cancer, including, but not limited to, prostate-specific antigen testing and digital rectal examination, consistent with current medical practice. Charges are treated the same way as any other Sickness.

**Diabetes Treatment** – Benefits will be payable for equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes, and gestational diabetes. Benefits will be subject to the same deductible and coinsurance as other benefits under the policy.

**Enteral Formulas Expense Benefit:** Benefits will be payable for enteral formulas when prescribed by a Doctor or licensed health care provider. The prescribing Doctor or health care provider must issue a written order stating that the enteral formula is Medically Necessary and has been proven as a disease-specific treatment, which if left untreated will cause chronic physical disability, mental retardation or death. Benefits will cover enteral formulas and food products for persons with inherited diseases of amino acid and organic acid metabolism, Crohn's Disease, gastroesophageal reflux with failure to thrive, disorders of the gastrointestinal motility such as chronic intestinal pseudo-obstruction and multiple, severe food allergies which if left untreated will cause malnourishment chronic physical disability, mental retardation or death. Also covered are modified solid food products that are low protein or which contain Medically Necessary modified protein in an amount not to exceed \$2,500 per calendar year or for any continuous period of

twelve months. Charges are treated the same way as any other Sickness.

**End of Life Care Expense Benefit:** Benefits will be payable if diagnosed with Advanced Cancer, covered services include services provided by a facility or program specializing in the treatment of terminally ill patients if the Covered Person's attending Doctor, in consultation with the medical director of the facility or program determines that the Covered Person's care would appropriately be provided by such a facility or program.

**"Advanced Cancer,"** means a diagnosis of cancer by the attending health care practitioner certifying that there is no hope of reversal of primary disease and that the person has fewer than sixty days to life. Charges are treated the same way as any other Sickness.

**Bone Mineral Density Measurements and Test Expense Benefit:** Benefits will be payable for the prevention, diagnosis, and treatment of osteoporosis when requested by a health care provider for a Qualified Individual. A Qualified Individual means: (1) previously diagnosed as having osteoporosis or having a family history of osteoporosis; (2) symptoms or conditions indicative of the presence, or the significant risk, of osteoporosis; (3) on a prescribed drug regimen posing a significant risk of osteoporosis; (4) with lifestyle factors to such a degree as posing a significant risk of osteoporosis; and (5) with age, gender and/or other physiological characteristics which pose a significant risk of osteoporosis. Coverage includes bone mineral density measurements or tests as covered under the Federal Medicare program as well as those in accordance with the criteria of the National Institute of Health, including dual-energy x-ray absorptiometry. Also covered are drugs and devices for bone mineral density that have been approved by the United States Food and Drug Administration or generic equivalents as approved substitutes in accordance with the above criteria. Charges are treated the same way as any other Sickness.

**Cytologic Screening Expense Benefit:** Benefits will be payable on the same basis as any other sickness for an annual cervical smear or Pap smear test for female covered persons eighteen and older.

**Mammographic Examination Expense Benefit:** Benefits will be payable for a) one Mammogram at any age for a covered person who has a prior history of breast cancer or who has a first degree relative with a prior history of breast cancer, upon recommendation of a Doctor; b) one baseline Mammogram for a covered person age thirty-five through thirty-nine; and c) one Mammogram annually for a covered person age forty years or older. Benefits are payable on the same basis as any other Sickness.

The prescription drug benefit is hereby expanded to include coverage for the cost of contraceptive drugs or devices approved by the Federal Food and Drug Administration or generic equivalents approved by the Federal Food and Drug Administration. Such contraceptive drug or device must be prescribed by a Doctor authorized to prescribe such prescription. The benefit includes contraceptive drugs and devices that are administered by a Doctor as part of an office visit and those that are provided by a pharmacy. Benefits payable are subject to the limitations, deductible and coinsurance for prescription drugs covered under the policy.

## EXCLUSIONS

This policy does not cover loss nor provide benefits for:

1. Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution;
2. 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;
3. 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;
4. 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;
5. Dental treatment, except as specifically provided for in the schedule;
6. War or any act of war, declared or undeclared, or while in the armed forces of any country.
7. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
8. 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.
9. 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;
10. Elective surgery and elective treatment, except as required to correct an **injury** for which benefits are otherwise payable under the policy;
11. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act;
12. Congenital conditions;
13. The part of medical expense payable by any automobile insurance policy without regard to fault;
14. 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;
15. Preventative medicines, serums, vaccines;
16. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
17. Skeletal irregularities of one or both jaws; including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction;
18. Immunization services and supplies related to immunizations, except as specifically provided in the policy; preventative medicines or vaccines, except where required for treatment of a covered **injury** or **sickness**;
19. Expenses for a deviated septum, nasal or sinus surgery unless as the result of an accident;
20. For international students, expenses incurred within your home country or country of regular domicile;
21. Expense for knee orthotic devices unless prescribed for use during post-surgical physical therapy;
22. Services, supplies and/or treatment for acne; acupuncture; hypnotherapy; allergy, including allergy testing; alopecia;
23. Travel in or upon: a snowmobile, any two-or three wheeled motor vehicle, or any off-road-motorized vehicle not requiring licensing as a motor vehicle;
24. **Injury** of any **covered person** sustained while: participating in any school, professional or organized 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;
25. Addiction and Codependency- services and supplies related to: (a) nicotine addiction, smoking cessation products or services, caffeine addiction and non-chemical addictions such as gambling, sexual, spending, shopping, working and religious; and (b) treatment for codependency;
26. Nonmalignant warts, moles and lesions; replacement or removal of hair growth, alopecia;

27. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproduction ability; premarital examinations; impotence, organic or otherwise; sterilization operations, tubal ligation, vasectomy; sexual reassignment surgery;
28. Services and Supplies for conditions related to learning disabilities;
29. Sleep disorders, supplies, treatment or testing relating to sleep disorders;
30. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
31. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.
32. Intentionally self-inflicted injury, suicide or any attempt thereat;
33. 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 of for the purpose prescribed by the person's **doctor**.

## 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 **covered person** 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 obtain treatment.

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

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**ALL BENEFITS COMBINED MAY NOT EXCEED THE AGGREGATE LIMIT OF \$10,000 PER ACCIDENT OR SICKNESS.**

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## SCHOLASTIC EMERGENCY SERVICES GLOBAL EMERGENCY ASSISTANCE SERVICES

Enrollment in the **Student 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 Scholastic Emergency Services 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 Scholastic Emergency Services and speak with trained crisis management counselors and medical personnel 24 hours a day, 365 days a year.

Scholastic Emergency Services 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 Scholastic Emergency Services. Claims for reimbursement of assistance services will not be accepted.**

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

*The Scholastic Emergency Services program is solely provided by Scholastic Emergency Services and is not affiliated with United States Fire Insurance Company. Scholastic Emergency Services 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 secure 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 Student Health Services or on your institution's website, fill in the necessary information, attach all itemized medical 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 the claims administrator below:

**NAHGA Claim Services**  
PO Box 189  
Bridgton, ME 04009  
Phone: 800-952-4320  
Fax: 207-647-4569  
E-mail: [eia@nahga.com](mailto:eia@nahga.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**. Do not submit duplicate claim forms.

***Claim forms and instructions are also available on your institution's website. If you are unable to download or print this brochure please feel free to contact:***

***NAHGA at 800-952-4320 or  
EIIA at 888-260-7415***



## 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.

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



This summary 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.

## 2008-09 Major 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 Major Medical (Buy-up) Plan. The Major 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 Usual, Reasonable & Customary (URC) charge to the limit purchased below.

<b>MAJOR MEDICAL PLAN</b>				
	<b>\$25,000 Aggregate Maximum</b>		<b>\$50,000 Aggregate Maximum</b>	
Student Accident & Sickness Plan Limit	Annual Premium		Annual Premium	
	24 yrs & under	Over 24 yrs.	24 yrs & under	Over 24 yrs.
<b>\$10,000 Aggregate</b>	\$348	\$555	\$376	\$588
<i>Premium must be received no later than October 15, 2008</i>				

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

- Payment must be received by October 15, 2008. No payments will be accepted after October 15, 2008.
- Coverage becomes effective the date the payment is received but not prior to the effective date of your Student Accident & Sickness Plan.
- Only Cashier's Checks or Money Orders will be accepted. No personal checks please.
- The Major Medical Plan has a deductible that is only satisfied by the Student Accident & Sickness Plan Aggregate Limit.
- The Major 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 Major Medical Plan.
- Enrollment information can also be found on your institution's student insurance website.

To enroll, you must download and complete the enrollment form available on your institution's student insurance website and submit it along with your payment to EIIA Student Programs before October 15, 2008.

## MAJOR MEDICAL PLAN ENROLLMENT FORM

INSTITUTION NAME: \_\_\_\_\_

STUDENT NAME (Please Print): \_\_\_\_\_

Student's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MONTH/DAY/YEAR)

Student's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student's Daytime Phone Number: \_(\_\_\_\_\_) \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

**IMPORTANT:** This completed form and payment must be received by EIIA Student Programs prior to October 15, 2008. No payments will be accepted after October 15, 2008.

Payable to: EIIA Student Programs  
*Cashier Checks or Money Orders only!*

Mail To: EIIA Student Programs  
200 South Wacker Drive, Ste 1000  
Chicago, IL 60606

MAJOR MEDICAL PLAN				
	\$25,000 Aggregate Maximum		\$50,000 Aggregate Maximum	
Student Accident & Sickness Plan Limit	Annual Premium		Annual Premium	
	24 yrs & under	Over 24 yrs.	24 yrs & under	Over 24 yrs.
<b>\$10,000</b> Aggregate	\$348	\$555	\$376	\$588
<i>Premium must be received no later than October 15, 2008</i>				

I hereby certify that as a full-time student applicant as named above, the information contained on this enrollment form is true. I understand that the effective and termination dates on my coverage under the Major Medical Plan are the same as under my Student Accident & Sickness base Plan.

I also understand that injuries resulting from the participation in intercollegiate sports are excluded from this plan.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_