

2009-2010 STUDENT ACCIDENT & SICKNESS INSURANCE PLAN



Designed for the students of:



Coverage number
US035626-09E0033

Please keep this summary of coverage for future reference.

Plan Administered by:





COVERAGE

This brochure is a brief description of the benefits provided through **Carthage College** for full time undergraduate students for the 2009-2010 academic year.

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 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.

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 pre-arranged 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.

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

BASIC ACCIDENT BENEFIT: \$5,000

This benefit is provided by the Institution 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 **URC**. This benefit includes coverage for treatment of **injury to natural teeth**.

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: \$5,000

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 \$5,000. 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 90th percentile;
- In hospital doctor charges are included.

SICKNESS OUTPATIENT BENEFIT: \$700

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 \$700 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 (oral contraceptives are covered at 50% of **URC**) and therapeutic services or supplies, we will consider the expense up to the combined maximum limit of \$700 of **URC** per **sickness**.

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

OUTPATIENT MENTAL ILLNESS AND CHEMICAL & SUBSTANCE ABUSE EXPENSE: \$900

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. 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 expense, up to a maximum of \$900.

The maximum limit for all combined sickness Outpatient above may not exceed \$700 per outpatient sickness or \$900 for outpatient mental illness and chemical & substance abuse expenses.

ALL BENEFITS COMBINED MAY NOT EXCEED THE AGGREGATE LIMIT OF \$5,000 PER ACCIDENT OR SICKNESS.

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

ADDITIONAL BENEFITS

1. Prescription drugs benefit includes each prescription drug that satisfies all of the following:

- a. Is prescribed by a doctor for the treatment of HIV infection or a sickness arising from or related to HIV infection;
- b. Is approved by the Federal Food and Drug Administration for the treatment of HIV infection or a sickness or medical condition arising from or related to HIV infection, including each investigational new drug that is approved under 21 CFR 312.34 to 312.36 for the treatment of HIV infection or a sickness arising from or related to HIV infection and that is in, or has completed, as phase 3 clinical investigation performed in accordance with 21 CFR 312.20 to 312.33.
- c. If the drug is an investigational new drug as described in b) above, is prescribed and administered in accordance with the treatment protocol approved for the investigational new drug under 21 CFR 312.34 to 312.36.

2. Home health care services not to exceed 40 visits in any term of coverage. The maximum weekly benefit for home health care visits is limited to the usual and customary weekly cost for care in a skilled nursing facility. The following home health care services are covered if provided in the covered person's home under a home health care plan:

- a. Part-time or intermittent home nursing care by or under the supervision of a registered nurse;
- b. Part-time or intermittent home health aide services as part of the home care plan, under the supervision of a registered nurse or medical social worker, which consist solely of caring for the covered person;
- c. Physical, respiratory, occupational or speech therapy;
- d. Medical supplies and drugs prescribed by a doctor and laboratory services by or on behalf of a hospital, if necessary, only to the extent such items are covered under the policy when hospitalized;
- e. Nutrition counseling provided by or under the supervision of a registered dietitian where such services are part of the home health care plan; and
- f. Evaluation of the need for and development of a plan, by a registered nurse, doctor extender or medical social worker, for home care when approved or requested by the attending doctor.

If the covered person was hospitalized immediately prior to home health care beginning, the home health care plan must be initially approved by the doctor who was the primary provider of services during the hospitalization.

Each visit by a person providing home health care services is considered one home health care visit. Up to 4 consecutive hours in a 24-hour period of home health aide service is considered one home health care visit.

Benefits will not be payable:

- a. For homemaker services or domestic maid services; or
- b. For sitter or companion services; or
- c. For services or supplies rendered by an employee of an adult congregate living center; an adult foster home; an adult day care center; or a nursing home facility; or
- d. After a period of seven days in a row in which the patient: 1) receives no home health services; and 2) is not confined to a hospital or skilled nursing facility.

3. Skilled nursing care not to exceed 30 days per admission. Covered expenses for confinement in a skilled nursing facility are subject to the following:

- a. The daily rate considered for payment will not be less than the semi-private room and board charges for skilled nursing care in that facility, but not more than the daily rate established for such a facility by the Wisconsin Department of Health and Social Services.
 - b. Confinement must occur within 24 hours of a covered hospital confinement.
 - c. Skilled nursing care is for the continued treatment of the same medical or surgical condition for which the covered person had been treated at the hospital prior to entry into the skilled nursing facility.
 - d. Skilled nursing care must be certified as medically necessary by the attending doctor and recertified as medically necessary every 7 days.
 - e. Charges for domiciliary care, custodial care or rest care or care which is available to the covered person without charge or under a governmental health care program, other than a program under Wisconsin ch. 49, are not covered.
4. Low dose mammography screening for female covered persons in accordance with the following:

Age 45 to 49 - two mammograms performed at the direction of a doctor or a nurse practitioner. This benefit will not apply if the woman has had: a) a mammogram within 2 years before each examination is performed; or b) one or more mammogram(s) while between the ages of 45 and 49 before becoming covered under the policy.

Age 50 or older - annual mammogram to screen for the presence of breast cancer, if it is performed at the direction of a doctor or nurse practitioner.

The requirement that the mammogram be performed at the direction of a doctor or nurse practitioner will not apply if, the woman: a) does not have an assigned or regular doctor or nurse practitioner when the mammogram is performed; and b) the woman designates a doctor to receive the results of the mammogram; and c) an mammogram previously obtained by the woman was at the direction of a doctor or nurse practitioner.

5. Gynecological services or procedures (Pap test, pelvic exam and associated lab fees) performed by a licensed nurse practitioner within the scope of the nurse practitioner's professional license if coverage for such is provided when performed by a doctor.

6. Insulin infusion pumps and other such equipment and supplies for the treatment of diabetes and for diabetic self management education program. Benefits for the purchase of an insulin infusion pump are limited to one pump per term of coverage and will only be provided after the pump has been used by the covered person for 30 days prior to purchase.

7. Inpatient or outpatient treatment of kidney disease, including dialysis, transplantation and donor related services, limited to \$30,000 per term of coverage to the extent such benefits do not duplicate benefits available under Medicare or any other medical plan the covered person may be entitled to, except Medicaid.

8. For covered dependent children under 6 years of age, blood lead tests conducted in accordance with any lead screening methods and intervals recommended by the Wisconsin department of health and family services.

9. Diagnostic procedures and medically necessary surgical or nonsurgical treatment for the correction of temporomandibular disorders, provided all of the following apply:

a. The condition is caused by congenital, developmental or acquired deformity, disease or injury.

b. Under the accepted standards of the doctor rendering the service, the procedure or device is reasonable and appropriate for the diagnosis or treatment of the condition.

c. The purpose of the procedure or device is to control or eliminate infection, pain, disease or dysfunction.

Nonsurgical treatment includes prescribed intraoral splint therapy devices. Benefits do not include cosmetic or elective orthodontic care, periodontic care or general dental care. Benefits for diagnostic procedures and medically necessary nonsurgical treatment will not exceed \$1,250 in any term of coverage.

10. Hospital or ambulatory surgical center charges incurred, and anesthetics provided, in conjunction with dental care that is provided to a covered person in a hospital or ambulatory surgical center, if any of the following applies:

a. The covered person is a covered dependent under the age of 5;

b. The covered person has a chronic disability that meets all of the conditions under s. 230.04(9r)(a)2.a., b. and c. of Wisconsin law ; or

c. The covered person has a medical condition that requires hospitalization or general anesthesia for dental care.

11. Breast reconstruction of affected tissue incident to a mastectomy which is covered under the policy.

12. Appropriate and necessary immunizations from birth to the age of 6 years for a covered dependent. Appropriate and necessary immunizations means the administration of vaccine that meets the standards approved by the U.S. public health service for such biological products against at least all of the following:

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Measles
- Mumps
- Rubella
- Hemophilus influenza B
- Hepatitis B
- Varicella

13. To the extent they do not duplicate benefits payable under Medicare or coverage provided by any optional rider, covered expenses include inpatient, outpatient and transitional arrangements for medically necessary treatment of nervous and mental disorders, alcoholism and drug abuse as follows:

a. Inpatient hospital treatment while confined in: 1) a hospital; 2) an approved private treatment facility, as defined in Wisconsin s. 51.45(2)(b); or 3) an approved public treatment facility as defined in Wisconsin s. 51.45(2)(c). In each term of coverage benefits will not exceed the lesser of: 1) the first 30 days; or 2) \$7,000 minus a copayment of 10% of the covered expenses.

b. Outpatient nonresidential treatment services provided to a covered person and, if for the purpose of enhancing the treatment of the covered person, to a member of the immediate family by any of the following:

1) A program in an outpatient treatment facility, if both are approved by the Wisconsin Department of Health and Social Services and established and maintained according to

the appropriate rules established by such Department;

- 2) A licensed doctor who has completed a residency in psychiatry, in an outpatient facility or the doctor's office;
- 3) A licensed psychologist who is listed in the national register of health service providers in psychology.

In each term of coverage benefits will not exceed \$2,000 minus a copayment of 10% of covered expenses.

c. Transitional treatment arrangements which include services provided to a covered person in a less restrictive manner than are inpatient hospital services, but in a more intensive manner than are outpatient services. In each term of coverage benefits will not exceed \$3,000 minus a copayment of 10% of covered expenses.

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 acnes; acupuncture; hypnotherapy; allergy, including allergy testing;
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. 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.

ALL BENEFITS COMBINED MAY NOT EXCEED THE AGGREGATE LIMIT OF \$5,000 PER ACCIDENT OR SICKNESS.

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.
- 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



- 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**.

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.