

2009-2010 STUDENT ACCIDENT & SICKNESS INSURANCE PLAN



Designed for the students of:



**Policy Number
US035716-09E0104**

Please keep this summary of coverage for future reference.

Plan Administered by:





COVERAGE

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

PARTICIPATION

Participation in the **College Student Accident & Sickness Plan** is required unless you complete the online waiver, identifying comparable coverage, by August 31, 2009. **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 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 **College Student Accident & Sickness Plan**; expanding the **Basic Accident Benefit** as well as adding **sickness** benefits for 12-months. The policy term will cover enrolled students who purchase this coverage from August 27, 2009 through August 26, 2010. The **College Student Accident & Sickness Plan** is provided at an annual cost of \$250 per student, which includes a fee for administration of the Plan.

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.

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.

MAJOR MEDICAL PLAN

	\$25,000 Aggregate Maximum	\$50,000 Aggregate Maximum
	Annual Premium	Annual Premium
24 yrs & under	\$348	\$376
Over 24 yrs	\$555	\$588
Premium must be received no later than October 15, 2009		

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

- Payment must be received by October 15, 2009. No payments will be accepted after October 15, 2009.
- 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 at www.eiia.org/gustavus. Submit the application along with your payment to EIIA Student Programs before **October 15, 2009**.

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 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 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 URC after a \$500 deductible. The deductible is waived if you do not complete the online waiver and purchase the College Student Accident & Sickness Plan.** 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.

STUDENT ACCIDENT & SICKNESS PLAN

\$10,000 AGGREGATE LIMIT

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

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 & 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 Medical Data Research (MDR) survey of surgical fees valued at the 90th 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 (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 \$1,000 of **URC** per **sickness**.

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 expenses shown above may not exceed \$1,000 per sickness.

OUTPATIENT MENTAL ILLNESS AND CHEMICAL & SUBSTANCE ABUSE BENEFIT: \$1,500

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 expenses** up to a maximum of \$1,500.

The maximum limit for all combined outpatient mental illness and chemical & substance abuse expenses shown above may not exceed \$1,500 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.

ADDITIONAL BENEFITS

1. Reconstruction Surgery when such service is incidental to or follows surgery resulting from injury, sickness or other diseases of the involved part or when such service is performed on a dependent child because of congenital disease or anomaly which has resulted in a functional defect as determined by the attending physician.
2. Treatment of alcoholism, chemical dependency or drug addiction shall be on the same basis as other benefits in a licensed hospital or confinement in a residential primary treatment program as licensed by the State of Minnesota pursuant to diagnosis or recommendation by a doctor up to a maximum of 73-days in any one 12-month Certificate Year and in

a non-residential treatment program approved or licensed by the State of Minnesota for up to a maximum of 130 hours of treatment in any one 12-month term of coverage.

3. Treatment of emotionally handicapped children as defined by the Commissioner of Public Welfare in a residential treatment facility licensed by the Commissioner of Public Welfare shall be on the same basis as other inpatient benefits.
4. Surgical and nonsurgical treatment of temporomandibular joint disorder and craniomandibular disorder shall be covered on the same basis as any other sickness.
5. Treatment of phenylketonuria shall be covered on the same basis as any other sickness.
6. Necessary scalp prosthesis required as a result of contracting the disease alopecia areata subject to a maximum of \$350.00. No Deductible is applied to this benefit.
7. Dependent continuation and conversion privilege:
 - (a) In the event of the death of the primary insured while he and one or more dependents are insured hereunder, coverage on such dependents shall continue in effect without further premium payment until: (1) the date the surviving spouse becomes covered under another group health plan; or (2) this Certificate's term of coverage ends - whichever comes first.
 - (b) Coverage for dependents may be extended in the event of a break in the marital relationship of the primary insured while the spouse is insured under this Certificate as a dependent. Upon entry of a valid decree of dissolution of marriage coverage shall be continued without further premium payment until the earlier of the following dates: (1) the date the primary insured's former spouse becomes covered under any other group health plan; or (2) this Certificate's term of coverage ends.
 - (c) Coverage for dependents may be extended in the event that the primary insured becomes enrolled for benefits under Title XVIII of the Social Security Act or if the dependent children cease to be dependent children under the generally applicable requirements of the plan. Coverage of such dependents shall continue in effect without further premium payment until the earlier of the following dates; (1) the date the coverage ends under the Certificate; or (2) the spouse or dependent children become covered under another group health plan.
 - (d) A conversion privilege to Minnesota qualified conversion plans I, II or III as stated in M.S. 62A.21 is available to a primary insured's former spouse and dependent children without providing evidence of

insurability at the expiration of any continuation of coverage required under a, b or c above. Application for such coverage must be made within 30 days following end of coverage under this Certificate and must be accompanied by the payment of the required premium.

8. Child Health Supervision treatment for pediatric preventive services, appropriate immunizations, developmental assessment and laboratory services, in keeping with the Standards of Child Health Care issued by the American Academy of Pediatrics. Benefits will be limited to all services furnished by a single provider in connection with any one visit and according to the following schedule: Birth to 12-months, 5 visits; 12-months to 24 months, 3 visits; 24-months to 72-months, 1 visit per year. These benefits are not subject to any deductible or coinsurance percentage.
9. Benefits for prenatal care services for medical and psychosocial support provided throughout pregnancy. Included are expenses for: (1) risk assessment; (2) serial surveillance; (3) prenatal education; (4) use of specialized skills and technology when needed, all as defined in the Standards of Obstetric-Gynecologic Services issued by the American College of Obstetricians-Gynecologists. This benefit is not subject to any or coinsurance percentage.
10. Benefits for the management of birth defects known as cleft lip and palate, including orthodontic and oral surgery treatment, up to age 18. This benefit will be coordinated with, and pay secondary to, any applicable group dental coverage that covers orthodontic services.
11. Private-duty nursing services include home care services to a ventilator-dependent person by a private-duty nurse or personal care assistant.
12. Routine screening procedures for cancer for female covered person. This includes mammograms and pap-smears ordered or provided by a doctor in accordance with the standard practice of medicine.
13. Prostate cancer screening for male covered person. This includes at a minimum a prostate-specific antigen test (PSAT) and a digital rectal examination for: (a) men 40 years of age and over who are symptomatic or in a high-risk category; and (b) men age 50 years of age and older.
14. Prescription drug benefits include antipsychotic drugs prescribed to treat emotional disturbance or mental illness.
15. Benefits are payable for a drug prescribed for treatment of a cancer other than the cancers stated in the labeling approved by the federal Food and

Drug Administration (FDA). The drug must be approved by the FDA for treatment of cancer in one of the standard reference compendia or in one article in medical literature or be published in a journal specified by the United States Secretary of Health and Human Services pursuant to United States Code, title 42, section 1395x, paragraph (t), clause (2), item (B), as amended, as acceptable peer review medical literature. Each article must use generally acceptable scientific standards and must not use case reports to satisfy this criterion. Benefits are payable for any medically necessary services directly related to and required for appropriate administration of the drug. Benefits will not be paid for any experimental or non-FDA approved drug, or any drug that the FDA has determined to be contraindicated for treatment of a specific type of cancer for which the drug has been prescribed.

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;
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.

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 \$10,000 PER ACCIDENT OR SICKNESS.

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



- 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
EIA 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.