

2009-2010 STUDENT ACCIDENT & SICKNESS INSURANCE PLAN



Designed for the students of:



**Coverage number
US035677 – 09B0073**

Please keep this summary of coverage for future reference.

Plan Administered by:





COVERAGE

This brochure is a brief description of the benefits provided through **Philander Smith 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 ones 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 Medical Data Research (MDR) survey of surgical fees valued at the 90th percentile;
- In hospital doctor charges are included.

SICKNESS OUTPATIENT BENEFIT: \$200

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. Please refer to the definition of medical emergency in the Definitions section of this plan summary.

If, while not confined to a hospital, your sickness requires the use of the outpatient facilities of a hospital for emergency room services, ambulance service, diagnostic x-ray or laboratory services, the services of a **doctor**, prescribed medicines and therapeutic services or supplies, we will consider the expense up to the combined maximum limit of \$200 of **URC** per sickness.

The maximum limit for all combined sickness outpatient emergency room benefit shown above may not exceed \$200 per sickness.

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

CHILDREN'S PREVENTIVE HEALTH CARE SERVICES BENEFIT

"Children's Preventive Health Care Services" means Doctor-delivered or Doctor-supervised services for covered Dependents from birth through age eighteen (18) for periodic preventive care visits, including medical history, Physical Examination, developmental assessment, anticipatory guidance and appropriate immunizations and laboratory tests in keeping with prevailing medical standards.

"Periodic Preventive Care Visits" means the routine tests and procedures for the purpose of detection of abnormalities or malfunctions of bodily systems and parts according to accepted medical practice.

If coverage is provided for a Dependent child of the Covered Person, benefits will be provided for Periodic Preventive Care Visits for covered Dependents from the moment of birth

through the age of eighteen (18).

The Children's Preventive Health Care Services on a periodic basis will include, at a minimum, twenty (20) visits at approximately the following age intervals: birth, two (2) weeks, two (2) months, four (4) months, six (6) months, nine (9) months, twelve (12) months, fifteen (15) months, eighteen (18) months, two (2) years, three (3) years, four (4) years, five (5) years, six (6) years, eight (8) years, ten (10) years, twelve (12) years, fourteen (14) years, sixteen (16) years, and eighteen (18) years. Benefits will be provided only to the extent that these services are provided by or under the supervision of a single Doctor during the course of one (1) visit.

Benefits will be reimbursed at levels established by the Arkansas Insurance Commissioner and may exceed those established for the same services under the Medicaid program in the State of Arkansas. Reimbursements will cover the cost of pharmaceutical material and fees to administer vaccines and immunizations. Benefits will be paid for the scheduled visits in the Periodicity Schedule of American Academy of Pediatrics for periodic screening of children. Benefits for the recommended immunization services will be exempt from any co-payment, coinsurance, and Deductible or dollar limitation provisions in the policy. All other Children's Preventive Health Care Services will be subject to all co-payment, coinsurance, and Deductible or dollar limitation provisions in the policy.

MAMMOGRAPHY BENEFIT

Benefits will be paid as for any other Sickness for Screening Mammography for the presence of occult breast cancer for the actual cost not to exceed \$50.00. Benefits will not be subject to any Policy Deductibles. Coverage shall be provided according to the following guidelines:

1. A single baseline mammogram for women thirty-five (35) to thirty-nine (39) years of age.
2. A mammogram not less than once every two (2) years for women thirty-five (35) years of age and under fifty (50) years of age or more often for women with risk factors to breast cancer if recommended by her Doctor.
3. A mammogram every year for women fifty (50) to sixty-five (65) years of age.

"Screening mammography" is a radiologic procedure provided to a woman, who has no signs or symptoms of breast cancer, for the purpose of early detection of breast cancer. The procedure entails two (2) views of each breast and includes a Doctor's interpretation of the results of the procedure.

DIABETES BENEFIT

Benefits will be provided for all medically appropriate and necessary equipment, supplies, including podiatric appliances, and diabetes self-management training and educational services used to treat diabetes, if the Insured's treating Doctor or a Doctor who specializes in the treatment of diabetes certifies that such services are Medically Necessary. Diabetes self-management training, educational services and nutrition counseling must be provided under the direct supervision of a Doctor.

"Diabetes self-management training" means instruction in an inpatient or outpatient setting including medical nutrition therapy relating to diet, caloric intake and diabetes management, excluding programs the primary purposes of which are weight reduction, which enables diabetic patients to understand the diabetic management process and daily management of diabetic therapy as a method of avoiding frequent hospitalizations and complications when the instruction is provided in accordance with a program in compliance with the National Standards for Diabetes Self-Management Education Program as developed by the American Diabetes Association.

These benefits shall be provided to the same extent as for any other Sickness under the Policy and subject to all Deductible, coinsurance, limitations and provisions of 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 a 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.