

Please keep this
summary of coverage
for future reference.

2010-2011 STUDENT ACCIDENT & SICKNESS INSURANCE PLAN

Designed for the students of:
Lebanon Valley College



Policy Number

US039612-10B1104

LVC HW 06.16.10

Plan Administered by:



educational & institutional insurance administrators, inc.



COVERAGE

This brochure is a brief description of the benefits provided through **Lebanon Valley College** for full time students for the 2010-2011 academic year.

PARTICIPATION

Participation in the **College Student Accident & Sickness Plan** is required unless you complete the online waiver, identifying comparable coverage by September 30, 2010. **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

Lebanon Valley College is pleased to provide all full-time undergraduate students with an accident benefit of \$5,000 per accident during the 9-month academic year.

All full-time students are automatically enrolled in an Accident & Sickness Plan that extends the policy term to 12 months and provides a \$10,000 Accident & Sickness benefit. The cost of the plan is \$140 per year. The policy term will cover enrolled students who purchase this coverage from August 15, 2010 to August 14, 2011. The Accident & Sickness plan may be waived by providing evidence of primary insurance coverage before September 30, 2010.

To be a **Covered Person** under this Policy, the student must have paid the required premium and actively attended classes for at least the first 31 days from their effective date

of coverage, or the entire period for which coverage is purchased, whichever is the lesser, except in the case of medical withdrawal.

The company maintains its right to investigate student status and attendance records to verify that the policy eligibility requirements have been met.

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

HOW TO WAIVE COVERAGE

The deadline to waive out of the coverage is September 30, 2010. You may waive by going online www.eiaa.org/lvc. The waiver deadline is strictly enforced and no refunds will be made after the deadline expires.

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. This does not apply to the first \$100 of each loss.

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.

SUPPLEMENTAL BUY-UP

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 Supplemental Buy-Up. The Supplemental Buy-Up 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:

SUPPLEMENTAL BUY-UP

	\$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, 2010		

Below are some important things you should know about the Supplemental Buy-Up:

- Payment must be received by October 15, 2010. No payments will be accepted after October 15, 2010.
- 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 Supplemental Buy-Up has a deductible that is only satisfied by the **Student Accident & Sickness Plan** aggregate limit.
- The Supplemental Buy-Up provides benefits at 80% of **URC** for eligible expenses.
- All exclusions and limitations provided under the **Student Accident & Sickness Plan** are duplicated in the Supplemental Buy-Up.
- 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/lvc. Submit the enrollment form with your payment to EIIA Student Programs before **October 15, 2010**.

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.

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**. 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 waive 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.

The maximum limit for all combined sickness outpatient expenses shown above may not exceed \$1,000 per sickness

Mental Illness and Chemical & Substance Abuse: \$1,500

We will pay the services of a licensed psychiatrist, doctor, or psychologist, prescriptions or lab expenses; we will pay the covered expense up to a maximum of \$1,500.

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 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.

ADDITIONAL BENEFITS

Certain Additional Benefits are available under your Certificate/Policy. This is a brief summary. Please see the Certificate/Policy for complete details.

Benefits are subject to all Deductible, co-payment, co-insurance, limitations or any other provisions of the policy.

BENEFITS FOR ALCOHOL/DRUG ABUSE AND DEPENDENCY TREATMENT

Benefits will be provided for treatment of Alcohol or Drug Abuse and dependency on the same basis as any other Sickness subject to the following:

Inpatient detoxification will be provided in a Hospital or in an inpatient non-hospital facility which has a written affiliation agreement with a Hospital for emergency, medical and psychiatric or psychological support services, meets minimum standards for client-to-staff ratios and staff qualifications that are established by the Department of Health and is licensed as an alcoholism and/or drug addiction treatment program. Inpatient detoxification is limited to no more than four (4) admissions per lifetime. Benefits are limited to seven (7) days of treatment per admission. The following services are covered under inpatient detoxification:

1. Lodging and dietary services.
2. Doctor, psychologist, nurse, certified addictions counselor and trained staff services.
3. Diagnostic X-ray.
4. Psychiatric, psychological and medical laboratory testing.
5. Drugs, medicines, equipment use and supplies.

Non-Hospital residential care will be provided for thirty (30) days per policy year in a facility that meets minimum standards for client-to-staff ratios and staff qualifications that are established by the Office of Drug and Alcohol programs and is appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Insureds must be referred to the program by a Doctor. Benefits are subject to lifetime maximum of ninety (90) days per person. The following services are covered under residential care:

1. Lodging and dietary service.
2. Doctor, psychologist, nurse, certified addictions counselor and trained staff services.
3. Rehabilitation therapy and counseling.
4. Family counseling and intervention.
5. Psychiatric, psychological and medical laboratory tests.
6. Drugs, medicines, equipment use and supplies.

Outpatient care shall be provided in a facility appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Before a Covered Person may qualify to receive benefits under this section, a licensed Doctor or licensed psychologist must certify the Covered Person as a person suffering from alcohol or other drug abuse or dependency and refer the Covered Person for the appropriate treatment. The following services shall be provided:

1. Doctor, psychologist, nurse, certified addictions counselor and trained staff services.
2. Rehabilitation therapy and counseling.
3. Family counseling and intervention.
4. Psychiatric, psychological and medical laboratory tests.
5. Drugs, medicines, equipment use and supplies.

Treatment shall be provided for a minimum of thirty (30) outpatient, full-session visits or equivalent partial visits per policy year. These visits may not be exchanged for non-hospital, residential alcohol treatment services.

In addition, treatment shall be provided for a minimum of thirty (30) outpatient, full-session visits or equivalent partial hospitalization services per policy year. These visits may be exchanged on a two-for-one basis up to fifteen (15) non-hospital, residential alcohol treatment days.

Benefits are limited to one hundred and twenty (120) outpatient, full session visits or equivalent partial visits.

Definitions:

“Alcohol or Drug Abuse” means any use of alcohol or other drugs which produces a pattern of pathological use causing impairment in social or occupational functioning or which produces physiological dependency evidenced by physical tolerance or withdrawal.

“Detoxification” means the process whereby an alcohol-intoxicated or drug-intoxicated person is assisted, in a facility licensed by the Department of Health, through the period of time necessary to eliminate, by metabolic or other means, the intoxicating alcohol or other drugs, alcohol and other drug dependency factors or alcohol in combination with drugs as determined by a licensed Doctor, while keeping the physiological risk to the patient at a minimum.

BENEFITS FOR MANAGEMENT AND TREATMENT OF DIABETES

Benefits will be paid the same as any other Sickness for the equipment, supplies and outpatient self-management training and education, including medical nutrition therapy for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and noninsulin-using if prescribed by a Doctor legally authorized to prescribe such items under law.

Benefits shall be provided for equipment and supplies including the following: blood glucose monitors, monitor supplies, insulin, injection aids, syringes, insulin infusion devices, pharmacological agents for controlling blood sugar and orthotics.

Diabetes outpatient self-management training and education shall be provided under the supervision of a licensed Doctor with expertise in diabetes to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetes, including information on proper

diets. Coverage for self-management education and education relating to diet and prescribed by a licensed Doctor shall include:

1. visits medically necessary upon the diagnosis of diabetes;
2. visits under circumstances whereby a Doctor identifies or diagnoses a significant change in the patient's symptoms or conditions that necessitates changes in a patient's self-management; and
3. where a new medication or therapeutic process relating to the person's treatment and/or management of diabetes has been identified as medically necessary by a licensed Doctor.

BENEFITS FOR POST PARTUM HOME HEALTH CARE

Benefits will be paid the same as any other Sickness for at least one home health care visit within 48 hours after discharge from inpatient care when discharge occurs prior to the time of 48 hours of inpatient care following a normal vaginal delivery and 96 hours of inpatient care following a cesarean delivery. Such visits shall be made by a Doctor whose scope of practice includes post partum care. Home health care visits shall include parent education, assistance and training in breast and bottle feeding, infant screening and clinical tests and the performance of any necessary maternal and neonatal physical assessments. At the mother's sole discretion, any visits may occur at the facility of the provider.

The policy Deductible, copayment, coinsurance will not be applied to this benefit.

BENEFITS FOR WOMEN'S PREVENTIVE HEALTH SERVICES

Benefits will be paid the same as any other Sickness for: 1) an annual gynecological examination, including a pelvic examination and clinical breast examination; and 2) routine pap smears in accordance with the recommendations of the American College of Obstetricians and Gynecologists.

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

BENEFITS FOR MAMMOGRAPHIC EXAMINATION

Benefits will be paid the same as any other Sickness for mammographic examinations as follows: 1) every year for an Covered Person 40 years of age or older; and 2) any mammogram based on a Doctor's recommendation for an Covered Person under 40 years of age.

BENEFITS FOR MASTECTOMY

Benefits will be paid the same as any other Sickness for inpatient care following a Mastectomy for the length of stay that the treating Doctor determines is necessary to meet generally accepted criteria for safe discharge.

Benefits will be paid the same as any other Sickness for a home health care visit that the treating Doctor determines is necessary within forty-eight (48) hours after discharge when the discharge occurs within forty-eight (48) hours following admission for the Mastectomy.

Benefits will be paid the same as any other Sickness for Prosthetic Devices, physical complications including lymphedemas, and Reconstructive Surgery incident to any Mastectomy in a manner determined in consultation with the attending Doctor and the Covered Person.

Mastectomy means the removal of all or part of the breast for medically necessary reasons, as determined by a licensed Doctor. Prosthetic devices means: the use of initial and subsequent artificial devices to replace the removed breast or portions thereof, pursuant to an order of the Insured's Doctor. Reconstructive surgery means a surgical procedure performed on one breast or both breasts following a Mastectomy, as determined by the treating Doctor, to reestablish symmetry between the two breasts or alleviate functional impairment caused by the Mastectomy. Reconstructive surgery shall include, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy. Symmetry between breasts means approximate equality in size and shape of the non-diseased breast with the diseased breast after definitive reconstructive surgery on the diseased or non-diseased breast has been performed.

BENEFITS FOR CHILDHOOD IMMUNIZATIONS

Benefits will be paid the same as any other Sickness for the Named Covered Person who is under 21 years of age, or the Named Insured's spouse who is under 21 years of age, or a Dependent Child for those childhood immunizations, including the immunizing agents, which as determined by the Department of Health conform with the standards of the (Advisory Committee on Immunization Practices of the Center for Disease Control) U.S. Department of Health and Human Services. The benefit will provide coverage for the cost of the immunization of a child, up to 150% of the average wholesale price (AWP), which, as determined by the Department of Health, conform with the standards of the Advisory Committee on Immunization Practices of the Center for Disease Control, the United States Department of Health and Human Services.

The policy Deductible and dollar limitations will not be applied to this benefit.

BENEFITS FOR MEDICAL FOODS

Benefits will be paid the same as any other Sickness for the cost of nutritional supplements (formulas) as medically necessary for the therapeutic treatment of Phenylketonuria (PKU), branched-chain ketonuria, galactosemia and homocystinuria that are aminoacidopathies, rare hereditary

genetic metabolic disorders, and administered under the direction of a Doctor. Benefits are not for normal food products used in dietary management of these disorders, but are for formulas that are equivalent to a prescription drug, medically necessary for the therapeutic treatment of such rare hereditary genetic metabolic disorders and administered under the direction of a Doctor.

The policy Deductible will not be applied to this benefit.

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. Nonmalignant warts;
28. 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;

29. Services and Supplies for conditions related to learning disabilities;
30. Sleep disorders, supplies, treatment or testing relating to sleep disorders;
31. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
32. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.
33. Intentionally self-inflicted injury, suicide or any attempt thereat;
34. 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 \$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.**

This benefit applies only to students eligible students who have paid for this coverage and did not waive the coverage. Services are subject to verification of coverage. 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.

If you require assistance and are more than 100 miles from your permanent residence, campus, or abroad, call SES Operations Center at 1-877-488-9833 (toll free inside the U.S.A.) or 609-452-8570 (outside the U.S.A., precede number by U.S. access code). Please use Reference Number 01AA-EIA-05044

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 visit www.eiia.org/lvc, 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:

All itemized bills must be submitted within 12 months from date of service or charges will be denied.

NAHGA Claim Services
PO Box 189
Bridgton, ME 04009
Phone: 800-952-4320
Fax: 207-647-4569
E-mail: eiia@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 at www.eiia.org/lvc. 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.