STUDENT HEALTH SERVICES

INTERNATIONAL ACCIDENT and SICKNESS INSURANCE PLAN

Policy No. 2009I5A38

2009–2010
If you have other medical coverage, such as dependent coverage under your parent’s insurance, you should review that plan’s requirements prior to seeking medical attention. It is important to understand your insurance coverage(s) and financial responsibility for all deductibles, co-pays, and/or resulting medical bills.

**NOTICE:** If an insured person is covered by more than one health care plan, he or she may not be able to collect benefits from both plans. Each plan may require an insured to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. An insured should read all of the rules very carefully, including the coordination of benefits section and compare them with the rules of any other plan that covers an insured or his/her family.

**DEFINITIONS**

**Accident** means a sudden, unforeseeable external event that causes Injury to an Insured Person. The Accident must occur while coverage is in effect for the Insured Person.

**Covered Injury** means a bodily Injury that is: 1) Sustained by an Insured Person while he/she is insured under this Policy or the School’s prior policies; and 2) Caused by an accident directly and independently of all other causes.

Coverage under the School’s policies must have remained continuously in force from the date of Injury until the date services or supplies are received for them to be considered as a Covered Medical Expense under this Policy. All Injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these Injuries are considered a single Covered Injury.

**Covered Medical Expense** means those charges for any treatment, service or supplies that are: 1) Not in excess of the Usual and Customary charges therefor; 2) Not in excess of the charges that would have been made in the absence of this insurance; and 3) Incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.

**Covered Sickness** means Sickness, disease or trauma related disorder due to Injury which causes a loss while the Policy is in force and which results in Covered Medical Expenses. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness. Sickness includes Complications of Pregnancy. Sickness will also include normal pregnancy.

**Hospital** means an institution that: 1) Operates as a Hospital pursuant to law; 2) Operates primarily for the reception, care and treatment of sick or injured persons as inpatients; 3) Provides 24-hour nursing service by Registered Nurses on duty or call; 4) Has a staff of one or more Physicians available at all times; and 5) Provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a prearranged basis.
Hospital does not include the following: 1) Convalescent homes or convalescent, rest or nursing facilities; 2) Facilities primarily affording custodial, educational, or rehabilitative care; or 3) Facilities for the aged, drug addicts or alcoholics.

**Loss** means medical expense caused by an Injury or Sickness which is covered by this Policy.

**Physician** means a: 1) Doctor of Medicine (M.D.); or 2) Doctor of Osteopathy (D.O.); or 3) Doctor of Dentistry (D.M.D. or D.D.S.); or 4) Doctor of Chiropractic (D.C.); or 5) Doctor of Optometry (O.D.); or 6) Doctor of Podiatry (D.P.M.); who is licensed to practice as such by the governmental authority having jurisdiction over the licensing of such classification of doctor in the state where the service is rendered.

A Doctor of Psychology (Ph.D.) will also be considered a Physician when he or she is similarly licensed or licensed as a Health Care Provider. The services of a Doctor of Psychology must be prescribed by a Doctor of Medicine.

**Physician** will also mean any licensed practitioner of the healing arts who We are required by law to recognize as a “Physician.” This includes an acupuncturist, a certified nurse practitioner, a certified nurse-midwife, a Physician’s assistant, social workers and psychiatric nurses to the same extent that their services would be covered if performed by a Physician. The term Physician does not mean any person who is an Immediate Family Member.

**Preexisting Condition** means any health condition, Sickness or Injury that existed any time prior to the effective date of coverage and for which medical advice was given or for which a Physician recommended or provided treatment within the twelve months immediately preceding the Insured’s effective date of coverage under this Policy.

**Treatment** means the medical care of an Injury of Sickness by a Physician who is operating within the scope of his or her license. Such care includes diagnostic, medical, surgical or therapeutic services, medical advice, consultation, recommendation; and/or the taking of drugs or medicines or the prescriptions thereof.

**Usual and Reasonable** means the normal charge, in the absence of insurance, of the provider for a service or supply, but not more than the prevailing charge in the area for a: 1) Like service by a provider with similar training or experience; or 2) Supply that is identical or substantially equivalent. When service or treatment is provided by a PPO provider, Usual and Reasonable will be the PPO allowance.


**ACCIDENTAL DEATH AND DISMEMBERMENT**

If, as the result of a covered Accident, an Insured Person sustains any of the following losses within 180 days, We will pay the benefit shown.

- Loss of Life ........................................... $10,000
- Loss of either One Hand, One Foot, or
  Sight of One Eye ................................. $ 5,000
- Loss of more than one of the above
  losses due to one Accident .................. $10,000

Loss of hand or foot means the complete severance through or above the wrist or ankle joint. Loss of eye means the total permanent loss of sight in the eye. The principal sum is the largest amount payable under this benefit for all losses resulting from any one accident.

**MANDATED BENEFITS**

The following benefits are mandated coverages in the State of Ohio will be included in all School plans issued under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, copayment and coinsurance conditions of the Policy as well as all other terms and conditions applicable to any other Covered Sickness.

**Alcoholism and Drug Abuse Treatment** - We will pay the Usual and Reasonable expenses incurred as shown in the Schedule of Benefits for the treatment of alcoholism and drug abuse. Such treatment abuse must be performed by or under the clinical supervision of a licensed Physician or psychologist. We will pay the expenses incurred for inpatient, outpatient or intermediate primary care, whether performed in a Hospital, a Physician’s office, a community mental health facility or in an alcoholism treatment facility. The facility where treatment is performed must be approved by the Joint Commission on Accreditation of Hospitals or certified by the Ohio Department of Health.

**Cancer Screening Tests** - We will pay the charges incurred for the following cancer screening tests. 1) Screening mammogram performed according to the following schedule: a) A screening mammogram for women age 35 to 39 inclusive; b) A mammogram for women age 40 to 49, inclusive, every two years or annually if a Physician has determined that the woman has risk factors to breast cancer; c) A mammogram every year for women age 50 and over; or d) A mammogram at any age for an Insured Person with a history of breast cancer or whose parent or sibling has a history of breast cancer, based on Physician’s recommendation. 2) PAP tests for women 18 years of age and older as recommended by a Physician.

**Mastectomy, Reconstructive Surgery and Prosthetic Devices** - The surgical procedure known as a mastectomy will be covered under the Surgery Benefit of this Section. We will provide Hospitalization benefits for at least 48 hours following a mastectomy. In the case of an early release,
BASIC ACCIDENT & SICKNESS BENEFIT & SUPPLEMENTAL MEDICAL EXPENSE BENEFITS

When a covered Injury or Sickness causes you to incur eligible medical expenses while insured under the Policy, the Usual & Reasonable expenses incurred within 52 weeks of the date of Injury or the date of first treatment for a Sickness will be paid according to the following Schedule of Benefits after the $100 per policy year deductible is satisfied.

BASIC ACCIDENT EXPENSE (Including Injury to Sound Natural Teeth) for treatment by a legally qualified physician, dentist or surgeon, hospital confinement, services of a RN, x-ray service, use of operating room, emergency room, anesthesia, laboratory service, surgical dressings, medications, plaster casts or use of wheelchair, crutches or of an ambulance up to $500 for Intercollegiate Athletics; (not subject to deductible) up to $15,000 for all other covered accidents

BASIC SICKNESS EXPENSE: The maximum payable for hospital or medical care provided due to a covered accident or sickness for the U&R medical expense actually incurred within 52 weeks from the date of first treatment will not exceed $15,000 for:

- Hospital Room and Board .......................................................... 100% of U&R subject to the Semi-private room rate
- ICU Expense .............................................................................. 100% of U&R, $1,000 max per day
- Hospital Miscellaneous Expense ............................................... 100% of U&R
- Newborn Child Expense ............................................................. 100% of U&R; $750 maximum
- Surgery (Inpatient or Outpatient). ............................................... 100% of U&R
- Anesthetist .................................................................................. 100% of U&R
- Consultant Fees (Inpatient Only), when requested by the attending physician ........................................... up to $25
- Physician Fees
  - Inpatient ................................................................................... 100% of U&R; limited to one visit per day
  - Outpatient .................................................................................. 100% of U&R
- Physical Therapy Expense .............................................................. 100% of U&R up to a maximum of 5 visits
- Prescription Drugs (Outpatient Only) ........................................... 100% of U&R
- Ambulance Expense ................................................................... 100% of U&R
- Emergency Room Treatment. (non-emergency use of Emergency Room is subject to a $250 deductible) .......................................................... 100% of U&R
- Diagnostic X-ray Service and Laboratory Tests (Outpatient Only) .......................................................... 100% of U&R
- Accident Dental Expense .............................................................. $100 maximum per tooth and $600 maximum per incident
- Medical Evacuation & Repatriation .............................................. $50,000 combined maximum
- Accidental Death & Dismemberment ............................................ $10,000 principal sum

MANDATED BENEFITS
- Cancer Screening Tests .............................................................. Same as any other Sickness
- Mastectomy, Reconstructive Surgery and Prosthetic Devices .......... Same as any other Sickness
- Child Health Supervision Services .............................................. Up to $500
- Medical Emergency Expenses ................................................... Same as any other Condition
- Alcoholism and Drug Abuse Treatment ....................................... Same as any other Sickness
- Off-label Drugs .......................................................................... Same as any other Sickness
- Biologically Based Mental Illness ................................................ Same as any other Sickness

SUPPLEMENTAL MEDICAL EXPENSE BENEFITS (per Injury or Sickness)
- Medical Maximum ................................................................. 80% of U&R, up to $75,000
- Deductible .................................................................................... $15,000
coverage for a mastectomy will include at least one home care visit if ordered by the attending Physician.

Under this benefit We will pay the expenses incurred for prosthetic devices and/or reconstructive surgery of the breast on which surgery for breast cancer has been performed and surgery of the non-diseased breast, if determined as necessary by the patient’s attending Physician.

**Child Health Supervision Services** - When Dependent Coverage is a part of the Policy, We will pay the expenses incurred for Child Health Supervision Services from the moment of birth to age nine. Benefits for such services that are provided to a child during the period from birth to age one will not exceed a maximum of $500.00. Benefits for child health supervision services that are provided to a child during any year thereafter may not exceed a maximum limit of $150.00 per year.

As used in this benefit, **child health supervision services** means a periodic review of a child’s physical and emotional status performed by a Physician or by a health care professional under the supervision of a Physician.

As used in this benefit, **periodic review** means a review performed in accordance with the recommendations of the American Academy of Pediatrics and includes a history, complete physical examination, developmental assessment, anticipatory guidance, appropriate immunizations and laboratory tests.

**Biologically Based Mental Illness Benefit** - We will pay the expenses incurred for the diagnosis and treatment of a Biologically Based Mental Illness on the same basis as for any other covered physician diseases and disorders if both of the following apply: 1) The biologically based mental illness is clinically diagnosed by a physician authorized to practice medicine and surgery or osteopathic medicine and surgery; a licensed psychologist; a professional clinical counselor, professional counselor, or independent licensed social worker; or a licensed clinical nurse specialist whose nursing specialty is mental health; and 2) The prescribed treatment is not experimental or investigational, having proven its clinical effectiveness in accordance with generally accepted medical standards.

As it pertains to this benefit, **Biologically Based Mental Illness** means: 1) Schizophrenia; 2) Schizoaffective disorder; 3) Major depressive disorder; 4) Biopolar disorder; 5) Paranoia and other psychotic disorders; 6) Obsessive-compulsive disorder; 7) Panic disorder as these terms are defined in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American Psychiatric Association.

**Medical Emergency Expenses** - We will pay the expenses incurred for Medical Emergency Expense only in connection with Emergency Medical Care as defined and incurred in a Hospital emergency room, surgical center or clinic. Payment of this benefit will not be denied based on the final diagnosis following stabilization.

**Off-Label Drug Treatments** - When prescription drugs are provided as a benefit of the issued Policy, they will include a drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the federal Food and Drug Administration (FDA), provided that all of the following conditions have been met: i) The drug is approved by the FDA; ii) The drug is prescribed for the treatment of a life-threatening condition; iii) The drug has been recognized for treatment of that condition by one of the following: iv) The American Medical Association Drug Evaluations; v) The American Hospital Formulary Service Drug Information; vi) The United State Pharmacopoeia Dispensing Information, volume 1, "Drug Information for Health Care Professionals"; or vii) Two articles from major peer reviewed medical journals that present data supporting the proposed off-label use or uses as generally safe and effective unless there is a clear and convincing contradictory evidence presented in a major peer reviewed medical journal.

When this portion of the prescription benefit is used, it will be the responsibility of the prescriber to submit to Us documentation supporting compliance with the requirements in items 1, 2, and 3 of this benefit.

As it pertains to this benefit, **life threatening** means either or both of the following: i) Disease or conditions where the likelihood of death is high unless the course of the disease is interrupted; or ii) Disease or conditions with a potentially fatal outcome and where the end point of clinical intervention is survival.

**EMERGENCY MEDICAL EVACUATION**

If an Insured Student is unable to continue their academic program as the result of a Covered Injury or Sickness, We will pay the necessary Usual and Customary charges for evacuation to another medical facility in the Insured Person’s home country. A medical evacuation would be considered only if medically necessary, and after a Hospitalization of at least five (5) days. Any expense payable under this benefit requires approval of the attending Physician as well as Ours.

**REPATRIATION OF REMAINS**

The Company will pay the reasonable covered expenses to return the Insured Person’s body to his or her home country if he or she dies. Covered expenses include expenses for embalming, cremation, coffins, and transportation. The combined maximum for Medical Evacuation and Repatriation is $50,000.

**EXCLUSIONS**

The Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of the Policy and as shown in the Schedule of Benefits.
1. Expenses covered under any Workers’ Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.

2. Dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person’s teeth.

3. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.

4. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.

5. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury.


7. Expenses incurred for plastic or cosmetic surgery, unless they result directly from a Covered Injury that necessitates medical treatment within 24 hours of the Accident or results from reconstructive surgery; a) For the purposes of this provision, reconstructive surgery means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible. b) For the purposes of this provision, cosmetic surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient’s appearance.

8. Preventive medicines, serums or vaccines of any kind.


10. Medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as provided in the Schedule of Benefits.

11. Conditions due to accidental bodily injury occurring prior to the Insured Person’s effective date of coverage.

12. Intentionally self-inflicted injury, attempted suicide or suicide, while sane or insane.

13. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Insurance Information Schedule.

14. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate, or professional sports, except as provided in the Schedule of Benefits.

15. Expenses incurred after: a) the date insurance terminates as to the Insured Person; b) the Aggregate Lifetime Maximum Benefit for each Covered Injury or Sickness has been attained; and c) the end of the Benefit Period specified in the Benefit Schedule.

16. Treatment of nervous or mental disorders or treatment for alcoholism or drug addiction, except as specifically provided for in the schedule of benefits, or mandated by the state of Ohio.

17. Under the Supplemental Expense provision, loss or expenses resulting from the treatment of mental and nervous disorders, except as mandated by the State of Ohio.

**Preexisting Condition Limitation**—The Policy does not cover Preexisting Conditions for the first twelve (12) months following effective date of an Insured Person’s coverage. However, the Company will waive this Limitation for an Insured who: 1. Has been Continuously Insured for at least 12 consecutive months under one or more student insurance policies issued to the Policyholder; or 2. Can provide satisfactory evidence of prior Creditable Coverage. To qualify for this waiver, an Insured or his or her insured Dependent must fulfill all of the following requirements: a) He or she must not be covered under any other health insurance. b) He or she must have had health insurance for a total of 18 months, with no break in coverage longer than 63 days. c) His or her most recent coverage must meet the definition of Creditable Coverage in the policy.

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**CLAIM PROCEDURE**

1. Bills must be submitted within 90 days from the date of treatment.

2. Payment for Covered Medical Expenses will be made directly to the hospital or physician concerned unless bill receipts and proof of payment are submitted.

3. Subsequent medical bills should be mailed promptly to Consolidated Health Plans.

All medical bills should be submitted to the Claims Administrator.

**Claims Administrator:**

CONSOLIDATED HEALTH PLANS
2077 Roosevelt Ave • Springfield, MA 01104
(413) 733-4540 • Toll Free (800) 633-7867

**Your out-of-pocket costs may be lower when you utilize a Beech Street provider. For a listing of Beech Street providers go to:**

www.beechstreet.com • 800-432-1776
CLAIM APPEAL

To appeal a claim, send a letter stating the issues of the appeal to Consolidated Health Plan’s Appeal Department at the above address. Include your name, phone number, address, school attended and email address, if available. Claims will be reviewed and responded to within 60 days by Consolidated Health Plans. Translation services are available to assist insureds, upon request, related to administrative services.

Underwritten by
Security Mutual Life Insurance Company of New York
Binghamton, NY

as Policy Form # SMLBH-280 (Rev. 04) (OH)

For a copy of the Company’s Privacy Notice, go to:
www.commercialtravelers.com/privacy.html

Serviced by
Wallace & Turner, Inc.
30 Warder St., Suite 200 • Springfield, OH 45501
(937) 324-8492

Network Provider
Beech Street • 800-432-1776
www.beechstreet.com

Representations of this plan must be approved by the Company.

This is not the Policy. Rather it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state’s laws, including those relating to mandated benefits.

Emergency Medical and Travel Assistance

MEDEX Assistance Corporation provides you with a comprehensive program with 24/7 emergency medical assistance—including emergency evacuation and repatriation—and other travel assistance services when you are 100 or more miles away from home. Your MEDEX identification card is your key to travel security.

For general inquiries regarding your international assistance coverage, please call Consolidated Health Plans at 800-633-7867.

If you have a medical or travel problem, simply call MEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll free at: 800-527-0218 or if you are in a foreign country, call collect at: 410-453-6330.

If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.