

Student Injury and Sickness Insurance Plan

Designed Especially
For The
Domestic Students Of



WESTMINSTER
COLLEGE

Fulton, Missouri

2014 - 2015

UNDERWRITTEN BY:
United States Fire Insurance Company

Policy # US079552
Group #14430008

WC-MO-14D

TABLE OF CONTENTS

	Page
Eligibility.....	1
Effective and Termination Dates.....	1
Extension of Benefits after Termination.....	2
Effective Dates and Rates.....	2
Preferred Provider Information.....	2-3
Script Care Prescriptions.....	3
Discount Vision Program.....	3
Mental or Nervous Disorders Treatment Benefit.....	4
Substance Abuse Treatment Benefit.....	4
Additional Benefits:	
Child Immunization Expense Benefit.....	4
Dental Anesthesia and Hospitalization ... Expense Benefit.....	4
Pelvic, Cervical, Prostate and Colorectal Exam Expense Benefit.....	4-5
Mammographic Examination Expense Benefit.....	5
Diabetes Equipment and Supplies Expense Benefit.....	5
Breast Reconstruction After Mastectomy Expense Benefit.....	5
Enteral Formula Expense Benefit.....	5
Early Intervention Services Expense Benefit.....	5-6
Autism Spectrum Disorders Benefit.....	6
Coordination of Benefits.....	6
Accidental Death and Dismemberment Benefit.....	6
Schedule of Benefits.....	8-11
Definitions.....	7
Intercollegiate Sports Injury.....	10
Exclusions and Limitations.....	10-12
Global Emergency Services.....	12-13
Claim Procedure.....	13

ELIGIBILITY

Domestic Students who have health insurance coverage through parents or elsewhere will not be required to buy the College-sponsored plan, but must opt-out online before August 31, 2014 for fall semester. **You will automatically be billed for the insurance premium in the fall and spring unless you Opt-Out.** To opt-out, the student must complete the online form providing proof of other health insurance coverage at www.summitamerica-ins.com/westminster before August 31, 2014 for fall semester and January 31, 2015 for spring/summer.

Your student account will automatically be billed unless you waive the student health insurance before August 31st, 2014 for fall semester. There will be no refunds given after the deadline date.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet and television (TV) courses do not fulfill the Eligibility Requirements that the Student actively attend classes. The company maintains its right to investigate student status and attendance records to verify that the policy eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium, less any claims paid.

Eligible Dependents of students enrolled in the plan may participate in the plan on a voluntary basis. Eligible Dependents are the spouse and unmarried children up to the age of 26 years. To enroll Dependents please visit www.summitamerica-ins.com. Dependent eligibility expires concurrently with that of the Insured student.

EFFECTIVE AND TERMINATION DATES

The Policy on file at the school becomes effective at 12:01 a.m., August 01, 2014. Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Policy terminates at 11:59 p.m., July 31, 2015. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage.

Refunds of premiums are allowed only upon entry into the armed forces. The policy is a Non-Renewable, One-Year Term Policy.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under this Plan ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date. The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

EFFECTIVE DATES AND RATES

Annual (08/01/14 - 07/31/15)

Student Only.....	\$1,963
Student & Spouse.....	\$6,896
Student & Children.....	\$5,257
Family.....	\$10,190

Fall Semester (08/01/14 - 01/12/2015)

Student Only.....	\$819
Student & Spouse.....	\$2,875
Student & Children.....	\$2,193
Family.....	\$4,249

Spring/Summer Semester (01/13/15 - 07/31/15)

Student Only.....	\$1,144
Student & Spouse.....	\$4,021
Student & Children.....	\$3,064
Family.....	\$5,941

PREFERRED PROVIDER INFORMATION

By enrolling in Westminster College Student Health Insurance Plan you have access to Preferred Provider networks. Please read the following information so you will know from whom or what group of providers health care may be obtained. This enhancement to your program does not require you to use a Preferred Provider. You may receive care from any licensed provider (benefit eligibility is subject to the plan design and the exclusions and limitations as specified in the brochure), but if you incur any expense using a Preferred Provider you may lower your out-of-pocket expense.

The preferred provider network is First Health Network. You may check for Preferred Providers by calling 1-800-226-5116 or at www.myfirsthealth.com.

“Preferred Providers” are the Doctors, hospitals and other

health care providers who have contracted to provide specific medical care at negotiated prices. The availability of specific providers is subject to change without notice. You should always confirm that a Preferred Provider is participating at the time services are required by checking the Preferred Provider Network website or calling the Preferred Provider Network and by asking the provider when you make an appointment for services.

“Preferred Allowances” means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

“Out of Network” providers have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility.

“Allowable Charges” means United States Fire Insurance Company allowance for a specified Covered Medical Expense of the Provider’s charge for the service, whichever is less.

SCRIPT CARE PRESCRIPTIONS

When you use a Script Care network pharmacy, you will be able to get up to a 30 day supply of drugs prescribed for a Covered Injury or Sickness. Go to www.scriptcare.com to find a network pharmacy in your area. You will pay a \$20 copayment for each generic drug and a \$40 co payment for each brand name drug.

Please present your ID card to the network pharmacy when the prescription is filled. If you do not use a network pharmacy, you will be responsible for paying the full cost for the prescription.

If you do not present the card, you will need to pay the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please call Script Care Customer Service line toll free at 1-800-880-9988, www.scriptcare.com.

DISCOUNT VISION PROGRAM

Because you are currently a member of Script Care’s prescription drug program, you are also eligible to participate in the value-added Script Care Vision Program through VSP Vision Care. The discount vision program is available to all Script Care members at no additional cost and no premium. **THIS IS NOT INSURANCE.**

How do members use the program?

1. Locate a participating eye care provider. When you arrive at your appointment, show your Script Care ID card and receive a discount on eye exams. There are no claims to file, and there is no waiting for reimbursement.
2. How many providers participate in the program?
3. There are thousands of participating provider locations nationwide. For a list of Providers near you, contact VSP Vision Care at 1-800-877-7195 or visit their website at www.vsp.com and click on the link to VSP Vision care.

MENTAL OR NERVOUS DISORDERS TREATMENT BENEFIT

Benefits are payable for the care and treatment of mental or nervous disorders on the same basis as any other sickness for inpatient and outpatient care. Inpatient services must be: (a) rendered in a hospital or treatment facility; and (b) under the direction of a doctor. Outpatient services must be: (a) provided by a doctor; or (b) rendered at a treatment facility under the direction of a doctor. Mental or nervous disorder means a sickness that is a mental, emotional or behavioral disorder. All diagnoses classified as a "Mental Disorder" according to the ICD-9 (International Classification of Diseases, 9th Revision, codes 290 through 319 inclusive) are considered one sickness. Treatment Facility means a facility that is properly licensed and operating under applicable state laws and regulations to provide inpatient and/or outpatient services for mental and nervous disorders. It may be part of a hospital, or operating on its own. Inpatient services consist of 24-hour-a-day nursing services, supervision by a doctor and daily maintenance of patient records.

SUBSTANCE ABUSE TREATMENT BENEFIT

Benefits are payable on the same basis as any other sickness for the treatment of substance abuse. A doctor must certify the covered person is suffering from substance abuse as defined and treatment must be recommended and monitored by the doctor. Benefits are subject to the following limitations: (a) Inpatient – up to 30 days per Plan year for confinement in a hospital or residential facility; (b) Outpatient – up to 20 visits per Plan year. Outpatient visits may be exchanged on a 2-for-1 basis to secure up to 10 additional days under benefits provided for a residential facility. This benefit is subject to the deductible and coinsurance provisions of the Plan. No additional benefits will be paid under any other Medical Expense Benefits of the Plan. "Substance Abuse" means abuse of or addiction to alcohol, drugs or chemicals. It does not include nicotine addition.

ADDITIONAL BENEFITS

Benefits will be payable for **routine immunizations of a child** from birth to five years of age. Benefits are not be subject to any Deductible.

Benefits will be payable for Covered Expenses for **administration of general anesthesia and hospital charges for dental care** provided to the following Covered Persons: (1) A dependent child under the age of five; (2) A person who is severely disabled; or (3) A person who has a medical or behavioral condition which requires hospitalization or general anesthesia when dental care is provided.

Benefits will be payable for Covered Expenses for Covered Persons for the following: (1) **A pelvic examination and**

Pap smear for any non symptomatic woman in accordance with the current American Cancer Society guidelines; (2) **A prostate examination and laboratory tests for cancer** for any non symptomatic man in accordance with the current American Cancer Society guidelines; and (3) **A colorectal cancer examination and laboratory tests for cancer** for any non symptomatic person in accordance with the current American Cancer Society guidelines.

Benefits related to the examinations and tests as required by this sections shall be payable on the same basis as any other sickness and are subject to the same dollar limits, deductible, and co-payments as other covered benefits or services.

Benefits for Covered Expenses for **mammography for women 35 years of age or older** for the presence of occult breast cancer as follows: (1) a baseline mammogram women 35 to 39 years of age. (2) An annual mammogram for women 40 years of age or older.

Benefits for Covered Expenses for **diabetes equipment, diabetes supplies, diabetic self-management training programs** for the treatment of diabetes when ordered by a doctor.

Initial Prosthetic Device and Reconstructive surgery following a mastectomy. Benefits will be paid the same as any other sickness for the initial prosthetic device and all reconstructive breast surgery to restore symmetry following mastectomy.

Formula necessary for the treatment of phenylketonuria (PKU) as prescribed by a doctor. Maximum benefit \$5,000 per Plan year and is subject to deductible and coinsurance as any other sickness.

Benefits are payable on the same basis as any other sickness for **early intervention services** described in this benefit that are delivered by early intervention specialists who are health care professionals licensed by the state of Missouri and acting within the scope of their professions for children from birth to age three identified by the Part C early intervention system as eligible for services under Part C of the Individuals with Disabilities Education Act, 20 U.S.C. Section 1431, et seq. Benefits are limited to \$3,000 for each covered child per Plan per calendar year, with a maximum of \$9,000 per child.

"Early Intervention Services" means medically necessary speech and language therapy, occupational therapy, physical therapy and assistive technology devices for children from birth to age three who are identified by the Part C early intervention system as eligible for services under Part C of the Individuals with Disabilities Education Act, 20 U.S.C. Section 1431, et seq. Early intervention services shall include services under an active individualized family service plan that enhance functional ability without effecting a cure. An individualized family service plan is a written plan for providing early intervention services to an eligible child and the child's family that is adopted in accordance with 20 U.S.C. Section 1436. The Part C early intervention system, on behalf of its contracted regional Part C early

intervention system centers and providers, shall be considered the rendering provider of services for purposes of this section. Payments made for specified early intervention services shall not be applied against any maximum lifetime aggregate specified in this brochure.

Benefits will be payable for the diagnosis and treatment of **autism spectrum disorders** in covered persons less than eighteen years of age. Benefits payable will be subject to copayment, deductible, and coinsurance provisions on the same basis as any other sickness. Benefits will not be subject to any limits on the number of visits a covered person may make to an autism services provider. Benefits are subject to a maximum benefit of \$40,000 per Plan year.

Benefits paid on behalf of a covered person for any care, treatment, intervention, service, or item unrelated to autism spectrum disorders shall not be applied towards the maximum established under this benefit. This benefit will not limit benefits not related to the treatment of autism spectrum disorders that are otherwise available to a covered person under this plan. The proposed treatment plan for treatment of autism spectrum disorders may be reviewed by our Administrator according to medical necessity criteria that may be based in part on evidence of continued improvement as a result of the treatment. Medical necessity determinations shall be subject to appeal rights.

COORDINATION OF BENEFITS

Benefits will be coordinated with any other group medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered expenses.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Loss of Life, Limb or Sight:

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below. Payment under this benefit will not exceed the Plan Maximum Benefit.

For Loss Of:	Student	Spouse	Child
Life	\$10,000	\$5,000	\$2,500
Two or More Members	\$10,000	\$5,000	\$2,500
One Member	\$ 5,000	\$2,500	\$1,000

Member means hand, arm, foot, leg or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

DEFINITIONS

Covered expenses means charges:

- a. Not in excess of usual, reasonable and customary charge;
- b. Not in excess of the maximum benefit amount payable per service as shown in the Schedule;
- c. Made for medical services and supplies not excluded under the Plan;
- d. Made for services and supplies which are medically necessary, and;
- e. Made for medical services specifically included in the schedule.

Dependent or Eligible Dependent means the Insured's Spouse under age 70; or Child who:

- a. Is under 26 years of age; and
- b. Is not provided coverage as a named subscriber, insured, enrollee, or coverage person under any other group or individual health benefits plan, group health plan, church plan, or health benefits plan, or entitled to benefits under Title XVIII of the Social Security Act, Public Law 89-97, 42 U.S.C. section 1395 et seq.; or
- c. A Child of any age who is medically certified by a Physician as having an intellectual disability or a physical disability and is dependent upon the Insured.

Spouse means the lawful Spouse, under age 70 (unless otherwise stated in the Application), of an Insured.

Child can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

Doctor means a licensed practitioner of the healing arts acting within the scope of his license. Doctor does not include:

- a. You;
- b. Your spouse, dependent, parent, brother, or sister; or
- c. A person who ordinarily resides with you.

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.

Sickness means illness or disease diagnosed during the term of coverage under the Plan for 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 means:

- a. Charges and fees for medical services or supplies that are the lesser of:
 1. The usual charge by the provider for the service or supply given; or
 2. The average charged for the service or supply in the area where service or supply is received; and
- b. Treatment and medical service that is reasonable

SCHEDULE OF BENEFITS

MEDICAL EXPENSE BENEFITS FOR EACH INJURY OR SICKNESS

Benefits will be paid up to the maximum benefit for covered expenses as scheduled below provided that treatment is received by a qualified licensed doctor. URC means, Usual, Reasonable & Customary. **Services provided at Westminster College Student Health Clinic are covered at 100%. Please Note:** Services are considered in network if provided by a First Health provider. To locate a First Health provider please call 1-800-226-5116 or visit their website at www.myfirsthealth.com.

	IN NETWORK	OUT OF NETWORK
Maximum Benefit for each Injury or Sickness	Unlimited	Unlimited
Maximum Annual Out-of-Pocket	\$6,350 Individual \$12,500 Family	No Limit
Deductible Per Injury or Sickness (waived if treatment is first rendered at the student health center or it is for preventive care)	\$25	\$25
INPATIENT Covered Medical Expenses:		
Hospital Room & Board (daily semi-private room rate; and general nursing care provided and charged for by the Hospital)	90% of PPO Allowance	70% of Semi-Private Room Rate
Intensive Care	90% of PPO Allowance	70% of Semi-Private Room Rate
Hospital Miscellaneous (such as the cost of the operating room, laboratory test, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge)	90% of PPO Allowance 2nd Opinion Specialist is Covered	70% of URC Charges 2nd Opinion Specialist is Covered
Surgeon's Fees (No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession)	90% of PPO Allowance	70% of URC Charges
Anesthetist (professional services in connection with inpatient surgery)	25% of Surgery Allowance	25% of Surgery Allowance
Registered Nurse's Services (private duty nursing care)	90% of PPO Allowance	70% of URC Charges
Physician's Visits (benefits are limited to one visit per day and do not apply when related to surgery)	90% of PPO Allowance	70% of URC Charges
Pre-Admission Testing (this benefit is payable within 3 working days prior to admission)	Paid under Hospital Miscellaneous	Paid under Hospital Miscellaneous
OUTPATIENT Covered Medical Expenses:		
Surgeon's Fees (No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession)	90% of PPO Allowance	70% of URC Charges
Day Surgery Miscellaneous (related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.)	90% of PPO Allowance	70% of URC Charges
Anesthetist (professional services in connection with outpatient surgery)	25% of Surgery Allowance	25% of Surgery Allowance
Outpatient Miscellaneous Benefit (Includes benefits designated as Paid under Outpatient Miscellaneous including Physician's visits, Physiotherapy, use of the emergency room and supplies, diagnostic x-ray services, radiation therapy, laboratory procedures, tests and procedures, and chemotherapy)	90% of PPO Allowance 2nd Opinion Specialist is Covered	70% of URC Charges 2nd Opinion Specialist is Covered
Physician's Visits (benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	90% of PPO Allowance	70% of URC Charges
Physiotherapy (benefits are limited to one visit per day. Ten visits maximum.)	90% of PPO Allowance	70% of URC Charges
Medical Emergency Expense (Includes use of the emergency room supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.)	90% of PPO Allowance after \$100 co-pay	90% of URC Charges after \$100 deductible
Diagnostic X-Ray & Laboratory Services	90% of PPO Allowance	70% of URC Charges
Radiation Therapy	90% of PPO Allowance	70% of URC Charges
Chemotherapy	90% of PPO Allowance	70% of URC Charges
Tests & Procedures (diagnostic services and medical procedures performed by a Physician, other than Physician's visits, Physiotherapy x-rays and lab procedures)	90% of PPO Allowance	70% of URC Charges
Prescription Drugs 30 day supply using the Script Care Pharmacy Network only. Includes allergy medications.	\$15 copay generic/\$30 for brand names	No Benefits

Other Covered Medical Expenses:		
Ambulance Services	90% of Charges Incurred	70% of Charges Incurred
Consultant Physician Fees (when requested and approved by the attending Doctor)	90% of PPO Allowance	70% of URC Charges
Dental (benefits paid on Injury to Natural Teeth and fractured jaw only)	\$200 Per Tooth / \$600 Maximum	\$200 Per Tooth / \$600 Maximum
Maternity	Paid as any Other Sickness	Paid as any Other Sickness
Complications of Pregnancy	Paid as any Other Sickness	Paid as any Other Sickness
Preventive Care (includes contraceptive drugs & devices)	100% of PPO Allowance	No Benefits
Flu Shot (students only)	100% at Student Health Center only	No Benefits
Mental or Nervous Disorders	See Mental or Nervous Disorders Treatment Benefit Section	See Mental or Nervous Disorders Treatment Benefit Section
Substance Abuse	See Substance Abuse Treatment Benefit Section	See Substance Abuse Treatment Benefit Section
Prosthetic Devices (repair and replacement)	90% of PPO Allowance	70% of URC Charges

INTERCOLLEGIATE SPORTS INJURY

The Benefit for an Injury as a result of membership and participation in intercollegiate sports sponsored by the Policyholder is limited to a Maximum of \$5,000. This is a separate policy from the Accident & Sickness policy. Coverage remains underwritten by United States Fire Insurance Company.

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Services and supplies furnished normally without charge by the University's infirmary, its employees, or doctors who work for the participating institution. This exclusion does not apply if the health center is closed.
2. Services covered or provided by the student health fee.
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 a sickness or injury covered by the Plan.
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 Plan.
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. Intentionally self-inflicted injury, suicide or any attempt thereof while sane.

9. Injury of any covered person sustained while: a. Participating in any school, professional or organized sports contest or competition; b. Traveling to or from such sport, contest or competition as a participant; or c. During participation in any practice or conditioning program for such sport, contest or competition this is covered under a separate policy.
10. 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.
11. Treatment in a military or Veterans Hospital or a hospital contracted for or operated by a national government or its agency unless: a. The services are rendered on a medical emergency basis; and b. A legal liability exists for the charges made on behalf of a covered person for the services given in the absence of insurance.
12. Injury caused by, or resulting from, the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person's doctor.
13. Elective surgery and elective treatment, except as required to correct an injury for which benefits are otherwise payable under the Plan.
14. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act.
15. Braces and appliances, except as specifically provided for in the Schedule.
16. Replacement braces and appliances except as specifically provided for in the Schedule.
17. That part of medical expense payable by any automobile insurance policy without regard to fault.
18. Travel in or upon: a. A snowmobile; b. Any two-

or three-wheeled motor vehicle; orc. Any off road motorized vehicle not requiring licensing as a motor vehicle.

19. 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.
20. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
21. Blood or blood plasma, except for charges by a hospital for the processing or administration of blood.
22. Rest cures or custodial care.
23. Personal services such as television and telephone or transportation.
24. A hernia of any kind.
25. Anything not listed in the schedule of benefits is not covered.
26. Acne; acupuncture; allergy, including allergy testing; alopecia; and hirsutism; except as specifically provided for in the Schedule.
27. Assistant surgeon services.
28. Biofeedback.
29. Learning disabilities.
30. Circumcision.
31. Congenital conditions.
32. Foot care including care of corns, bunions (except capsular or bone surgery), calluses.
33. Sleep disorders.
34. Weight management weight reduction or nutrition programs, treatment for obesity, surgical weight loss procedures, surgery for removal of excess skin or fat.

GLOBAL EMERGENCY SERVICES

Global Emergency Services are provided by Scholastic Emergency Services an assist america partner.

SES is the nation's foremost provider of global emergency services designed specifically for the active student lifestyle. For any medical difficulty encountered 100 miles (150km) away from home or campus*, SES is the lifeline students can depend on with just a simple phone call. SES handles travel emergencies of every kind and even provides some services to students while on campus*. Our product is peace of mind for students, parents and school administration. To learn more about the program, please see the enclosed SES brochure, or visit our website www.assistamerica.com/Students.aspx.

*Students have select services while on campus, such as emergency trauma counseling, medical repatriation and return of mortal remains.

Contact SES at:

- 1-877-488-9833 (inside USA)

- +1-609-452-8570 (outside USA) or:
 - email medservices@assistamerica.com
- Reference Number 01-SES-SUM-08123

CLAIMS PROCEDURES

In the event of Injury or Sickness students should:

1. Report to the Student Health Service for treatment or referral, or when not in school, to their Physician or Hospital.
2. Obtain a claims form from the College, or visit our website at www.summitamerica-ins.com. Please complete one claim form per year. Mail the completed claim form, all medical bills, and copies of any other insurance carrier's Explanation of Benefits Statements to the address shown below.
3. Please file the claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

**SUBMIT ALL CLAIMS, CLAIMS INQUIRIES
AND ELIGIBILITY QUESTIONS TO:**

SUMMIT AMERICA INSURANCE SERVICES

An Ascension Company

PO Box 25936

Overland Park, KS 66225

www.summitamerica-ins.com

Call Toll Free 877-246-6997

or email claims related questions to:

claims@summitamerica-ins.com

***SUBMIT ALL CLAIMS, CLAIMS INQUIRIES, PREMIUM
AND ELIGIBILITY QUESTIONS TO:***

SUMMIT AMERICA INSURANCE SERVICES

An Ascension Company

PO Box 25936

Overland Park, KS 66225

www.summitamerica-ins.com

Call Toll Free 877-246-6997

or email claims related questions to:

claims@summitamerica-ins.com

Hours of Operation:

Monday - Friday 8:30 a.m. to 5:00 p.m.

Central Standard Time

PREFERRED PROVIDER INFORMATION:

FIRST HEALTH NETWORK

1-800-226-5116

www.myfirsthealth.com

**Plans are underwritten by United States Fire
Insurance Company.**

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Insurance Company. The Crum & Forster
group of companies is rated A (Excellent) by
Am Best**

Please keep this Brochure as a summary of the insurance. The Policy (Form AH-27261) issued to and on file at the College contains all of the benefits, provisions, limitations, exclusions and qualifications of your insurance. The Policy will prevail in the event of any discrepancy between this brochure and the Policy.

PRIVACY STATEMENT

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insured's or former insured's to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy