

# Student Injury and Sickness Insurance Plan

Designed Especially  
For The  
International Students Of



WESTMINSTER  
COLLEGE

*Fulton, Missouri*

2014 - 2015

UNDERWRITTEN BY:  
United States Fire Insurance Company

Policy # US079553  
Group #14430009

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## ELIGIBILITY

All F-1 and J-1 Visa students taking full-time credit hours, registered for thesis or dissertation or otherwise engaged in educational activities are eligible and are required to purchase this insurance plan.

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, loss 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 age 26 years. 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 1, 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.....	\$1,616
Student & Spouse.....	\$5,216
Student & Children.....	\$4,018
Family.....	\$7,618

### **Fall Semester (08/01/14 - 01/12/15)**

Student Only.....	\$673
Student & Spouse.....	\$2,671
Student & Children.....	\$1,683
Family.....	\$3,681

### **Spring/Summer Semester (01/13/15 - 07/31/2015)**

Student Only.....	\$943
Student & Spouse.....	\$2,545
Student & Children.....	\$2,335
Family.....	\$3,937

## 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 this 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](http://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.

Ancillary providers will be paid at the PPO level for anesthesiologist, radiologist, assistant surgeon, pathologist, emergency room physicians and lab, provided a network facility is used.

## **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](http://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](http://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](http://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 policy 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. The Lifetime Maximum is limited to four times the Plan year maximum. 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**

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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**

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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.

<b>For Loss Of:</b>	<b>Student</b>	<b>Spouse</b>	<b>Child</b>
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.

## SCHEDULE OF BENEFITS

### PART A. BASIC INJURY AND SICKNESS MEDICAL EXPENSE BENEFITS

Up to \$50,000 maximum benefit will be paid as specified below for each Injury or Sickness. 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](http://www.myfirsthealth.com).

	IN NETWORK	OUT OF NETWORK
<b>Maximum Benefit for each Injury or Sickness</b>	<b>\$50,000</b>	<b>\$50,000</b>
<b>INPATIENT Covered Medical Expenses:</b>		
<b>Hospital Room &amp; Board</b> (daily semi-private room rate; and general nursing care provided and charged for by the Hospital)	100% of PPO Allowance \$1,000 per day maximum	80% of Semi-Private Room Rate \$1,000 per day maximum
<b>Intensive Care</b>	100% of PPO Allowance \$1,000 per day maximum	80% of URC Charges \$1,000 per day maximum
<b>Hospital Miscellaneous</b> (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)	100% of PPO Allowance 2nd Opinion Specialist is Covered	80% of URC Charges 2nd Opinion Specialist is Covered
<b>Physiotherapy</b>	100% of PPO Allowance	80% of URC Charges
<b>Surgeon's Fees</b> (No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession)	100% of PPO Allowance	80% of URC Charges
<b>Anesthetist</b> (professional services in connection with inpatient surgery)	100% of PPO Allowance	80% of URC Charges
<b>Registered Nurse's Services</b> (private duty nursing care)	100% of PPO Allowance	80% of URC Charges
<b>Physician's Visits</b> (benefits are limited to one visit per day and do not apply when related to surgery)	100% of PPO Allowance \$100 per day maximum	80% of URC Charges \$100 per day maximum
<b>Pre-Admission Testing</b> (this benefit is payable within 3 working days prior to admission)	Paid under Hospital Miscellaneous	Paid under Hospital Miscellaneous
<b>OUTPATIENT Covered Medical Expenses:</b>		
<b>Surgeon's Fees</b> (No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession)	100% of PPO Allowance	80% of URC Charges
<b>Day Surgery Miscellaneous</b> (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.)	100% of PPO Allowance	80% of URC Charges
<b>Anesthetist</b> (professional services in connection with outpatient surgery)	100% of PPO Allowance	80% of URC Charges
<b>Physician's Visits</b> (benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	100% of PPO Allowance 10 visits maximum	80% of URC Charges 10 visits maximum
<b>Physiotherapy</b> (benefits are limited to one visit per day.)	100% of PPO Allowance 10 visits maximum	80% of URC Charges 10 visits maximum
<b>Medical Emergency Expense</b> (Includes use of the emergency room supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. Copay waived if admitted.)	After \$15 copay 100% of PPO Allowance	After \$15 deductible 80% of URC Charges
<b>Diagnostic X-Ray &amp; Laboratory Services</b>	100% of PPO Allowance MRI/CAT Scan - \$2,000 maximum	80% of URC Charges MRI/CAT Scan - \$2,000 maximum
<b>Radiation Therapy</b>	100% of PPO Allowance	80% of URC Charges
<b>Chemotherapy</b>	100% of PPO Allowance	80% of URC Charges
<b>Tests &amp; Procedures</b> (diagnostic services and medical procedures performed by a Physician, other than Physician's visits, Physiotherapy x-rays and lab procedures)	100% of PPO Allowance	80% of URC Charges
<b>Prescription Drugs</b> 30 day supply using the Script Care Pharmacy Network only Includes contraceptives and allergy medications.	\$0 copay / \$2,500 maximum per Plan year, then, 80% up to \$5,000 max per Plan year	No Benefits
<b>OTHER Covered Medical Expenses:</b>		
<b>Ambulance Services</b>	\$1,000 Maximum Benefit per Trip	\$1,000 Maximum Benefit per Trip
<b>Consultant Physician Fees</b> (when requested and approved by the attending Doctor)	No Benefits	No Benefits
<b>Dental</b> (benefits paid on Injury to Natural Teeth and fractured jaw only)	\$200 Per Tooth / \$600 Maximum	\$200 Per Tooth / \$600 Maximum

**SCHEDULE OF BENEFITS**

**PART A. BASIC INJURY AND SICKNESS MEDICAL EXPENSE BENEFITS CONTINUED**

	<b>IN NETWORK</b>	<b>OUT OF NETWORK</b>
<b>Maternity &amp; Complications of Pregnancy</b>	Paid as Any Other Sickness	Paid as Any Other Sickness
<b>Club Sports</b>	100% of PPO Allowance \$5,000 maximum	80% of URC Charges \$5,000 maximum
<b>Intercollegiate Sports</b>	100% of PPO Allowance \$5,000 maximum	80% of URC Charges \$5,000 maximum
<b>Wellness Exam</b>	One Routine Wellness Exam \$200 Maximum Benefit	One Routine Wellness Exam \$200 Maximum Benefit
<b>Flu Shot (students only)</b>	100% at Student Health Center only	No Benefits
<b>MMR and TDAP vaccinations (students only)</b>	100% at Student Health Center only	No Benefits
<b>Mental or Nervous Disorders</b>	See Mental or Nervous Disorders Treatment Benefit Section	See Mental or Nervous Disorders Treatment Benefit Section
<b>Substance Abuse</b>	See Substance Abuse Treatment Benefit Section	See Substance Abuse Treatment Benefit Section
<b>Prosthetic Devices (repair and replacement)</b>	\$500 Maximum Benefit Per Plan Year	\$500 Maximum Benefit Per Plan Year
<b>Durable Medical Equipment</b>	URC Charges	URC Charges

**PART B. MAJOR MEDICAL BENEFIT**

The Major Medical Expense Benefit begins payment after \$50,000 of Covered Medical Expenses (listed above) have been paid for each Injury or Sickness. The Company will pay 100% of PPO Allowance for PPO Next network providers or 80% of Usual, Reasonable & Customary Charges for out of network providers of additional incurred Covered Medical Expenses in excess of \$50,000, up to a Lifetime Maximum of \$100,000 for any one Injury or Sickness. No benefits will be paid under Major medical for: Room & Board expenses which exceed \$1,000.00 per day; Substance Abuse in excess of the Benefits for Substance Abuse.

## EXCLUSIONS AND LIMITATIONS

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

1. Injury of the primary insured covered under any student accident insurance policy underwritten by United States Fire Insurance Company.
2. Any Sickness or Injury, as defined, that was initially diagnosed, treated or recommended for treatment within the 12 months prior to the Term of Coverage for a Covered Person, unless continuous coverage is applied.
3. 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.
4. Services covered or provided by the student health fee.
5. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of injury except as specifically provided for in the Schedule.
6. 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.
7. 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.
8. Dental treatment, except as specifically provided for in the Schedule.
9. War or any act of war, declared or undeclared, or while in the armed forces of any country.
10. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense.
11. Intentionally self-inflicted injury, suicide or any attempt thereof covered to \$10,000 maximum per Plan year while sane.
12. 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 except as specifically provided for in the Schedule.
13. 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.
14. 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.

15. 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 limited to \$10,000 maximum per Plan year.

16. Elective surgery and elective treatment, including but not limited to acne; acupuncture; allergy, including allergy testing; alopecia, hirsutism, and circumcision, except as required to correct an injury for which benefits are otherwise payable under the Plan.
17. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act.
18. Braces and appliances, except as specifically provided for in the Schedule.
19. Replacement braces and appliances except as specifically provided for in the Schedule.
20. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.
21. That part of medical expense payable by any automobile insurance policy without regard to fault.
22. Travel in or upon: a. A snowmobile; b. Any two-or three-wheeled motor vehicle; or c. Any off road motorized vehicle not requiring licensing as a motor vehicle.
23. 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.
24. Preventive medicines, serums, vaccines except as specifically provided for in the Schedule.
25. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
26. Blood or blood plasma, except for charges by a hospital for the processing or administration of blood.
27. Rest cures or custodial care.
28. Personal services such as television and telephone or transportation.
29. A hernia of any kind.
30. Anything not listed in the schedule of benefits is not covered.
31. Assistant surgeon services.
32. Biofeedback.
33. Learning disabilities.
34. Congenital conditions, unless due to injury.
35. Foot care including care of corns, bunions (except capsular or bone surgery), calluses.
36. Prescription Drug Services - no benefits will be



payable for:

- a. Therapeutic devices or appliances, including hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
- b. Immunization agents, biological sera, blood or blood products administered on an outpatient basis except as specifically provided;
- c. Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
- d. Products used for unapproved cosmetic indications;
- e. Drugs used to treat or cure baldness, and anabolic steroids used for body building;
- f. Anorectics - drugs used for the purpose of weight control;
- g. Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
- h. Growth hormones, except if Medically Necessary for treatment of growth disorder as determined by the doctor; or
- i. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

37. Sleep disorders.

38. Weight management weight reduction or nutrition programs, treatment for obesity, surgical weight loss procedures, surgery for removal of excess skin or fat.

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## DEFINITIONS

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**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 in relationship to the service or supply given and the severity of the condition.

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## PRIOR QUALIFYING COVERAGE

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Credit will be given toward satisfaction of the 6 months of continuous coverage for the time the Covered person was covered by Prior Qualifying Coverage provided the Covered person becomes covered under this Plan within 30 days of termination of the Prior Qualifying Coverage, and applies for coverage under this Plan within the enrollment period set forth in the brochure.

"Prior Qualifying Coverage" means any group health plan, health insurance coverage, contract, or program that is underwritten or administered by a health or disability insurer, nonprofit hospital service plan, health care service plan, fraternal society, self-insured employer plan, or other entity and that provides or arranges medical, hospital, and surgical coverage which does not supplement other private or governmental plans. This includes continuation or conversion coverage, but does not include accident only, credit, disability income, Medicare Supplement, long-term care, dental or vision, workers' compensation or similar law, or liability insurance. Prior Qualifying Coverage also includes a medical care program of the Indian Health

Service or of a tribal organization, Medicare, Medicaid, a state health benefit risk pool or any other publicly sponsored health program.

## **GLOBAL EMERGENCY SERVICES**

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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](http://www.assistamerica.com/Students.aspx).

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

## **CLAIMS PROCEDURE**

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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](http://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 66210  
[www.summitamerica-ins.com](http://www.summitamerica-ins.com)  
Call Toll Free 877-246-6997  
or email claims related questions to:  
[claims@summitamerica-ins.com](mailto: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 66210  
[www.summitamerica-ins.com](http://www.summitamerica-ins.com)  
Call Toll Free 877-246-6997  
or email claims related questions to:  
[claims@summitamerica-ins.com](mailto: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](http://www.myfirsthealth.com)**

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