

# STUDENT ACCIDENT AND SICKNESS INSURANCE PROGRAM

Designed for the  
Students of

(insert logo here)

**2009-2010**

Underwritten by:  
**Security Mutual Life Insurance Company of New  
York  
Binghamton NY  
Policy Number: 2009I5A30**

Effective: August 1, 2009 to August 1, 2010

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## ELIGIBILITY

All special students carrying nine (9) or more credit hours and degree seeking students, spouses and all their dependent children, age 18 and under, are eligible for this coverage. In order for Your dependents to be eligible for this coverage, You must be: covered under the policy; elect such coverage at the time of initial enrollment; and make the proper premium payments.

### REFUND PROVISION

Coverage will remain in force during the period for which premium has been paid even if the student leaves school or obtains other coverage. In the event an Insured person leaves school to enter active military service, coverage will cease and a pro rata refund of premium will be made upon request, in writing within 90 days of withdrawal from school.

### TERMS OF COVERAGE

The policy for the current year becomes effective on August 1, 2009, at 12:01 a.m. and expires on August 1, 2010, at 12:01 a.m. Coverage remains in effect for new and continuing students during holiday and vacation periods, and protects students of Wheaton College at home, at school or wherever they are twenty-four (24) hours a day, worldwide. Should an Insured person graduate or withdraw from the institution, the insurance shall remain in effect until the end of the period for which premium has been paid.

### ENROLLMENT DEADLINE

All students who do not complete the Online Insurance Waiver Form by September 11, 2009 for first semester and February 5, 2010 for second semester will be automatically enrolled in this plan.

### PREMIUM COST – BASIC ACCIDENT & SICKNESS PLAN

<u>RATES</u>	<u>ANNUAL</u>
Students age 21 and under	\$1,206*
Students age 22 and over	\$1,445*
Spouse	\$4,020
Child(ren)	\$2,068
<u>RATES</u>	<u>6-MONTH</u>
Students age 21 and under	\$603**
Students age 22 and over	\$722.50**
Spouse	\$2,010
Child(ren)	\$1,034

The above cost is billed each semester for six (6) months coverage.

New students beginning the second semester (1/1/10) will be charged a seven (7) month premium.

<b>RATES</b>	<b>7 MONTH New Spring Students</b>
Students age 21 and under	\$703**
Students age 22 and over	\$843**
Spouse	\$2,345
Child(ren)	\$1,207

**The six (6) month and the seven (7) month rates include a \$5.00\*\* administrative fee per student. The annual rate includes a \$10.00\* administrative fee per student.**

### **PHCS NETWORK**

Wheaton College and Consolidated Health Plans have secured the services of the PHCS Network, available to all Wheaton students enrolled in the plan. The PHCS Network provides extensive coverage in most medical specialties across a full spectrum of medical services. PHCS's national network access ensures that You are covered wherever there is a PHCS provider.

Students should always report to the Wheaton College Student Health Services first, as they will be able to refer you to a PHCS provider in the Wheaton area. If You suffer an Injury or Sickness away from school, you can connect with a PHCS professional by calling 866-559-7427, or You can log onto PHCS' website at: [www.phcs.com](http://www.phcs.com).

### **DEFINITIONS**

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

**Deductible** means the dollar amount of Covered Expenses which must be paid by each Covered Person before benefits are payable under the Policy. The amount of the Deductible and the frequency (annual or per occurrence) will be shown in the Schedule of Benefits.

**Covered Medical Expense** means those charges for any treatment, service or supplies that are:

1. Not in excess of the Usual and Customary charges therefore;
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.

**Hospital** means an institution that:

1. Operates as a Hospital pursuant to law;
2. Is primarily and continuously engaged in providing or operating medical and diagnostic facilities, with major surgical facilities either on its premises or in facilities available to the Hospital on a prearranged basis, for the medical care and treatment of sick or injured persons on an inpatient basis for which a charge is made;
3. Such care and treatment is under the supervision of a staff of duly licensed Physicians; and
4. Provides 24 hour nursing service by or under the supervision of registered graduate nurses R.N.'s.

Hospital does not include the following:

1. Convalescent, rest or nursing facilities;
2. Facilities primarily affording custodial or educational care or care or treatment for persons suffering from mental diseases or disorders;
3. Facilities for the aged, drug addicts or alcoholics, except for a unit of a Hospital dedicated to the treatment of drug addicts or alcoholics; or
4. Any military or veterans Hospital or soldiers' home or any Hospital contracted for or operated by any national government or agency thereof for the treatment of members or ex-members of the armed forces, except for services rendered on an emergency basis where a legal liability exists for charges made to the individual for such services.

**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, independent of disease or bodily infirmity.

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 the Policy. All Injuries sustained by one (1) person in any one (1) accident, including all related conditions are recurrent symptoms of these Injuries are considered a single Covered Injury.

**Insured** means a student or student's dependent who is eligible and insured for coverage under the Policy.

**Loss** means medical Expense caused by Injury or Sickness and covered by the policy.

**Physician** means:

1. A Doctor of Medicine (M.D.); or
2. A Doctor of Osteopathy (D.O.); or
3. A Doctor of Dentistry (D.M.D. or D.D.S.); or
4. A Doctor of Chiropractic (D.C.); or
5. A Doctor of Optometry (O.D.); or
6. A 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.

**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.

**Pre-Existing Condition** means any condition for which medical advice or treatment was received or recommended within the six (6) months immediately preceding Your effective date of coverage under the Policy. See page 15 for description of the Pre-Existing Condition Limitation.

**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.

**Usual and Customary** means the normal charge, in the absence of insurance, of the provider for a service or supply, not more than the prevailing charge in the area as determined by Ingenix for a:

1. like service by a provider with similar training or experience;
2. supply that is identical or substantially equivalent.

When service is provided by a PPO provider, Usual and Reasonable will be the PPO allowance.

**We, Us or Our** means Security Mutual Life Insurance Company of New York.

**You, Your or Yours** means the Insured.

#### **EXTENSION OF BENEFITS**

Coverage under the policy ceases on the termination date. However, if on the termination date, the Insured is under a Physician's care for a condition covered by the policy, benefits will be extended for the condition for up to ninety (90) days after the expiration date.

This Extension of Benefits only applies to the Insureds who are not eligible to continue coverage under the new or renewal policy issued to the Policyholder. Benefits paid for a covered condition before the expiration date and during the Extension of Benefits will not exceed the limits of the policy.

#### **OPTIONAL SUPPLEMENTAL ACCIDENT AND SICKNESS EXPENSE BENEFIT (ADDITIONAL PREMIUM REQUIRED)**

Insured students are eligible to purchase the Optional Supplemental Plan to increase the Maximum Benefit per Accident or Sickness of \$50,000 available under the Student Accident and Sickness Insurance Plan to a maximum benefit per Accident or Sickness to \$100,000. The most We will pay for any one (1) Accident or Sickness of \$100,000. The enrollment deadline is September 1, 2009. The cost for the Optional Supplemental Accident and Sickness Expense Benefit is \$350 annually. The Optional Supplemental Coverage cannot be purchased after the initial date of enrollment in the Basic Accident & Sickness Plan.

Covered Medical Expenses under this benefit will be the same as Covered medical Expenses under the basic plan. All other terms and conditions of the basic plan will apply to this Benefit as well.

The insurance under the Supplemental Student Accident and Sickness Insurance Plan for the Annual Policy is effective at 12:01 a.m. on August 1, 2009. An eligible student's coverage becomes effective on that date or the date the application and full premium are received by the Company or Servicing Agent. The Annual Policy terminates at 12:01 a.m. on August 1, 2010 or at the end of the period through which the premiums are paid. Coverage for new students registered for the Second Semester is effective at 12:01 a.m. on January 1, 2010 or the

date the application and full premium are received by the Company or Servicing Agent, which ever is later, and terminates at 12:01 a.m. on August 1, 2010 or at the end of the period through which the premiums are paid. An Insured Person must enroll by September 1, 2009 for the Fall Semester and by February 1, 2010 for the Second Semester. To enroll in this program please visit [www.universityhealthplans.com](http://www.universityhealthplans.com).

#### **MANDATED BENEFITS**

These benefits are provided: 1) to the extent that the type of Expense is covered under the basic policy, and 2) at the same payment level as any other Sickness or Injury, unless otherwise stated below.

**Maternity Inpatient Care Expense:** We will provide benefits for Expenses incurred in connection with inpatient hospitalization services for a covered mother and a newborn child for a minimum of a) forty eight (48) hours after an uncomplicated vaginal delivery; and b) ninety-six (96) hours after delivery by an uncomplicated cesarean section. A shorter length of Hospital inpatient stay for services related to maternity and newborn care may be provided if the attending Physician licensed to practice medicine in all of its branches determines, in accordance with the protocols and guidelines developed by the American College of Obstetricians and Gynecologists or the American Academy of Pediatrics, that the mother and the newborn meet the appropriate guidelines for that length of stay based upon evaluation of the mother and newborn and the availability of a post-discharge Physician office visit or in-home visit to verify the condition of the infant in the first 48 hours after discharge.

**Cancer Screening Tests:** We will pay the charges incurred for the following cancer screening tests.

1. Screening by low-dosage mammography performed according to the following schedule:
  - a) A baseline mammogram for women 35-39 inclusive;
  - b) An annual mammogram for women 40 years of age or older;
  - c) A mammogram at the age and intervals considered Medically Necessary by the women's health care provider for women under 40 years of age and having a family history of breast cancer or other risk factors.
2. An annual cervical smear or Pap smear test for female Insureds;
3. Surveillance tests for ovarian cancer for female Insureds that are at risk for ovarian cancer;

4. Prostate cancer screening, including digital rectal examinations and prostate-specific antigen tests if recommended by a Physician at least once a year for asymptomatic men age 50 and over; African-American men age 40 and over; and men age 40 and over with a family history or prostate cancer.
5. Colorectal cancer examinations and laboratory tests for colorectal cancer as prescribed by a Physician, in accordance with the published American Cancer Society guidelines on colorectal cancer screening.

**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 inpatient coverage following a mastectomy for a length of time determined by the attending Physician to be Medically Necessary and in accordance with protocols and guidelines based on sound scientific evidence and upon evaluation of the patient and the coverage for and availability of a post-discharge Physician office visit or in-home nurse visit to verify the condition of the patient in the first 48 hours after discharge.

Coverage for breast reconstruction in connection with a mastectomy shall include:

1. Reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and treatment for physical complication at all stages of mastectomy, including lymphedemas.

**Diabetes Self Management Training Benefit:** We will pay a benefit for outpatient self-management training and education, equipment, and supplies for the treatment of diabetes.

1. We will provide coverage for diabetes self-management education to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetic condition, including information on proper diets. This benefit will be limited to the following:
  - a) Up to 3 Medically Necessary visits to a qualified provider upon initial diagnosis;
  - b) Up to 2 Medically Necessary visits to a qualified provider upon determination by an Insured Person's Physician that a significant change in his or her condition has occurred.

If authorized by a Physician, diabetes self-management training may be provided as a part of an office visit, group setting, or home visit.

2. We will also provide for regular foot care by a Physician.
3. Equipment and supplies that may be necessary for the treatment of diabetes include, but are not limited to the following. We will pay the Usual and Reasonable charges incurred for such supplies.
  - a) Lancets and automatic lancing devices
  - b) Glucose test strips
  - c) Blood glucose monitors
  - d) Blood glucose monitors for legally blind
  - e) Control solutions used in blood glucose monitors
  - f) Diabetes data management systems for management of blood glucose
  - g) Urine testing products for glucose and ketones
  - h) FDA approved oral agents used to control blood sugar levels
  - i) Alcohol swabs
  - j) Syringes and needles
  - k) Injection aids including insulin drawing up devices for the visually impaired
  - l) Cartridges for the legally blind
  - m) Disposable insulin cartridges and pen cartridges
  - n) All insulin preparations
  - o) Insulin pumps and equipment for the use of the pump including batteries
  - p) Insulin infusion devices
  - q) Oral agents for treating hypoglycemia such as glucose tablets and gels
  - r) Glucagon emergency kits
  - s) Other diabetes equipment and related supplies that are necessary for the treatment of diabetes.

**Organ Transplant Benefit:** We will pay the expenses incurred for an organ transplant. Such transplant must not have been:

1. Deemed experimental or investigational by the Office of Health Care Technology Assessment within the Agency for Health Care Policy and Research within the federal Department of Health and Human Services; or
2. Deemed by the same Agency to have insufficient data or experience to determine whether an organ transplantation procedure is clinically acceptable.

If we make a request for a determination as to the acceptability or validity of an organ transplant from such Agency and the Agency fails to respond to such request within a period of 90 days, the failure to act will be deemed a determination that the procedure is deemed to be experimental or investigational.

**Serious Mental Illness Benefit:** We will pay the expense incurred for the Medically necessary treatment of serious mental illness as follows:

1. 45 days of inpatient treatment per Benefit Period; and
2. 60 days for outpatient treatment including group and individual outpatient treatment per Benefit Period; and
3. 20 additional outpatient visits for speech therapy for treatment of pervasive developmental disorders that will be in addition to speech therapy provided in number 2 above.

The same amount limits, deductibles, copayments and coinsurance factors will apply to this benefit as applies for any other Covered Sickness.

**Serious mental illness:** means the following psychiatric illnesses as defined in the most current edition of the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association:

1. Schizophrenia;
2. Paranoid and other psychotic disorders;
3. Bipolar disorders (hypomanic, manic, depressive and mixed);
4. Major depressive disorders (bipolar or depressive);
5. Schizoaffective disorders (bipolar or depressive)
6. Pervasive developmental disorders;
7. Obsessive-compulsive disorders;
8. Depression in childhood and adolescence; and
9. Panic disorder.

**Treatment of Alcoholism Benefit:** We will provide inpatient hospital coverage for the treatment of alcoholism the same as any other Covered Sickness.

**Bone Mass Measurement:** We will provide coverage for Medically Necessary bone mass measurement and for the diagnosis and treatment of osteoporosis the same as any other covered medical condition.

**Multiple Sclerosis Preventative Physical Therapy:** We will provide coverage for Medically Necessary preventative physical therapy for an Insured Person diagnosed with multiple sclerosis.

**Hospital Dental Procedures:** We will pay the expenses incurred and anesthetics provided, in conjunction with dental care provided to an Insured in a Hospital or an Ambulatory Surgical Treatment Center if he or she is:

1. A child age 6 or under;
2. Has a medical condition that requires hospitalization or general anesthesia for dental care; or
3. Is disabled.

#### **REPATRIATION OF MORTAL REMAINS (Preparation and Transportation of Remains)**

When, as a result of a covered Injury or Sickness, You or Your covered dependent dies while insured under this policy, We will pay the actual Expense incurred for preparation and transportation to Your home country (in accordance with the applicable international requirements) the remains of the deceased's body but not to exceed \$50,000 in the aggregate for this benefit and the Medical Evacuation Benefit. This benefit is payable in addition to all other benefits in this policy. All Expenses require prior approval of Security Mutual Life Insurance Company or a Security Mutual Life Insurance Company representative with authority to do so.

#### **MEDICAL EVACUATION**

When, as a result of a covered Injury or Sickness, You or Your covered dependent are hospitalized for five (5) consecutive days or more, We will pay for the evacuation of You or Your dependent to Your home country, or to a facility operated pursuant to the law for the care and treatment of injured or ill persons. The evacuation will require the recommendation and approval of the attending Physician. We will pay the actual Expense incurred, but not to exceed \$50,000 in the aggregate for this benefit and the Repatriation of Mortal Remains benefit. This benefit is payable in addition to any other benefit of this policy. All Expenses require prior approval of Security Mutual Life Insurance Company or a Security Mutual Life Insurance Company representative with authority to do so.

## PHYSICAL EDUCATION / ATHLETICS

Intercollegiate, intramural, club sports, and physical education injuries are covered under the Student Medical Insurance Benefits as previously outlined.

## COORDINATION OF BENEFITS

This policy coordinates with other plans under which an individual is covered so that the total benefits available will not exceed 100% of the allowable Expenses.

When a claim is made, other valid and collectible insurance pays its benefits without regard to this policy. This policy then adjusts benefits so that the total benefits available will not exceed the allowable Expenses. No plan pays more than it would without the coordination provision. In the absence of other valid and collectible insurance, it is our intention that Expenses incurred in connection with any covered Injury or Sickness shall be fully payable subject to terms, conditions and limitations of this policy.

"Other valid and collectible insurance" shall mean any plan providing medical Expense benefits for or by reason of dental, Physician, nurse, Hospital care, treatment, or confinement, or the performance of surgery and/or anesthesia, which benefits are provided by 1) any type of service plan contracts, any group or blanket insurance, employee benefit plan or any plan arranged through an employer, trustee, union or employee benefit association; or 2) any plan or program created or administered by national or state government, or agencies thereof; or 3) individual insurance. We will not limit or exclude payment on a claim because the Insured person is eligible for or is provided medical assistance under the provisions of Title XIX of the Social Security Act.

## CONFORMITY WITH STATE STATUTES

Any provision of this plan which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes.

**Any Expense not specifically listed in the preceding sections is not covered.**

## EXCLUSIONS

This Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of this Policy and as shown in the Schedule of Benefits.

1. Preventive medicines, serum or vaccines of any kind;
2. Routine physical or other examinations where there are no objective indications of impairment of normal health;
3. Medical services rendered without charge by a provider contracted with the School;
4. Dental treatment, except as specified for accidental Injury to the Insured Person's Teeth;
5. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury;
6. Prescription drugs, except as provided for in the Schedule of Benefits;
7. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault-plan, public assistance program or government plan, except Medicaid;
8. Loss resulting from war or any act of war, whether declared or not, or loss sustained while actively serving in the armed forces of any country or international authority, unless indicated otherwise on the Schedule of Benefits;
9. 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;
10. Elective surgery or treatment;
11. Expenses for weight increase or reduction, and hair growth or removal;
12. 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:
  - For the purpose 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 abnormal appearance, to the extent possible.

- For the purposes of this provision, **cosmetic surgery** means surgery that is preformed to alter or reshape normal structures of the body in order to improve the patient's appearance;
13. An Insured's:
    - Committing or attempting to commit a felony,
    - Being engaged in an illegal occupation, or
    - Participation in a riot
  14. Elective abortions;
  15. Custodial care service and supplies;
  16. Surgical and medical supplies except while hospital confined or for outpatient surgery;
  17. Treatment or supplies for the newborn infant except as required for treatment of a covered Accident or Sickness.

## PRE-EXISTING CONDITIONS LIMITATIONS

The Policy does not cover Preexisting Conditions for the first six (6) months following effective date of an Insured Person's coverage. Creditable coverage for foreign insureds will include coverage provided under a nationalized system of health care; coverage provided under a group plan where the risk is assumed by an insured; and coverage provided through a self-funded private plan. However this Limitation will be waived for an Insured who:

1. has been Continuously Insured, as defined in the Policy for at least 12 consecutive months under one (1) or more student insurance policies issued to the Policyholder; or
2. can provide satisfactory evidence or prior Creditable Coverage, as defined in the Policy. 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 12 months, with no break in coverage longer than 63 days.
  - c. His or her most recent coverage must meet the definition of Credible Coverage in the Policy.
  - d. Creditable Coverage for foreign Insureds will include coverage provided under a nationalized system of health care.

**Creditable Coverage.** In so far as this Limitation is concerned, **Creditable Coverage** means

1. Any group policy, contract or program that is written or administered by a disability insurance company, a health care service plan, fraternal benefit society, self-insured employer plan or other entity, in this state or elsewhere. Such entity must arrange or provide medical, Hospital, and surgical coverage not designed to supplement other private or governmental plans. Creditable Coverage includes continuation or conversion coverage, but does NOT include accident only, credit, coverage for onsite medical clinics, disability income, Medicare supplement, long term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical payment insurance or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.
2. The federal Medicare program pursuant to Title XVIII of the Social Security Act.
3. The Medicaid program pursuant to Title XIX of the Social Security Act.
4. Any other publicly sponsored program, provided in this state or elsewhere, or medical, hospital and surgical care.
5. The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).
6. A medical care program of the Indian Health Services or of a tribal organization.
7. A state health benefits risk pool.
8. A health plan offered under 5 U.S.C., Chapter 89 (Federal Employees Health Benefits Program).
9. A public health plan as defined in federal regulations authorized by Section 2701(c)(1)(I) of the Public Health Service Act, as amended by Public Law 104-191, the Health Insurance Portability and Accountability Act of 1998.
10. A health benefit plan under Section 59 e) of the Peace Corps Act (22 U.S.C. Section 2504(e)).
11. Title XXI of the Federal Social Security Act, State Children's Health Program.

**Any other creditable coverage as defined by §(c) of Section 2701 or Title XXVII of the federal Public Health Services Act (42 U.S.C., Section 300g(c)).**

### STUDENT HEALTH SERVICES BENEFITS

The following services are available through Wheaton College Student Health Services REGARDLESS OF WHETHER YOU WAIVE OR ELECT THE STUDENT INSURANCE PLAN outlined in this brochure. These benefits are available to students and their spouses while the College is in session.

1. Outpatient Clinic
  - a. Regular clinic visits to a nurse or Primary Care
  - b. RNs available Monday through Thursday, 7:30 a.m. to 8:00 p.m.; Friday, 7:30 a.m. to 5:00 p.m.; Saturday 11:00 a.m. to 1:00 p.m. (except summer and holidays).
    - \* On-call nurse available for weekends.
  - c. Short-term loan of canes, crutches, etc.
  - d. Self-Care (free OTC medications).
2. Room, meals and nursing care (during regular hours). Visits by physicians as necessary.
3. Miscellaneous
  - a. Health Education and Wellness Promotion;
  - b. Travel immunization schedules arranged. Immunizations given for a fee;
  - c. Allergy, desensitizing injections administered for a fee;

### IN THE EVENT OF AN ACCIDENT OR SICKNESS THE STUDENT SHOULD:

1. Report immediately to Student Health Services, if at the college, so that proper treatment can be prescribed or approved.
2. If away from the college, consult a Physician and follow his/her advice. Notify Student Health Services within thirty (30) days after the date of the covered Accident or commencement of the covered Sickness, or as soon thereafter as is reasonably possible.

### CLAIM PROCEDURE

If you have sought treatment for a covered injury or sickness: **No benefits will be considered without contacting the Wheaton College Insurance Coordinator at 630-752-5573, or by emailing the Insurance Coordinator at [Karen.K.Mulder@Wheaton.edu](mailto:Karen.K.Mulder@Wheaton.edu).**

**You must complete a claim form, and mail it to the Insurance Coordinator at Wheaton College within ninety (90) days to the address indicated on the claim form. A claim form is required for each new injury or sickness.** You may print a claim form from: [www.wheaton.edu/healthsvcs](http://www.wheaton.edu/healthsvcs) or obtain one from Student Health Services.

**FILL OUT THE FORM COMPLETELY**, including your social security number, your college and permanent addresses, your date

of birth, name of college and college policy number. Remember to sign the form! If you do not submit a complete, signed claim form, delays in the processing of your claim will result. Eligible reimbursements are made to the provider of service directly. If you have already paid for services, a receipt is needed for processing. Please allow at least fourteen (14) business days for your claim to be processed.

### HOW TO FILE AN APPEAL

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 180 days from the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all requests to the Claims Administrator at the address below.

This plan is underwritten by:

### SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK BINGHAMTON NY

As Policy Form No.: SMLBH-260(Rev.06)(IL)

For a copy of the privacy notice you may go to  
[www.chpstudent.com/hipaamain.html](http://www.chpstudent.com/hipaamain.html)

or

**Request one from:**

Commercial Travelers Mutual Insurance Company  
C/O Privacy Office  
70 Genesee Street  
Utica, NY 13502

**(Please indicate the school you attend  
with your written request)**

Claims Administrator:

### CONSOLIDATED HEALTH PLANS

2077 Roosevelt Avenue  
Springfield, MA 01104  
(413) 733-4540  
Toll Free (800) 633-7867

Servicing Agent:

### University Health Plans, Inc.

One Batterymarch Park  
Quincy, MA 02169-7454  
(800) 437-6448

[www.universityhealthplans.com](http://www.universityhealthplans.com)

**Representations of this plan must be approved by the Company.**

### **OPTIONAL DISCOUNT CARDS available through CONSOLIDATED HEALTH PLANS**

Consolidated Health Plans offers students a variety of optional discount card programs. These programs are not insurance plans, but discount programs that provide savings on services that may not be covered by the insurance plan, and offer an array of wellness and discount services. Students who purchase a discount program will receive a discount card in addition to the medical insurance card. For information on discount programs available through Consolidated Health Plans, go to: [https://www.consolidatedhealthplan.com/student\\_health](https://www.consolidatedhealthplan.com/student_health)

Current discount programs include:

Prescription Discount Card

Dental Discount Program

Program availability is subject to change.

### **VISION SAVINGS PLAN**

As a member of CHP, you have access to Davis Vision's Affinity Discount Program for eyewear and other services. **To locate a participating Davis Vision provider, log on to [www.davisvision.com](http://www.davisvision.com) and enter Control Code 2290.** When you visit a Davis Vision provider, show your ID card and the care you receive will be discounted at the point of service. Because the Vision Discount is not insurance, there is no need to submit claims; providers will request payment at the time services are rendered. For details on this benefit please go to: [www.consolidatedhealthplan.com/student\\_health](http://www.consolidatedhealthplan.com/student_health)

### **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.