

**STUDENT ACCIDENT  
&  
SICKNESS INSURANCE  
PLAN**

**Designed Especially for  
the Students of**

**COLLEGE OF DUPAGE**

**2012–2013**

**Policy No. 2012I5A41**

**Underwritten by:**  
Companion Life Insurance Company  
Columbia, SC

as Policy Form BSHP-POL IL

12-I5A41 (Bro.)

This student health insurance coverage is compliant with the HHS ruling of March 16, 2012 that pertains to student health insurance, however, it may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits pertaining to other types of health insurance other than Student Health Insurance. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Your student health insurance coverage has an annual limit of \$100,000 on all covered benefits. If you have any questions or concerns about this notice, contact the Underwriting Company stated in this brochure. You may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's plan for more information.

**IMPORTANT INFORMATION:** This is an outline of your insurance which describes the benefits and exclusions, however the master policy is on file at the college and may contain additional provisions affecting your coverage.

## ELIGIBILITY

All students enrolled for a minimum of 6 credit hours are eligible for this insurance plan.

Home study, auditing scholars and other non-traditional students do not qualify as a student for the purposes of purchasing coverage. The company maintains the right to investigate student status and attendance records to verify if eligibility requirements have been met. If eligibility requirements have not been met, the company's obligation is a refund of premium.

Eligible persons may enroll in the insurance plan annually at or prior to the official semester dates required by the College. Eligible persons desiring to purchase the insurance at other times may only do so as the result of a change in their insurance coverage status such as being dropped from parent's coverage when turning 26 or 30 if a military veteran, loss of coverage at work, etc. Written proof must be provided.

## REFUND PROVISION

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. Other than as stated in this brochure, no refunds are available.

## TERM OF COVERAGE

The policy for the current year becomes effective on August 22, 2012 at 12:01 a.m. and expires on August 22, 2013 at 12:01 a.m. Coverage remains in effect during holiday and vacation periods. Should an Insured person graduate or withdraw from the school, the insurance shall remain in effect until the end of the period for which premium has been paid. The plan protects the insured students of the College of DuPage at home, at school, or wherever they are 24 hours a day.

## COST

	Annual 8/22/12-8/22/13	Spring 1/22/13-8/22/13
Student	\$1,500	\$1,006
Spouse	\$2,496	\$1,673
Child(ren)	\$1,786	\$1,198

## DEFINITIONS

The following important definitions apply to this program:

**“Covered Expenses”** means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies not excluded or limited by the Policy. Coverage under the Policy must remain continuously in force from the date the Accident or Sickness occurs until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

**“Injury”** means accidental bodily harm sustained by a Covered Person that results directly and independently of disease and any bodily infirmity from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

**“Sickness”** means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

**“Hospital”** means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for diagnosis, treatment and surgery, either: (a) on its premises; or (b) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such.

Hospital also means a licensed alcohol and drug abuse rehabilitation facility or a mental hospital. Alcohol and drug abuse rehabilitation facilities and mental hospitals are not required to provide organized facilities for major surgery on the premises on a prearranged basis.

**“Insured”** means a person in a Class of Eligible Persons who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person. An Insured is not a Dependent covered under the Policy.

**“Covered Person”** means any eligible person or an eligible Dependent who applies for coverage and for whom the required premium is paid to us.

**“Medically Necessary”** means a service, drug or supply which is necessary and appropriate for the diagnosis and treatment of a Covered Injury and Covered Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided. A service, drug or supply will not be considered as Medically Necessary if, it: 1) is investigational, experimental or for research purposes; 2) is provided solely for the convenience of the patient, the patient's family Doctor, Hospital or any other provider; 3) exceeds in scope, duration or intensity the level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment; 4) could have been omitted without adversely affecting the person's condition or the quality of medical care; or 5) involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration.

**“Doctor”** means a Doctor licensed to practice medicine. It also means any other practitioner of the healing arts who is licensed or certified by the state in which his or her services are rendered and acting within the scope of that license or certificate.

It will not include a Covered Person or a member of the Covered Person's Immediate Family or household.

**“Pre-existing Conditions”** means any condition, Injury or Sickness for which the Covered Person incurred expenses, received medical treatment, or consulted a health care professional within the 6 months immediately preceding the effective date of coverage.

**“Usual and Customary Charge”** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

**“We,” “Us,” or “Our”** means Companion Life Insurance Company, Inc., or its authorized agent.

#### EXTENSION OF BENEFITS

If an Insured Person is under a physicians care on the date his or her insurance terminates, benefits will continue to be paid until completion of that hospital confinement, not to exceed nine (9) months from such termination date or the maximum Policy benefits, whichever occurs first.

#### EMERGENCY REUNION BENEFIT

If the Insured Person is Hospital Confined for a Covered Injury or a Covered Sickness for more than seven days, the Company will pay up to \$1,000 for the cost of an economy round-trip air fare to the place of the Hospital Confinement for one person designated by the Insured Person. No more than one trip may be made during any one policy year. The trip must be arranged by the Servicing Agent, and approved by the Company.

#### MEDICAL EVACUATION EXPENSE

If an Insured Person is unable to continue their academic program as the result of a Covered Injury or Sickness occurring while he or she is covered under the Policy, the Company will pay the necessary reasonable and customary charges, not to exceed \$25,000, for evacuation to another medical facility in the Insured Person's home country. A medical evacuation would be considered only if medically necessary and after a Hospitalization of at least five days. If the Medical Evacuation Expense Benefit is utilized, all benefits under the Plan will terminate except Accidental Death and Dismemberment. Any expenses payable under this benefit require approval of the attending Physician, as well as the Company.

#### REPATRIATION OF REMAINS EXPENSE

In the event of the death of an Insured Person, while he or she is covered under the Policy, the Company will pay the necessary reasonable and customary charges, not to exceed

## MEDICAL EXPENSE BENEFITS SCHEDULE

When you suffer a Loss from a Covered Injury or Sickness, We will pay the Eligible Expense incurred up to \$100,000, the aggregate maximum benefit. Benefits are allocated as follows:

### BASIC ACCIDENT & SICKNESS EXPENSE BENEFITS

**Hospital Room & Board Expense:** When your Covered Injury or Sickness requires Hospital confinement, We will pay the Hospital room and board expense, not to exceed the maximum benefit . . . . . 80% of Usual & Customary (U&C)  
up to the semi-private room rate

**Miscellaneous Hospital and Day Surgery Expenses:** We will pay the Eligible Expenses incurred during a Hospital confinement or as an outpatient for day surgery for services provided by a Hospital, ambulatory surgical center or ambulatory medical center up to the maximum benefit. We will pay for anesthesia, operating room, laboratory tests, X-rays, oxygen, drugs, medicines, dressings, and other necessary non-room and board expenses . . . . . 80% of U&C

**Surgical Expense:** When your Covered Injury or Sickness requires surgery, We will pay the Eligible Expense. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary . . . . . 80% of U&C

If the surgery requires the services of an **anesthetist** who is not employed or retained by the Hospital in which the surgery is performed, We will pay the Loss incurred up to the maximum benefit . . . . . 25% of eligible surgical expense

If the surgery requires the services of an **assistant surgeon**, We will pay the Loss incurred up to the maximum benefit. . . . . 20% of eligible surgical expense

**In-Hospital Doctor's Fees Expense:** If, while confined to a Hospital, your Covered Injury or Sickness requires the services of a Physician, We will pay the Eligible Expense for such services up to the maximum benefit . . . . . 80% of U&C

**Consultant or Specialist Expense:** When your Covered Injury or Sickness requires the services of a consultant or specialist, as requested by the attending Physician, We will pay the Eligible Expense up to the maximum benefit . . . . . 80% of U&C

**Outpatient Doctor's Fees Expense:** When your Covered Injury or Sickness requires the services of a Physician, while not confined to a Hospital, We will pay the Eligible Expenses up to the maximum benefit. . . . . 80% of U&C

**Ambulance Expense:** When your Covered Injury or Sickness requires the use of an ambulance or air ambulance, We will pay the Eligible Expense up to the maximum benefit . . . . . 80% of U&C

**Outpatient Diagnostic X-ray and Laboratory Expense:** When your Covered Injury or Sickness requires diagnostic x-ray, including ultrasound, MRI and CAT Scan, or laboratory services, under the Physician's direction, We will pay the Eligible Expense up to the maximum benefit. . . . . 80% of U&C

**Medical Emergency Expense:** When Your Covered Injury or Sickness requires the use of outpatient facilities of a Hospital for an emergency room, under the Physician's direction, We will pay the Eligible Expense up to the maximum benefit. . . . . 80% of U&C

**Preventive and Wellness Services:** Not subject to a deductible, co-pay or co-insurance. . . . . U&C

**Prescription Drugs:** Including prescription contraceptive drugs and devices . . \$15 co-pay for a 30 day supply of a generic drug  
(\$0 co-pay for generic contraceptives) or  
\$25 co-pay for a 30 day supply of a non-preferred brand name drug,  
prescriptions must be filled at an Express Scripts Pharmacy

\$15,000, for preparation and transportation of the remains to the Insured Person's place of residence in his or her home country. Any benefits payable under this provision require the prior approval of the Company.

### **ADDITIONAL BENEFITS**

The following benefits will be included in all plans issued under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and co-insurance conditions of the Policy as well as all other terms and conditions applicable to any other covered sickness. If any Preventive Services Benefit is subject to the mandated benefits required by state law, they will be administered under the federal or state guideline, whichever is more favorable to the student. Benefits include, but are not limited to: Maternity Inpatient Care; Treatment of Alcoholism; Diabetes Equipment, Supplies & Self Management; Bone Mass Measurement; Multiple Sclerosis Preventive Physical Therapy; Organ Transplant Benefit; Serious Mental Illness Benefit; Hospital Dental Procedures for Certain Individuals; Cancer Screening Tests; Mastectomy, Reconstructive Surgery & Prosthetic Devices; Autism; Breast Cancer Treatment; and Habilitative Services for Children.

### **EXCLUSIONS**

Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirements of that Act. The Policy does not provide coverage for loss caused by or resulting from:

1. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of any Injury or Sickness, except as specifically provided by the Policy.
2. Expenses incurred for dental care or treatment of the teeth, gums or structures directly supporting the teeth, including surgical extractions of teeth. This exclusion does not apply to the repair of Injuries to sound natural teeth caused by a covered Injury, and except as specifically provided in the Hospitalization and Anesthesia for Dental Procedures expense benefit.
3. Charges that are not Medically Necessary or in excess of the Usual and Customary charge.
4. Elective Surgery or Elective Treatment as defined by the Policy, and as specifically provided by the Policy.
5. Hearing examinations or hearing aids; or other treatment for hearing defects or problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
6. Expenses in connection with services and prescriptions for eye examinations, eye refractions, eye glasses or contact lenses, or the fitting of eyeglasses or contact lenses, radial keratotomy or laser surgery for vision correction or the treatment of visual defects or problems.

7. Expenses in connection with cosmetic treatment or cosmetic surgery, except as a result of: (a) a covered Injury that occurred while the Covered Person was insured; (b) a covered child's congenital defect or anomaly; or (c) as specifically provided for in the Policy.
8. Reproductive/Infertility procedures and fertility tests, including but not limited to: family planning, fertility tests, infertility (male or female), including any supplies rendered for the purpose or with the intention of achieving conception; premarital examinations. Examples of fertilization procedures are: ovulation induction; in vitro fertilization; embryo transplant; or similar procedures that augment or enhance the Covered Person's reproductive ability; impotence organic or otherwise.
9. Expenses incurred for drugs and medications for the treatment of impotence and/or sexual dysfunction.
10. Expenses incurred in connection with sterilization reversal, vasectomy reversal and sexual reassignment.
11. Expenses incurred for Injury or Sickness for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation.
12. War, or any act of war, whether declared or undeclared; service in the Armed Forces of any country. Loss which occurs during or as a result of committing or attempting to commit a felony, or participation in a riot or insurrection, engaging in an illegal occupation.
13. Injuries arising out of: (a) playing or participating in a club, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) participation in any practice or conditioning program for such sport, contest, or competition.
14. Suicide, or any attempt thereat or self-inflicted Injuries while sane.
15. Treatment, services, supplies, in a Veteran's Administration or Hospital owned or operated by a national government or its agencies unless there is a legal obligation for the Covered Person to pay for the treatment.
16. Immunizations, except as specifically provided in the Policy; preventive medicines or vaccines, except when required for treatment of a covered Injury or as specifically provided in the Policy.

### **COORDINATION OF BENEFITS**

This provision applies to persons covered by the Policy and one or more other medical or dental plans. This Plan is excess to any other plan of medical or dental insurance the Covered Person may have.

No benefit is payable for any Covered Expense incurred, which is paid or payable by any other valid and collectible insurance. Covered Expenses does not include any amount not covered by the primary carrier due to penalties for failure to comply with policy provisions or requirements

This provision will not apply to the first \$500 of incurred Covered Expense.

#### **PRE-EXISTING CONDITION LIMITATION**

**(Not applicable to any covered person under 19 years of age)**

The Policy does not provide coverage for a Pre-Existing Condition until the Covered Person's coverage has been in force for a period of not less than 6 months. This limitation will not apply to pregnancy or coverage provided to newborn or adopted children.

The Pre-existing Conditions Limitation will be waived if: 1) the Covered Person was insured under Creditable Coverage; and 2) Such coverage was continuous to a date not more than 63 days prior to the effective date of coverage under this Policy; and 3) the Covered Person previously met the pre-existing conditions limitation of such policy.

"Qualifying Previous Coverage" means: (1) Medicare or Medicaid; (2) an employee welfare plan or group health insurance or health benefit plan; (3) an individual health benefit plan; (4) a state health benefits risk pool; (5) CHAMPUS or CHAMPUS/TRICARE; (6) a medical care program of the Indian Health Service or of a tribal organization; (7) a health plan offered under the federal employees health benefits program (FEHBP); (8) a public health plan; (9) a health benefit plan of the Peace Corps Act, or (10) a State Children's Health Insurance Program.

Qualifying Previous Coverage does not include accident only, credit, dental, vision, Medicare supplement, long-term care, disability income insurance, coverage issued as a supplement to liability insurance, worker's compensation or similar insurance, automobile medical payment insurance, specified diseases, hospital indemnity, or limited benefit health insurance.

#### **CLAIM PROCEDURE**

In the event of Accident or Sickness:

1. You need to submit a claim form for each separate injury or sickness, available from Consolidated Health Plans. The claim form should be submitted within 30 days after the date of accident or commencement of a covered illness, or as soon as reasonable possible.
2. Claim forms are available from your Claim Administrator (address & phone below) or at: [www.chpstudent.com](http://www.chpstudent.com).
3. Itemized billings (written proof of loss) should be submitted by your health care provider or the Covered Person within 90 days of treatment, or as soon as reasonably possible.

All claim forms or questions relating to claims should be referred to the Claims Administrator shown on the next panel.

#### ***Claims Administrator:***

#### **CONSOLIDATED HEALTH PLANS**

2077 Roosevelt Ave.  
Springfield, MA 01104  
(413) 733-4540 or Toll Free (800) 633-7867  
[www.chpstudent.com](http://www.chpstudent.com)

#### ***Servicing Broker:***

#### **UNIVERSITY HEALTH PLANS**

One Batterymarch Park  
Quincy, MA 02169  
(617) 472-5324 or Toll Free (800) 437-6448  
[www.universityhealthplans.com](http://www.universityhealthplans.com)  
email: [info@univhealthplans.com](mailto:info@univhealthplans.com)

#### ***Underwritten by:***

**Companion Life Insurance Company**  
Columbia, SC

For information about the Express Scripts Prescription Drug Program, please visit: [www.express-scripts.com](http://www.express-scripts.com)

For a copy of *the Company's* privacy notice you may:  
go to  
[www.consolidatedhealthplan.com/about/hipaa](http://www.consolidatedhealthplan.com/about/hipaa)

or

Request one from the Health Office at your School

or

Commercial Travelers Mutual Insurance Company  
c/o Privacy Officer  
70 Genesee Street • Utica, NY 13502

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

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

## EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

FrontierMEDEX ACCESS services is a comprehensive program providing You with 24/7 emergency medical and travel assistance services including emergency security or political evacuation, repatriation services and other travel assistance services when you are outside Your home country or 100 or more miles away from your permanent residence. FrontierMEDEX is your key to travel security. **For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867.** If you have a medical, security, or travel problem, simply call FrontierMEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 1-800-527-0218 or if you are in a foreign country, call collect at: 1-410-453-6330. **If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center. FrontierMEDEX will then take the appropriate action to assist You and monitor Your care until the situation is resolved.**

### **Vision Discount Program**

*for Vision Discount Benefits please go to:*

**[www.chpstudent.com](http://www.chpstudent.com)**

Note: The time you were covered under this plan may count as creditable coverage under State and Federal Law if you leave this plan and go to an employers plan within 63 days thereafter. You are eligible to receive a certification from the Company regarding the periods you were covered. Please contact Consolidated Health Plans at 1-800-633-7867 when you need such certification.

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