

# Student Accident and Sickness Insurance Program

Designed for the  
Students of

**LAFAYETTE COLLEGE**

**2011-2012**

**Nationwide Life Insurance Company**  
Columbus, Ohio

**Policy Number:** 302-042-3709

Effective August 1, 2011 to August 1, 2012

## IMPORTANT NOTICE

This brochure provides a brief description of the important features of the Policy. It is not a Policy. Terms and conditions of the coverage are set forth in the Policy. We will notify Covered Persons of all material changes to the Policy. Please keep this material with your important papers.

## NONDISCRIMINATORY

Health care services and any other benefits to which a Covered Person is entitled are provided on a nondiscriminatory basis, including benefits mandated by state and federal law.

## INTRODUCTION

This brochure gives a brief description of the coverage. Full details are in the Policy. The Policy may be reviewed at the Business Office. Any discrepancy between this brochure and the Policy will be governed by the Policy. This brochure outlines the basic details of your insurance coverage, which has been selected by the College.

If you need any medical services, you should use the Bailey Health Center before incurring off-campus medical expenses that may not be reimbursable.

## STUDENT PREMIUM

	<b>Annual (8/1/11-8/1/12)</b>	<b>Spring Semester (1/1/12-8/1/12)</b>
<b>Student</b>	<b>\$1,993</b>	<b>\$1,197</b>

## ELIGIBILITY

All registered full-time students are eligible to participate in the Student Accident and Sickness Insurance Plan. To be a Covered Person under the Policy, you must have paid the required premium and your name, student number and date-of-birth must have been included in the declaration made by your College or the Administrative Agent to the Insurer. Students must actively attend classes for at least the first thirty-one (31) days after the date for which coverage is purchased. Except in the case of medical withdrawal due to Sickness or Injury, any Student withdrawing from school during the first thirty-one (31) days of the period for which Coverage is purchased, will not be covered under this Policy and a full refund of premium will be made minus the cost of any claim benefits made by the Company. Students withdrawing after such thirty-one (31) days will remain covered under the Policy for the term purchased and no refund will be allowed.

The company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met.

## WHEN COVERAGE BEGINS AND ENDS

Coverage begins at 12:01 a.m., if the eligibility requirements are met, on the later of 1) the Policy Effective Date, August 1, 2011 for the first semester, or January 1, 2012 for the second semester; 2) the Effective Date reported as the term of coverage by Lafayette College or the Plan Administrator; or 3) the day after the date of postmark when the premium is

received by the Policyholder, Company Agent or Administrator, and premium payment is made after the semester beginning date. Coverage ends at 12:01 a.m. on the last day for which your premium has been paid; on the date you cease to be eligible for this insurance; or on August 1, 2012, the date the Policy terminates.

## EXTENSION OF BENEFITS

If an Insured Person is hospitalized on the date his or her insurance terminates, benefits will continue to be paid until completion of that hospital confinement, not to exceed 31 days from such termination date or the maximum Policy benefits, whichever comes first.

## USEFUL TERMS

The following important terms apply to this program:

**“Covered Injury”** means a bodily Injury that is sustained by an Insured person while he/she is insured under the Policy or Lafayette’s prior policies and is caused by an accident directly and independently of all other causes. Coverage under Lafayette’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 and recurrent symptoms of these Injuries are considered a single Covered Injury.

**“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 Pregnancy and Complications of Pregnancy.

## PHCS PREFERRED PROVIDER NETWORK

This plan has a cost savings feature known as a Preferred Provider Organization (PPO). Your PPO is PHCS Preferred Provider Network. PHCS is a network of hospitals, physicians, and other care providers which have agreed to limit the amount they charge for certain services.

If non-PHCS providers are used for your medical treatment, the Plan will pay its Basic Benefit up to 70% of the Usual and Reasonable charges, leaving you with a higher Out-of-Pocket expense. Your Student Insurance Plan will pay up to 90% of the Provider fee when you use the PHCS Network.

Show your Insurance ID card to the PHCS Provider before services are rendered to receive services at discounted rates. A complete list of PHCS Providers can be obtained at [www.phcs.com](http://www.phcs.com), or by calling PHCS Customer Service at (866) 559-7427, or visiting The Bailey Health Center. You can also contact Consolidated Health Plans for information regarding benefits of the Plan.

#### **MANDATED BENEFITS**

The following benefits are mandated in the state of Pennsylvania. They 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.

Mandated benefits as required by the state in which the Policy is issued include: Alcohol Abuse and Dependency; Inpatient Detoxification; Childhood Immunizations; Women's Preventive Services; Licensed Certified Nurse Midwife; Mastectomy and Breast Cancer Reconstruction; Diabetes Equipment, Supplies and Services; Cancer Screening Tests; Cancer Chemotherapy and Hormone Therapy; Enteral Formula Benefit; and Severe Mental Illness.

See the Policy on file with the school for further details on these benefits.

#### **PRESCRIPTION DRUG BENEFIT**

Prescription drugs are covered to a maximum of \$500 per Policy year after a \$10 co-pay per prescription or refill of a generic drug and a \$20 co-pay per prescription or refill of a brand name drug. Eligible prescriptions must be filled at an Express Scripts participating pharmacy. Covered persons will be given an ID card to show the pharmacy as proof of coverage. No claim forms need to be completed once this ID card is received. Until the card is received, eligible prescriptions may be filled, and claims will be paid on a reimbursement basis. Submit a completed Express Scripts claim form to the address provided on the form.

Express Scripts claim forms and a list of participating pharmacies can be obtained by calling Express Scripts at 800-451-6245 or by visiting their website at: [www.express-scripts.com](http://www.express-scripts.com).

#### **GENERAL EXCLUSIONS**

This Policy does not cover loss nor provide benefits for:

1. Routine physical examinations; any manner or type of diagnostic testing or evaluation, X-ray or laboratory testing or evaluation, to include routine Hospital admission procedures when a general anesthetic is not required, which does not result with or is not directly related to the medical diagnosis and treatment of the accidental bodily Injury or Sickness for which a claim is made hereunder, except as otherwise provided in the medical expense benefits schedule.
2. Dental treatment, except as the result of injury to sound, natural teeth up to a maximum of \$500;
3. Professional services rendered by a member of the Insured Person's immediate family, or anyone who lives with the Insured Person;
4. Services or supplies not necessary for the medical care of the patient's Injury or Sickness;
5. Eyeglasses, contact lenses, including but not limited to routine eye refractions, eye exams except as in the case of Injury. Orthoptic Therapy, visual training or radial keratotomy or similar surgical procedures to correct vision, except as provided herein;
6. Hearing aids and the fitting or repairing of hearing aids; except in the case of Accident or Injury;
7. Cosmetic surgery or treatment for congenital anomalies, except for reconstructive surgery as the result of a Covered Injury or Sickness. Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a Covered Injury and is necessary for its treatment;
8. Diagnostic or surgical procedures in connection with infertility;
9. Birth Control, including surgical procedures and devices, except as otherwise provided;
10. Expenses covered under any workers' compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program, or government plan, except Medicaid;
11. Charges of an institution, health service, or infirmary for whose service payment is not required in the absence of insurance;
12. Treatment of mental disorders or treatment of alcoholism/drug abuse, except as specifically provided;
13. Any Expenses in excess of Usual, Reasonable and Customary charges;
14. Loss resulting from war or act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority;
15. Loss resulting from playing, practicing, traveling to or from, or participating in any, intercollegiate, or professional sports, except as provided in the Description of Benefits;
16. Treatment, services, supplies or facilities in a Hospital owned or operated by: a) the Veteran's Administration; or b) a national government or any of its agencies. (This exclusion does not apply to treatment when a charge is made which the Insured Person is required by law to pay);
17. Duplicate services actually provided by both a certified nurse-midwife and a Physician;
18. Expenses payable under any prior policy which was in force for the person making the claim;
19. Injury sustained as the result of the Insured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
20. Covered Expenses incurred after the date insurance terminates as to the Insured Person; the Aggregate Maximum benefit for each covered Injury or Sickness has been attained; or the end of the Benefit Period specified in the Benefit Schedule;
21. Loss sustained while an Insured is committing or attempting to commit a felony; participation in a riot, civil disturbance or political insurrection;
22. Elective surgery or treatment;
23. Preventative medicines, serums or vaccines of any kind; and
24. TMJ (temporomandibular joint dysfunction) or CMJ (craniomandibular disorder) except when the direct result of accidental bodily Injury incurred while insured hereunder or as a Sickness first diagnosed or for which advice or treatment was received while insured hereunder.

## CONTINUOUS COVERAGE

Coverage for an insured individual will be considered as continuous during consecutive periods of insurance (Fall and Spring, Spring and Summer, etc.) when premium payment is received by the Policyholder, Company Agent or Administrator within 30 days of the beginning date of the period of coverage purchased regardless of any breaks in calendar days between consecutive periods of insurance (Fall, Spring, Summer, etc.). This Continuous Coverage provision will not establish a new benefit period, nor affect any lifetime or specifically stipulated benefits shown herein for an incurred loss existing during any preceding coverage period.

## SUBROGATION

The Company will be subrogated to all rights of recovery which any Insured Person has against any person, firm or corporation to the extent of payments of Benefits made by US to or for benefit of an Insured Person. The Insured will execute and deliver such instruments and papers as may be required and do whatever else is necessary to secure such rights to the Company. We will recover only that portion paid by us which is in excess of the amount necessary to fully compensate the Insured for all eligible medical expenses (as defined within the Policy) incurred as a result of his or her loss. The Insured will be permitted to recoup his general damages, which is not limited to medical expenses, from the tort-feasor before subrogation provided that in so doing, the Insured does not prejudice our rights.

## EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

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

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

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

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

## IN THE EVENT OF A COVERED INJURY OR SICKNESS

In the event of a covered Injury or Sickness, the student should contact the college's Student Health Center for treatment or referral, if available. Determine whether a local PHCS Provider is available for treatment at a reduced cost to you.

### How to Submit a Claim:

Submit all itemized bills for medical expenses for each separate Injury or Sickness within 30 days after the date of Injury or Sickness, or as soon thereafter as reasonably possible to be considered for payment.

### Submit claims and inquiries to:

#### CONSOLIDATED HEALTH PLANS

2077 Roosevelt Avenue  
Springfield, MA 01104  
(413) 733-4540

Toll Free (800) 633-7867

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

### Servicing Broker:

#### UNIVERSITY HEALTH PLANS, INC.

One Batterymarch Park  
Quincy, MA 02169-7454  
1-800-437-6448

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

Please visit our website for frequently asked questions and answers regarding this plan, or e-mail us at [info@univhealthplans.com](mailto:info@univhealthplans.com)

### Underwritten by:

Nationwide Life Insurance Company  
Columbus, Ohio  
Policy Number: 302-042-3709

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 the agent at the above address 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.

### For questions about:

- Insurance Benefits
- Claims Processing
- Lost ID Cards

### Please contact:

Consolidated Health Plans  
2077 Roosevelt Avenue  
Springfield, MA 01104  
(800) 633-7867  
[www.chpstudent.com](http://www.chpstudent.com)

If you need medical attention before you receive your ID card, inform your healthcare provider that your insurance administrator is Consolidated Health Plans. Benefits for eligible expenses will be payable according to the Policy. You do not need an ID card to be eligible to receive benefits. Once you have received your ID card, present it to the provider to facilitate prompt payment of your claims.

### For Provider Listings:

A complete list of PHCS Providers can be obtained at [www.phcs.com](http://www.phcs.com), or by calling PHCS Customer Service at (866) 559-7427, or visiting The Bailey Health Center.

For a copy of the Company's privacy notice, go to:

[www.consolidatedhealthplan.com/about/hipaa](http://www.consolidatedhealthplan.com/about/hipaa)

**For Vision Discount Benefits please go to:**

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