

# Student Fixed Indemnity Accident and Sickness Plan

Administered by:



Consolidated Health Plans  
2077 Roosevelt Ave.  
Springfield, MA 01104

Designed for the Students of:



700 College Avenue • Carlinville, IL 62626

**2016-2017**

**Policy Number 2016I5A70**

*Underwritten by*  
**NATIONAL GUARDIAN LIFE INSURANCE COMPANY**  
**Madison, WI**

as policy form # NGRPHIP(S)-IL 6/12

The policy provides limited accident and sickness coverage. It is not a substitute for comprehensive health insurance coverage and does not qualify as minimum essential health coverage under the Affordable Care Act.

This brochure is not a Contract but a description of the Student Insurance Plan, and it is suggested that you retain it for future reference. The Master Policy is on file at the college.

*Please keep this outline of coverage for future reference.*



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**BLACKBURN COLLEGE**

**Policy Number:**

**2016I5A70**

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**INTRODUCTION**

Hospitalization, surgery and accompanying medical expenses are at an all time high. Many students are not prepared to meet the added cost of an unexpected Accident or Sickness. Costly medical bills can impose tremendous hardship, and even necessitate withdrawal from school. The College is concerned with the health and well being of its students. Student Fixed Indemnity Accident and Sickness insurance is designed to provide low-cost coverage for unanticipated medical expenses. Please read the provisions of this insurance plan carefully.

**ELIGIBILITY**

All full-time students enrolled for a minimum of 12 credit hours are eligible for this insurance coverage. Students must provide evidence of insurance coverage via a waiver. Students who do not waive this coverage will be automatically enrolled and will be billed \$270 for the policy year.

**TERM OF COVERAGE**

The policy for the current year becomes effective on 8/20/16 at 12:01 a.m. and expires on 8/19/17 at 12:01 a.m. Coverage remains in effect during holiday and vacation periods. 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.

**EXTENSION OF BENEFITS**

If coverage under the policy ends while the Covered Person is totally disabled due to Injury or Sickness, we will pay benefits for covered services occurring after the date coverage under the policy as long as they meet the following requirements: a) the covered service must be rendered due to the same Injury or Sickness causing the Covered Person to be totally disabled on the date coverage ends; and b) the covered service must occur within 90 days after the date the Covered Person's coverage under the policy ends; and c) coverage must not have ended as a result of the Covered Person's voluntary termination of the coverage.

This extension of benefits terminates at the end of the 90-day period specified above.

**COVERAGE**

This Plan provides protection for Accident and Sickness 24 hours per day during the term of the policy for each student insured.

This insurance pays in addition to other insurance the student may carry.

## DEFINITIONS

**Accident** means an unforeseeable event that causes Injury to a Covered Person.

**Coverage Period** means the period of time described on the Schedule of Benefits.

**Covered Person** means any Eligible Person for whom coverage is in effect under the Policy.

**Critical Care Unit** means a pre-designated and fixed medical/surgical care area within a Hospital that: a) is utilized exclusively for the treatment of patients who are there because of their acute and critical condition; b) provides continuous 24-hour monitoring of each patient's vital physiological responses; c) has emergency life saving equipment and supplies that are immediately accessible; d) is staffed with nurses specially trained for duty in such an area; e) is not primarily a post-operative or post-anesthesia area.

**Doctor** means any duly licensed practitioner who is recognized by the law of the state in which treatment is received as qualified to perform the service for which claim is made.

**Hospital** means an institution operated by law for the care and treatment of injured or sick persons; has organized facilities for diagnosis and surgery or has a contract with another hospital for these services; and has 24-hour nursing service. Hospital excludes any institution that is primarily a rest home, nursing home, convalescent home, a home for the aged, a facility for treatment of alcoholism or drug addiction, or a facility for treatment of mental disorders.

**Injury** means accidental bodily Injury of a Covered Person: a) caused by an Accident; and b) that results directly and independently of Sickness, disease, or bodily infirmity in loss covered by the policy. All Injuries sustained in one Accident, including all related conditions and recurring symptoms of the Injuries, will be considered one Injury.

**Inpatient** means a Covered Person who is admitted to a Hospital on an inpatient basis and who is provided at least one day's room and board by a Hospital.

**Insured** means an Eligible Person for whom coverage is in effect under the Policy.

**Medically Necessary** means the service or supply is: a) provided for the diagnosis, treatment, cure, or relief of health condition, Sickness, Injury or its symptoms; and b) necessary for and appropriate to the diagnosis or treatment according to the attending medical care provider.

**Outpatient** means a Covered Person who receives covered services while other than an Inpatient at a Hospital.

**School** means any facility under the management of the Policyholder which operates for the purpose of educating its students.

**Sickness** means Sickness or disease of a Covered Person that: a) is treated

by a Doctor while the person is covered under the policy; and b) results directly and independently of all other causes in loss covered by the policy.

## SCHEDULE OF BENEFITS

The following provisions describe the benefits we will pay for Covered Services. We will pay benefits for a Covered Service only once, even if the service could be included under more than one benefit description.

Eligible Classes	Full-time Students
Coverage Period	Policy Year
<b>COVERED SERVICES</b>	
<b>Hospital Confinement Daily Income Benefit</b>	
Non-critical care unit daily benefit	\$200
Maximum benefit for non-critical care unit per Coverage Period	10 days
<b>Hospital Discharge Benefit</b>	
Hospital discharge amount per day of Inpatient confinement	\$400
Maximum benefits per Coverage Year	\$400
Maximum number of Hospital discharges per Coverage Period	1
<b>Surgery Benefit</b>	
For surgery performed as an Inpatient	\$400
For surgery performed as an Outpatient	\$200
Maximum benefit/number of surgeries per Coverage Period	\$800/2
<b>Administration of Anesthesia Benefit</b>	
For surgery performed as an Inpatient	\$100
For surgery performed as an Outpatient	\$50
<b>Doctors' Visits Benefit</b>	
New Patient per visit amount (1 visit per Coverage Period)	\$50
Established Patient per visit amount (3 visits per Coverage Period)	\$50
<b>Emergency Room Visits Benefit</b>	
Per visit amount for the treatment of a Sickness (1 visit per Coverage Period)	\$150
Per visit amount for the treatment of an Injury (1 visit per Coverage Period)	\$150
<b>Diagnostic Laboratory Test Benefit</b>	
Per visit amount (5 visits per Coverage Period)	\$20
<b>Diagnostic Radiology Test Benefit</b>	

Magnetic Resonance Imaging (MRI) per visit amount (1 visit per Coverage Period)	\$200
Computerized Tomography (CT) Scan per visit amount (1 visit per Coverage Period)	\$100
All Other Radiology Tests per visit amount (4 visits per Coverage Period)	\$25
<b>Accidental Death</b>	
Principal Sum	\$1,000

## **DESCRIPTION OF BENEFITS**

### **Hospital Confinement Daily Income Benefit**

We will pay the applicable Daily Benefit shown on the Schedule of Benefits when a Covered Person is confined as an inpatient in a Hospital if: a) the Hospital confinement is Medically Necessary; and b) the Covered Person is under a Doctor's care; and c) the Hospital confinement begins while the Covered Person is covered under the policy.

Payment of the applicable Daily Benefit will start on the first day of Hospital confinement and will continue for a period not to exceed the maximum benefit, as shown on the Schedule of Benefits, for each period of Hospital confinement. If Hospital confinement for the same Injury or Sickness is not continuous, benefits are subject to the Recurrent Period definition.

### **Hospital Discharge Benefit**

We will pay the applicable benefit shown on the Schedule of Benefits when a Covered Person is discharged from a Hospital if: a) the Covered Person was Hospital confined as an Inpatient for at least one day immediately before being discharged; and b) a Hospital Confinement Daily Income Benefit is paid for the same Hospital confinement; and c) the Covered Person is alive when discharged from the Hospital; and d) the Covered Person is under a Doctor's care.

Benefits for Hospital discharges will be paid up to the applicable maximum benefit, as shown on the Schedule of Benefits.

### **Surgery Benefit**

We will pay the applicable benefit shown on the Schedule of Benefits when surgery is performed on a Covered Person if the surgery is: a) Medically Necessary; and b) performed by a Doctor; and c) performed while such person is covered under the policy.

Benefits for surgeries performed while the Covered Person is an Inpatient differs from those for surgeries performed while the Covered Person is an Outpatient, as shown on the Schedule of Benefits.

Benefits for any one surgery will not exceed the applicable per surgery benefit limit, as shown on the Schedule of Benefits. Benefits for all surgeries are subject to any applicable maximum benefit shown on the Schedule of Benefits.

### **Administration of Anesthesia Benefit**

We will pay the applicable benefit amount shown on the Schedule of

Benefits when a Covered Person is administered anesthesia, if the administration of anesthesia is: a) Medically Necessary; and b) performed by a Doctor; and c) performed while such person is covered under the policy; and d) billed directly by the provider and not as a service of a Hospital; and e) performed in conjunction with a surgery covered under the policy.

Benefits for anesthesia administered while the Covered Person is an Inpatient differ from those for anesthesia administered while the Covered Person is an Outpatient, as shown on the Schedule of Benefits. We will not pay benefits for more than one session of anesthesia per day for each Covered Person. Benefits for the administration of anesthesia will be paid up to the applicable maximum benefit, as shown on the Schedule of Benefits.

### **Doctors' Visits Benefit**

We will pay the applicable benefit amount shown on the Schedule of Benefits when a Covered Person visits a Doctor if the visit is: a) Medically Necessary; or b) for a medical consultation made by a Doctor whose advice or opinion is being requested by another Doctor; and c) made while the Covered Person is not an Inpatient in a Hospital; and d) made while such person is covered under the policy.

We will not pay benefits for more than one (1) Doctor visit per day for each Covered Person. Benefits for Doctors' visits will be paid up to the maximum benefit, as shown on the Schedule of Benefits.

### **Emergency Room Visits Benefit**

We will pay the applicable benefit amount shown on the Schedule of Benefits when a Covered Person visits a Doctor in an emergency room if: a) the visit is Medically Necessary; and b) the visit occurs while such person is covered under the policy; and c) the Covered Person is not admitted to the Hospital as an Inpatient from the emergency room.

We will not pay benefits for more than one visit to the emergency room per day for each Covered Person. Benefits for visits to the emergency room will be paid up to the maximum benefit, as shown on the Schedule of Benefits. Additional Definitions - Wherever used in this benefit: "Emergency room" means a pre-designated and fixed medical/surgical care area within a Hospital that: a) treats patients on other than an Inpatient basis; and b) is utilized exclusively for the diagnosis and treatment of such patients' acute and/or critical conditions; and c) has emergency life saving equipment and supplies that are immediately accessible; and d) is staffed with medical personnel specially trained for duty in such an area; and e) is not primarily a clinic, Doctor's office or free-standing surgical facility.

### **Diagnostic Laboratory Tests Benefit**

We will pay the applicable benefit amount shown on the Schedule of Benefits when diagnostic laboratory tests are performed on a Covered Person if the test is: a) Medically Necessary; and b) performed while the Covered Person is not an Inpatient in a Hospital; and c) performed while

such person is covered under the policy.

Benefits for diagnostic laboratory tests will be paid up to the maximum benefit, as shown on the Schedule of Benefits.

**Diagnostic Radiology Tests Benefit**

We will pay the applicable benefit amount shown on the Schedule of Benefits when diagnostic radiology tests are performed on a Covered Person if the test is: a) Medically Necessary; and b) performed while the Covered Person is not an Inpatient in a Hospital; and c) performed while such person is covered under the policy.

Benefits for diagnostic radiology tests will be paid up to the maximum benefit, as shown on the Schedule of Benefits.

**Accidental Death Benefit**

If, within 180 days of an Accident covered under the policy in accordance with the COVERAGE DESCRIPTION to which this benefit applies, bodily Injury results in any of the following losses, we will pay the benefit amount shown opposite such loss in the Table of Benefits. If the Covered Person sustains more than one such loss as the result of any one Accident, we will pay only the one largest amount to which the Covered Person is entitled.

Table of Benefits	Covered Loss Benefit Amount
Loss of Life .....	\$1,000

**EXCEPTIONS AND REDUCTIONS**

No benefits will be paid for loss caused by or resulting from:

1. Intentionally self-inflicted injuries, suicide or any attempt thereof while sane or insane;
2. Declared or undeclared war or any act thereof;
3. The Covered Person's commission of a felony;
4. The Covered Person operating any vehicle while under the influence of alcohol or without being properly licensed and insured to do so;
5. The Covered Person's participation in or practice for; semi-professional sports; or professional sports;
6. Work-related Injury or Sickness;
7. The Covered Person's use of drugs or alcohol, unless administered by a Doctor; and
8. Alcoholism or substance abuse.

In addition to the above exclusions, no benefits will be paid for:

1. Eye examinations for glasses; any kind of eye glasses, or prescriptions for any eyeglasses;
2. Normal health checkups;
3. Hearing examinations or hearing aids;
4. Dental care or treatment other than covered services rendered in connection with the care of sound, natural teeth and gums required on account of Injury to the Covered Person resulting from an

Accident that happens while covered under the policy, and rendered within 1 month of the Accident;

5. Care or treatment of allergies, including allergy testing;
6. Diagnosis and care or treatment of acne;
7. Care or treatment rendered in connection with cosmetic surgery, except covered services rendered in connection with cosmetic surgery the Covered Person needs for breast reconstruction following a mastectomy or as a result of an Accident that happens while covered under the policy. Cosmetic surgery for an accidental Injury must be performed within 90 days of the Accident causing the Injury and while such person's coverage is in force;
8. Care or treatment rendered to Covered Person while outside the United States of America; and
9. Services provided by a member of the Covered Person's immediate family.

**CLAIM PROCEDURE**

In the event of Injury or Sickness:

1. Submit a claim form, if applicable, for each separate injury or sickness, available from Consolidated Health Plans. The claim form should be submitted within 30 days after the date of injury or commencement of a covered sickness; or as soon as reasonably possible.
2. Claim forms are available from your Claim Administrator (address and phone on the next page) 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 below.

**QUESTIONS? NEED MORE INFORMATION?**

For general information on benefits, on how to enroll, or service issues please contact:

**University Health Plans,**  
 One Batterymarch Park • Quincy, MA 02169  
 (617) 472-5324 • Toll free (800) 437-6448

For information on submitting claims or to check the status of a claim, please contact the:

**Claims Administrator:**

Consolidated Health Plans  
2077 Roosevelt Ave • Springfield, MA 01104  
(413) 733-4540 • Toll Free (800) 633-7867

***The Plan is Underwritten by:***

**National Guardian Life Insurance Company**  
2 East Gilman Street, Madison, WI 53703  
**Policy Form: NGRPHIP(S)-IL 6/12**

National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America aka The Guardian or Guardian Life

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

This outline of coverage is intended only for quick reference and does not limit or amplify the coverage described in the master policy which contains complete terms and provisions. A copy of the master policy is on file at the College.

The following services are not part of the Indemnity Plan Underwritten by National Guardian Life Insurance Company. These value added options are provided by Consolidated Health Plans in partnership with Davis Vision and FrontierMEDEX.

**VISION DISCOUNT PROGRAM**

A Vision Discount Program is available to students enrolled in the Blackburn Student Health Insurance Plan. Students will be responsible for paying for services up front but will receive a discount off retail prices. For more information, please go to:

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

**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.**