Muskingum University
“the Policyholder”

2013 - 2014
Student Accident and Sickness Insurance Plan
the “Plan”

THE COVERAGE DESCRIBED IN THIS BROCHURE DOES NOT MEET THE MINIMUM STANDARDS REQUIRED BY THE HEALTH CARE REFORM LAW. THE COVERAGE DESCRIBED IN THIS BROCHURE IS NON-RENEWABLE SHORT-TERM INSURANCE.

Customer Service
Questions 1-888-722-1668
Email: muskingum@studentinsurance.com

www.studentinsurance.com

Insurance underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY (the “Company”)

Administrator Policy # CHH8018714
Underwriter Reference # CAS9495483
ELIGIBILITY
All full-time undergraduate students of Muskingum University will be automatically enrolled for coverage under the Plan. The cost for the insurance coverage is paid by the University.

EFFECTIVE AND TERMINATION DATES
The Policy on file at the University becomes effective 12:01 a.m. on August 10, 2013 and terminates 11:59 p.m. on June 10, 2014. The coverage of students covered under this Plan shall take effect at 12:01 a.m. on the later of the following dates: (1) the date for which the premium for the Covered Student’s coverage is paid; or (2) the date the University’s term of coverage begins. Insurance for a Covered Student will terminate at 11:59 p.m. on the earliest of: (a) the date the Policy terminates; (b) the date the Covered Student has performed an act or practice that constitutes fraud or made intentional misrepresentation of material fact under the terms of this Plan; (c) the date the Company has ceased to offer coverage in such market; or (d) the date on which the Covered Student withdraws from the school because of entering the armed forces of any country.

COORDINATION OF BENEFITS PROVISION
The Company will coordinate benefits with other health insurance carriers when duplicate coverage exists. Total payment from this coverage and other health insurance coverages under which the Covered Person is enrolled shall not exceed 100% of the Reasonable and Customary Charges for covered services.
WELLNESS CENTER SERVICES

- The campus location of the Wellness Center is east of Lakeside Drive on South Street (phone ext. 8150). The nursing staff is on duty Monday–Friday 8 a.m.–5 p.m. during the traditional academic year. Doctor services are provided each weekday afternoon in a walk-in clinic setting (please contact the Wellness Center for daily hours).
- The Student Accident and Sickness Insurance Plan provides benefits for Eligible Expenses for Doctor’s clinic charges incurred at the Wellness Center. Benefits for Eligible Expenses incurred for a Doctor’s visit at the Wellness Center will be paid as shown in the Schedule of Benefits.
- The Wellness Center pharmacy license allows the University doctor to prescribe and dispense medication for student illness or injury. There may be a co-pay amount relative to the type and expense of the prescribed medication, which will be charged to the student’s University account. Prescriptions will be written by the physician for medication not stocked by the Wellness Center but deemed appropriate for an individual student’s treatment. The prescription may be filled at a local pharmacy at the student’s expense. Please note: the Wellness Center is not a working pharmacy and does not fill prescriptions from any source other than our University doctors.
- Allergy shots (student to provide medication/schedule) are administered at the Wellness Center during clinic hours for a fee of $7.00 per injection ($1.00 additional per extra injection/same visit). The student is obligated to stay for a minimum 15 minute observation period while a University doctor is on premises.
- Immunizations administered by the Wellness Center staff will be charged to the individual student account. Charges are determined by the cost of the vaccine, test or treatment.
- Counseling support is available by referral through the Wellness Center staff or may be secured by contacting Campus Counseling Services at ext. 8091.
- The Wellness Center Staff wishes to cooperate in every way with your family physician. Should your family physician find it necessary to refer you to a specialist during the school year, the Staff will assist you in securing an appointment. However, transportation arrangements are the responsibility of the student.
- Class absence for Sickness or Injury is the concern of the student and the instructor.
  - Students seeking treatment for Sickness and Injury (non-emergency) are advised to report to the Wellness Center for evaluation during a free period in order to avoid class absence.
  - The Wellness Center does not issue excuse slips for missed classes due to Injury or Sickness. Students are encouraged to contact the instructor before class is missed to report they will be absent. If a Sickness or Injury requires leaving campus for treatment involving a prolonged absence period, the student should notify the Academic Dean’s Office.

WELLNESS CENTER POLICY

- While on campus during regular semester sessions, students are urged to seek treatment or advisement for referral at the Wellness Center. If the Wellness Center is closed, students are advised to contact residence life personnel or Campus police if an emergency situation arises. It is imperative that the student follow-up at the Wellness Center so appropriate information is obtained for insurance filing and medical record continuity.

MEDICAL EVACUATION AND REPATRIATION OF REMAINS EXPENSE

MEDICAL EVACUATION EXPENSE-The Company will pay for eligible medical evacuation expenses reasonably incurred if the Covered Person suffers an Injury or emergency Sickness that warrants his or her medical evacuation while outside his or her home country, but not exceeding a $10,000 Maximum Amount. The Doctor ordering the medical evacuation must certify that the severity of the Covered Person’s Injury or emergency Sickness warrants his or her medical evacuation.

REPATRIATION OF REMAINS EXPENSE-If a Covered Person suffers loss of life due to Injury or emergency Sickness while outside his or her home country, the Company will pay for Eligible Expenses reasonably incurred to return his or her body to his or her current place of primary residence, but not exceeding a $7,500 Maximum Amount. Eligible Expenses include, but are not limited to: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible.

Travel Guard must make all arrangements and must authorize all expenses in advance for these benefits to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact Travel Guard in advance.

To Contact Travel Guard:
- Inside the US and Canada, dial 1-877-249-5362 toll-free.
- Outside the US and Canada:
  - Request an international operator.
  - Ask the international operator to connect to an AT&T operator.
  - Request the AT&T operator to place a collect call to the USA at 1-715-295-9625.
  - Our fax number is 1-262-364-2203.
MUSKINGUM SUMMARY OF BENEFITS

When, by reason of Injury or Sickness, a Covered Student incurs Eligible Expenses covered under this Plan, the Company will pay for the Eligible Expense incurred, subject to the Accident Expense Benefits and Sickness Expense Benefits schedules below.

ACCIDENT EXPENSE BENEFITS
Aggregate Maximum Benefit Amount per Accident: $5,000

When, by reason of Injury, a Covered Person incurs Eligible Expenses for Hospital, surgical or medical treatment, services or supplies, the Company will pay the Eligible Expenses incurred.

Eligible Expenses include the following:
(a) Hospital average semi-private room and board (or room and board in an intensive care unit); Hospital miscellaneous services (including, but not limited to, use of operating room or emergency); or use of an ambulatory medical center or ambulatory surgical center;
(b) services of a Doctor;
(c) private duty nursing services rendered by a registered nurse (R.N.) or licensed practical nurse (LPN) during hospital confinement;
(d) use of an ambulance;
(e) laboratory tests;
(f) radiological procedures;
(g) anesthetics and the administration thereof;
(h) blood, blood products and artificial blood products, and the transfusion thereof;
(i) physiotherapy;
(j) medicines, drugs obtained only with a Doctor’s written prescription or any other therapeutic services and supplies so ordered by the Doctor.

The Company must receive proof that the Eligible Expenses were solely the result of an Injury sustained by the Covered Person. The first such Expense must be incurred within 30 days after the date of the Accident causing the Injury. The Company will pay for covered Eligible Expenses which are the direct result of the Accident, and from no other cause, within 365 days of the Accident.

SICKNESS EXPENSE BENEFITS

OUTPATIENT EXPENSE

Non-Surgical Only Outpatient Services (includes: diagnostic X-ray, and laboratory services; radiation therapy and chemotherapy; physiotherapy [visits limited to one per day]; injections [covered only in the Doctors office]; diagnostic services and medical procedures performed by the Doctor [other than Doctor’s visits, physiotherapy, x-rays and lab procedures]; and braces and appliances only upon Doctor’s written prescription)
Up to a maximum amount of $250 per Sickness

Hospital Emergency Room (only Medically Necessary and prescribed expense).
Included in Outpatient Services

Durable Medical Equipment and Orthopedic Appliances
Included in Outpatient Services

Doctor’s Fees Expenses (limited to one visit per day)
Included in Outpatient Services

Mental and Nervous Disorders
50% of Eligible Expense up to a maximum amount of $550 per Sickness

Alcoholism Expense
In no event will the Maximum Amount payable for treatment of Alcoholism on an outpatient and intermediate care basis combined be less than $550 in any calendar year or twelve period

STATE MANDATED BENEFITS

This Plan covers all applicable state mandated benefits in the state of Ohio. Please see the Policy on file with the University for details.
PPO PROVIDERS
Persons insured under this Plan may choose to be treated within or outside of the First Health PPO Network. This network consists of Hospitals, Doctors and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. A complete listing of participating providers is available at www.studentinsurance.com or by contacting AIG, Educational Markets at 1-888-722-1668.

CLAIMS PROCEDURES
1. Written Notice of claim must be submitted to the Company within 90 days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. To submit the written claim form go to www.studentinsurance.com, log into your account and click on ‘student options’. The claim form can be submitted online electronically.
2. In the event that a PPO Provider submits the Covered Person’s claim(s), please be sure that the Provider photocopies the Covered Person’s insurance card.
3. The Covered Person should retain one copy of all claims information submitted for his or her records.

PAYMENT WILL BE MADE TO THE PROVIDERS OF SERVICE (Hospital, Doctor and others), UNLESS A PAID RECEIPT ACCOMPANIES THE BILL AT THE TIME THE CLAIM IS SUBMITTED.

For more information contact:
CLAIMS
AIG, Educational Markets Mail Center
P.O. Box 26050
Overland Park, KS 66225
Website: www.studentinsurance.com
1-888-722-1668

DEFINITIONS
"Accident" means an occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and (c) causes Injury.

"Covered Person" means a Covered Student while coverage under the Plan is in effect.

"Covered Student” means a student of this Policyholder who is insured under the Plan.

"Doctor" means: (a) legally qualified physician licensed by the state in which he or she practices; and (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term “Doctor” does not include a Covered Person’s immediate family member.

"Elective Treatment" means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body, occurring after the Covered Person's effective date of coverage. Elective treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction unless as a result of mastectomy; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; botox injections; treatment of infertility and routine physical examinations.

"Eligible Expense" means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any and (d) incurred while the Plan is in force as to the Covered Person.

"Emergency Medical Condition" means a medical condition that manifests itself by such acute symptoms of sufficient severity, including severe pain, that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following: (a) placing the health of the person afflicted with such condition or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; (b) serious impairment to such person’s bodily functions; or (c) serious dysfunction of any bodily organ or part of such person. When an Emergency Medical Condition occurs, the Covered Person may use the 9-1-1 emergency system or any other telephone access system that is used to access prehospital emergency services.
“Emergency Services” means the following: (a) a medical screening examination, as required by federal law, that is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department, to evaluate an Emergency Medical Condition; (b) such further medical examination and treatment that are required by federal law to stabilize an Emergency Medical Condition and are within the capabilities of the staff and facilities available at the Hospital, including any trauma and burn center of the Hospital.

"Hospital" means a facility which meets all of these tests: (a) it provides in-patient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located; and (f) it is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Hospital does not include a place run mainly: (a) as a convalescent home; or (b) as a nursing or rest home; (c) as a place for custodial or educational care; or as an institution mainly rendering treatment or services for: mental or nervous disorders; or substance abuse. The term "Hospital" includes: (a) a substance abuse treatment facility during any period in which it provides effective treatment of substance abuse to the Covered Person; (b) an ambulatory surgical center or ambulatory medical center; and (c) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

“Injury” means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person’s effective date of coverage; and (c) occurs while coverage is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

“Medical Necessity/Medically Necessary” means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided. A service or supply will not be considered as Medically Necessary if: (a) it is provided only as a convenience to the Covered Person or provider; or (b) it is not the appropriate treatment for the Covered Person’s diagnosis or symptoms; or (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or (d) it is experimental/investigational or for research purposes; or (e) could have been omitted without adversely affecting the patient’s condition or the quality of medical care; or (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or (g) involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment. The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

“Reasonable and Customary” means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

“Geographic area” means the three digit zip code in which the services, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply.

“Sickness” means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person’s coverage. Sickness also includes pregnancy and complications of pregnancy. All Sicknesses due to the same or a related cause are considered one Sickness.

EXCLUSIONS
The Policy does not cover nor provide benefits for loss or expenses incurred:
1. as a result of dental treatment, or dental x-rays except for treatment resulting from Injury to sound natural teeth.
2. for services normally provided without charge by the Policyholder’s Health Service or by health care providers employed by the Policyholder or services covered by the Student Health Service fee.
3. for eye examinations, eyeglasses, contact lenses, or prescription for such.
DEFINITIONS continued...

4. as a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline.
5. for Injury or Sickness resulting from war or act of war, declared or undeclared.
6. as a result of an Injury or Sickness for which benefits are paid under any Workers’ Compensation or Occupational Disease Law.
7. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
8. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
9. for cosmetic surgery except that “cosmetic surgery” shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part. It also shall not include breast reconstructive surgery after a mastectomy.
10. for Injuries sustained as the result of a motor vehicle Accident to the extent provided for any loss or any portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.
11. for preventive treatment, testing, medicines, serums, vaccines, vitamins, or oral contraceptives.
12. as a result of committing or attempting to commit an assault or felony or participation in a felony, riot, illegal occupation, insurrection or civil commotion.
13. for Elective Treatment or elective surgery.
14. for any services rendered by a Covered Person’s immediate family member.
15. for a treatment, service or supply which is not Medically Necessary.
16. for treatment of mental or nervous disorders except as specifically provided in this Plan.
17. beyond 365 days from the date of the Injury or initial medical treatment of the Sickness.
18. for routine physical examinations and testing; routine dental examinations; routine hearing examinations; health examinations or preschool physical examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, except as specifically provided in this Plan.
19. for elective abortions.
20. for Injury resulting from: the practicing for, participating in, or traveling as a team member to and from intercollegiate sports activity, including travel to and from the activity and practice.
21. for treatment, services, drugs, device, procedures or supplies that are experimental or investigational.
22. within the Covered Person’s home country of domicile with respect to an international Covered Person.
23. for treatment in the Hospital emergency room which is not due to an Emergency Medical Condition.

SUBROGATION
In the event any payments for benefits provided to a Covered Person are because of an Injury or Sickness caused by a third party’s wrongful act or negligence, the Company, to the extent of that payment, will be subrogated to any recovery or right of recovery the Covered Person has against that third party, provided: (a) the Covered Person is entitled to payment for Hospital, surgical or medical services as the result of a third party settlement or court judgment; and (b) such settlement or judgment specified an amount or portion of payment that represents payment for such benefits; and (c) the Company has paid benefits to the Covered Person under this Policy for the same services or benefits covered by the settlement or judgment. The Covered Person agrees to make a decision on pursuing a claim against a third party within 30 days of the date the Company requires that the Covered Person provide notice of claim for the Injury or condition for which benefits under this Plan are sought and to notify the Company of his or her decision within such 30 day period.
ONLINE SERVICES
Go online at www.studentinsurance.com
Search for your Institution

On this secure site you can:
• Set up an online account
  • Print ID Card
• Update your account information
• Search for Providers and Hospitals
• View a Summary of Benefits
• View questions and answers about your insurance
  • View claims information / EOBS

Important Information
Please keep this brochure as a general summary of the insurance. This is only a brief description of the coverage available under policy series S30494NUFIC-OH. The Policy on file at the University contains definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this brochure and the Policy, the Policy shall govern. This Plan also covers Mandated Benefits as required by the State of Ohio. Insurance and services provided by member companies of American International Group, Inc. Coverage may not be available in all jurisdictions and is subject to actual policy language. For additional information, please visit our website at www.AIG.com.
Here at AIG, we value the trust our customers have placed in us. That is why protecting the privacy of your personal information is of paramount importance to us. For more privacy information, please go to our website at www.studentinsurance.com.