Part I of the current student health plan. Any non-covered expenses will be billed to the student follow-up at the Wellness Center so appropriate information is obtained for insurance filing and medical record continuity.

CLASS ABSENCE DUE TO ILLNESS OR INJURY

• Class absence for illness or injury is the concern of the student and the instructor.

• Students seeking treatment for illness 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 college military leave of absence. Alternative Coverage—If you do not meet the eligibility requirements of this plan, please call Wells Fargo Insurance Services at 1-800-228-6768 for information on alternative insurance plans.
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. This student must request an appeal in writing within 90 days of the date appearing on the EOB. The appeal request must include: a description of what they feel supports their request for appeal, medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator below.

Underwritten & Claims Administered by
Special Risk Claims
Commercial Travelers Mutual Insurance Company
70 Genesee Street • Utica, NY 13502
Toll Free: 800-756-3702
www.ctmich.com/claims
Toll Free: 800-756-3702

For a copy of the Company’s Privacy Notice, you may go to:
www.commercialtravelers.com/privacy.html
or Request one from the Health Office at your School.

Effective Date:
Commercial Travelers Mutual Insurance Company
(c/o Privacy Officer
70 Genesee St. • Utica, NY 13502
(Computerized student health records only:)
Please indicate the school you attend
when you need such information.

The Insurance Program is in two (2) parts. Part I will be mandatory and Part II will be optional for all full-time undergraduate students, and all students participating in intercollegiate athletics, excluding students in the Adult Degree Completion Program. Coverage for Parts I and II are effective on August 10, 2008 and continue for the period of the fall semester. The annual cost for Part I is paid by Muskingum College. The annual cost for Part II is $292.00 which includes an administrative fee and will be billed equally in the amount of $146.00 over the first and second semesters. Coverage for Parts I and II will run from January 2, 2009 to August 10, 2009. Spouses and dependent children are also eligible and, although not automatically covered, can apply for the Insurance at the Business Office if they wish. The cost of Part II appears as a separate line item on the student billing statement. Those students who have comparable coverage may waive Part II of the Insurance by completing and returning the “Insurance Waiver Card” by the due dates payable prior to the beginning of the semester, or waive on-line at www.student-claimscenter.com click on Muskingum and then click on Waive On-Line. In the event an Insured Student ceases to be a student at the College, coverage will terminate effective for the period for which the premium has been paid; however, upon an Insured Student entering the armed forces, the insurance coverage will automatically terminate and a pro-rata return of premium will be made upon request. NO OTHER REFUNDS WILL BE MADE.

Alternative Coverage—If you do not meet the eligibility requirements of this plan, please call Wells Fargo Insurance Services at 1-800-228-6768 for information on alternative insurance plans.

**INSURANCE COVERAGE**

**GENERIC PROVISIONS**

The Policy is underwritten by Commercial Travelers Mutual Insurance Company, New York, and is serviced by Wells Fargo Insurance Services, P.O. Box 276, Columbus, Ohio 43216-0276. All claims will be paid by Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, NY 13502. The benefits of this Plan will be coordinated with any other insurance that the student may have (other than automobile).
BASIC PLAN BENEFITS

When hospital or medical care is employed on account of covered hospitalization or covered sickness or injury sustained during the period for which the Student or dependent is insured, the eligible medical care expense incurred will not be subject to the following provisions and limits.

Usual and Customary means in usual terms of services, care or treatment provided and customary by others of like condition and treatment in the same geographic area with similar professional standing and providing similar care or treatment.

DESCRIPTION OF BENEFITS

PART I—MANDATORY COVERAGE

A. Accident Medical Expense

Payment will be made for the usual and customary expense incurred for services provided within 90 days of the date of accident or the date of the first medical treatment for each covered sickness or injury. Hospital Room & Board—When confined in a hospital, the plan will pay the usual and customary expense for a bed and room in a semi-private room rate of the hospital confined in, the services of a registered graduate nurse not approved by the College Wellness Center, diagnostic laboratory and X-ray examinations, the use of operating room, anesthetics, laboratory service, surgical dressings, medicines, plaster casts, use of wheelchair or crutches or ambulance.

MANDATED BENEFITS

The following benefits are mandated in the state of Ohio under the College Student Health Plan and/or the college’s provisions. Medical care will be provided in the order prescribed by a legally qualified physician or surgeon.

10. Part II benefits for injury or sickness to the individual participant.
11. Injury sustained during the play or practice of intercollegiate athletics.
12. Injury incurred by persons administering treatment or services, which exceed $2,000, under Worker’s Compensation, Occupational Diseases, Employees or salaried full-time Physicians of the school.
13. Medical care and related services rendered by a legally qualified physician by reason of covered accident or sickness, the usual and customary expense incurred for such services.
14. Elective surgery, except cosmetic surgery made necessary by injury which occurs while the policy is in force.

EXCLUSIONS

No reimbursement will be made for medical expenses in connection with:

1. Dental treatment or services for X-rays except as otherwise provided and then only if injury occurs to sound, natural teeth.
2. Services rendered or medical supplies, which exceed $2,000, under Worker’s Compensation, Occupational Diseases, Employees or salaried full-time Physicians of the school.
3. Cost of eyeglasses, routine eye examinations or prescriptions therefor.
4. Voluntary termination of pregnancy.
5. Declared or undeclared war or any act of war.
6. Injuries or sickness for which benefits are paid under Worker’s Compensation, Occupational Disease Act or law or similar legislation.
7. Expense incurred for injury or illness due to alcohol or narcotics, materials or services, which exceed $2,000, except those prescribed by a qualified and licensed physician.
8. Medical expenses incurred as the result of an accident involving a motor vehicle, to the extent that benefits are payable for same under any applicable insurance or prepayment plan.
9. Expense incurred due to self-inflicted injury, suicide or attempted suicide, while sane or insane.
10. Injuries sustained by persons administering treatment or services, which exceed $2,000, under Worker’s Compensation, Occupational Diseases, Employees or salaried full-time Physicians of the school.
11. Injury sustained during the play or practice of intercollegiate athletics.
12. Injury incurred by persons administering treatment or services, which exceed $2,000, under Worker’s Compensation, Occupational Diseases, Employees or salaried full-time Physicians of the school.
13. Medical care and related services rendered by a legally qualified physician by reason of covered accident or sickness, the usual and customary expense incurred for such services.
14. Elective surgery, except cosmetic surgery made necessary by injury which occurs while the policy is in force.

CLAIM PROEDURE

In the event of accident or illness the Student should:

1. If at School report immediately to the College Wellness Center. Payment under the College Wellness treatment can be prescribed or approved.
2. If away from School (including foreign travel) consult a doctor and follow directions, phone the plan, and secure a copy of the claim form. Treatment. See the Policy on file with the school.
3. Claim forms and instructions on claim procedures are available at the College Wellness Center or by visiting the website at: www.studentplans-center.com

The written notice of injury or sickness upon which claim for benefits may be based must be provided to the Company within 30 days of the date of commencement of the first loss for which benefits are available under each such policy. The claim may be dismissed, or as soon thereafter as is reasonably possible. The claim for benefits for which the policy is in force remains open as long as the policy is in force.

15. Preventive medicines, serums, vaccines, stomatological and vision examinations.
16. Riot or civil strife in which the insured Person participates.
17. Expense incurred after 52 weeks from the date of the accident or from the date of the first medical treatment for any one accident or sickness.
18. Mental or nervous disorders, except as provided or mandated by the State of Ohio.

Phone (740) 826-8150 • Fax (740) 826-8151
sick, other than hospital employees, will be paid up to $25,000.00 for the applicable surgical procedure.

Consultants’ Fees—When confined as a bed-

patient in a hospital and when requested by the attending physician up to $50.00.

Physicians’ Expenses—(Non-Surgical)—When

the insured requires the services of a qualified physician or dentist or surgeon, the Company will pay the usual and custom-

ary expense incurred for such services up to $175.00.

When an Insured Student, while not hospital-

ized, goes to a hospital for medical treatment, the plan will pay the usual and custom-

ary expense incurred within 90 days from the first medical treatment for each covered sick-

ness. When at School, diagnostic expenses must be approved by the College Wellness Center.

Physicians’/Vets’/Dentists’ Fees—When a

qualified physician or dentist or surgeon, attends a legally qualified physician by reason of cov-

erage, hospitalization or confinement at semi-private room rate, the

covered accident for expenses incurred within

52 weeks of the date of accident and the first eli-

sible usual and customary expense incurred will be

subject to the following provisions and limits.

Usual and Customary means usual in terms of

charges for like services or materials or services, which exceed $2,000,

except those prescribed by a qualified and

licensed physician.

Major Medical expenses are included to
determine by a legally qualified physician or sur-

geon, hospital room rate up to the average semi-private rate of the hospital confined in,

the services of a registered graduate nurse when

sickness or injury occurs to sound, natural teeth.

(but not in the same geographic area

with similar professional standing and providing

similar care or treatment.

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B. Malignant Disease

paid subject to the following provisions and limits.

when the insured requires the services of a qual-

ified physician or dentist or surgeon, attending a

legally qualified physician by reason of cov-

erage, hospitalization or confinement at semi-

private room rate, the

covered accident for expenses incurred within

90 days from the date of accident or sickness.

Mandated benefits include, but are not limited to: Cancer Screening, Mammography, Recon-

structive Surgery and Prosthetic Devices; Child

Health Supervision Services; Medical Emergency Treatment; Asthma, Allergy and Dermatology; Mental Illness; and Alcoholism and Drug Abuse Treatment. See the Policy on fee with the school for further details on these benefits.

No reimbursement will be made for medical expenses in connection with:

1. Dental treatment or (Non-Surgical) —When

the insured requires the services of a qualified physician or dentist or surgeon, attending a

legally qualified physician by reason of cov-

erage, hospitalization or confinement at semi-

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