It is suggested that students keep this description of coverage with them at all times because no individual certificates will be issued. The Master Policy is maintained by the College.

Note: The time you were covered under this plan may count as creditable coverage for purposes of Federal Law if you leave this plan and go to an employer’s plan within 63 days thereafter.

You are eligible to receive a verification from the Company regarding the periods you were covered. Please contact Wells Fargo Insurance Service at 1-800-228-6768 when you need such verification.

2008-MA36A7

ELIGIBILITY AND COST
All Foreign National Students enrolled at Muskingum College are eligible for and included in the Plan. Spouses and children are also eligible and although not automatically covered may apply for the Insurance at the Business Office. The annual cost for single coverage is $490.00, which includes an administrative fee.

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 or visit us at our website wfs.wellsfargo.com/colleges for information on alternative insurance plans.

GENERAL PROVISIONS
The Policy is written by Security Mutual Insurance Company of New York, and is serviced by Wells Fargo Insurance Service, 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).

NOTICE: If an insured person is covered by more than one health insurance plan, he or she may not be able to collect benefits from both plans. Each plan may require an insured to follow its rules to use specific services at hospitals, doctors, and other providers and it may be impossible to comply with both plans at the same time. An insured should read and understand the rules very carefully, including the coordination of benefits section and compare them with any other plan that covers an insured or his/her family.

2008-MA36A7 (Bro)
It is suggested that students keep this description of coverage with them at all times because no individual certificates will be issued. The Master Policy is maintained by the College.

Note: The time you were covered under this plan may count as creditable coverage under another Federal Law if you leave this plan and go to an employer’s plan within 63 days thereafter.

You are eligible to receive verification from the Company regarding the periods you were covered. Please contact Wells Fargo Insurance Services at 1-800-228-6768 when you need such verification.

2008-MA367 (Bro)
A. Accident Medical Expense

Major Medical expenses are defined to include, but are not limited to, the cost of a medical accident or illness occurring to an Insured Person from the place of Injury or Sickness to the nearest Hospital where appropriate medical treatment can be obtained, and/or for the EDU Insured Person from the place of Injury or Sickness to the nearest Hospital where appropriate medical treatment can be obtained, and/or Sickness to the nearest Hospital where appropriate medical treatment can be obtained, and/or return of the EDU from there to his/her home country for further medical treatment or recovery. If services provided are covered under Workers’ Compensation, then the Insured Person will assign to Us his rights to those benefits to the extent that benefits are payable under Part I or Part IIA. 

Ambulance Expense—Up to $75.00. 

B. Major Medical Expense

In the event of the death of the Insured as the result of a covered Injury or Sickness, the Company will pay to the eligible usual and customary expense incurred within 52 weeks from the date of the accident or the date of sickness. 

Payment will be made for usual and customary charges up to $75.00 for each covered sickness or accident. 

B. Sickness Medical Expense

Payment for usual and customary charges will be made up to $500.00 for each covered accident for expenses incurred within 52 weeks of the date of accident and the first eligible expense incurred within 90 days from the first date of receipt of treatment or medical care by a recognized professional, such as a qualified physician or dentist or surgeon, hospital confinement at semi-private room rate, the services of a registered graduate nurse, X-ray service, use of operating room, anesthesia, laboratory or x-ray services, pharmacy, plaster casts, the rental of wheelchair or portable oxygen, the provision of crutches or ambulance. Payment will be made not to exceed $20.00 beginning with the first visit then $5.00 per visit per day thereafter up to a maximum of $365.00. 

Ambulance Expense—Up to $75.00. 

C. Dental Medical Expense

Dental treatment for dental x-rays except as otherwise provided and then only when injury occurs to sound, natural teeth.

Payment will be made for usual and customary charges up to $20.00 beginning with the first visit then $20.00 for subsequent visits. If the student is attended by any other physician, the Company will pay up to $20.00 beginning with the second visit, then $10.00 per visit per day thereafter. The maximum payment of the applicable procedure can be prescribed or approved. 

D. Hospital Miscellaneous Expense

Hospital Miscellaneous Expense—$200.00 each covered sickness.

Hospital Miscellaneous Expense—X-ray expense for hospital or out-of-hospital. 

Other corrective surgery, including cosmetic surgery, except those prescribed by a qualified and recognized professional, such as a qualified physician or surgeon.

D. Hospital Miscellaneous Expense

Hospital Miscellaneous Expense—X-ray expense for hospital or out-of-hospital. 

Payment will be made for usual and customary charges up to $75.00 for each covered sickness. 

E. Treatments by a registered graduate nurse

When an Insured Student, while not hospital confined, requires the services of a registered graduate nurse, X-ray service, use of operating room, anesthesia, laboratory or x-ray services, pharmacy, plaster casts, the rental of wheelchair or portable oxygen, the provision of crutches or ambulance. Payment will be made not to exceed $20.00 beginning with the first visit then $5.00 per visit per day thereafter up to a maximum of $365.00.

F. Major Medical Expense

Major Medical expenses are defined to include, but are not limited to, the cost of a medical accident or illness occurring to an Insured Person from the place of Injury or Sickness to the nearest Hospital where appropriate medical treatment can be obtained, and/or Sickness to the nearest Hospital where appropriate medical treatment can be obtained, and/or return of the EDU from there to his/her home country for further medical treatment or recovery. If services provided are covered under Workers’ Compensation, then the Insured Person will assign to Us his rights to those benefits to the extent that benefits are payable under Part I or Part IIA.

Ambulance Expense—Up to $75.00.

B. Major Medical Expense

In the event of the death of the Insured as the result of a covered Injury or Sickness, the Company will pay to the eligible usual and customary expense incurred within 52 weeks from the date of the accident or the date of sickness. 

Payment will be made up to $500.00 for each covered accident for expenses incurred within 52 weeks of the date of accident and the first eligible expense incurred within 90 days from the first date of receipt of treatment or medical care by a recognized professional, such as a qualified physician or dentist or surgeon, hospital confinement at semi-private room rate, the services of a registered graduate nurse, X-ray service, use of operating room, anesthesia, laboratory or x-ray services, pharmacy, plaster casts, the rental of wheelchair or portable oxygen, the provision of crutches or ambulance. Payment will be made not to exceed $20.00 beginning with the first visit then $5.00 per visit per day thereafter up to a maximum of $365.00.

Ambulance Expense—Up to $75.00.

B. Major Medical Expense

In the event of the death of the Insured as the result of a covered Injury or Sickness, the Company will pay to the eligible usual and customary expense incurred within 52 weeks from the date of the accident or the date of sickness. 

Payment will be made for usual and customary charges up to $75.00 for each covered sickness. 

B. Sickness Medical Expense

Payment for usual and customary charges will be made up to $500.00 for each covered accident for expenses incurred within 52 weeks of the date of accident and the first eligible expense incurred within 90 days from the first date of receipt of treatment or medical care by a recognized professional, such as a qualified physician or dentist or surgeon, hospital confinement at semi-private room rate, the services of a registered graduate nurse, X-ray service, use of operating room, anesthesia, laboratory or x-ray services, pharmacy, plaster casts, the rental of wheelchair or portable oxygen, the provision of crutches or ambulance. Payment will be made not to exceed $20.00 beginning with the first visit then $5.00 per visit per day thereafter up to a maximum of $365.00.

Ambulance Expense—Up to $75.00.

B. Major Medical Expense

In the event of the death of the Insured as the result of a covered Injury or Sickness, the Company will pay to the eligible usual and customary expense incurred within 52 weeks from the date of the accident or the date of sickness. 

Payment will be made for usual and customary charges up to $75.00 for each covered sickness. 

B. Sickness Medical Expense

Payment for usual and customary charges will be made up to $500.00 for each covered accident for expenses incurred within 52 weeks of the date of accident and the first eligible expense incurred within 90 days from the first date of receipt of treatment or medical care by a recognized professional, such as a qualified physician or dentist or surgeon, hospital confinement at semi-private room rate, the services of a registered graduate nurse, X-ray service, use of operating room, anesthesia, laboratory or x-ray services, pharmacy, plaster casts, the rental of wheelchair or portable oxygen, the provision of crutches or ambulance. Payment will be made not to exceed $20.00 beginning with the first visit then $5.00 per visit per day thereafter up to a maximum of $365.00.

Ambulance Expense—Up to $75.00.

B. Major Medical Expense

In the event of the death of the Insured as the result of a covered Injury or Sickness, the Company will pay to the eligible usual and customary expense incurred within 52 weeks from the date of the accident or the date of sickness. 

Payment will be made for usual and customary charges up to $75.00 for each covered sickness. 

B. Sickness Medical Expense

Payment for usual and customary charges will be made up to $500.00 for each covered accident for expenses incurred within 52 weeks of the date of accident and the first eligible expense incurred within 90 days from the first date of receipt of treatment or medical care by a recognized professional, such as a qualified physician or dentist or surgeon, hospital confinement at semi-private room rate, the services of a registered graduate nurse, X-ray service, use of operating room, anesthesia, laboratory or x-ray services, pharmacy, plaster casts, the rental of wheelchair or portable oxygen, the provision of crutches or ambulance. Payment will be made not to exceed $20.00 beginning with the first visit then $5.00 per visit per day thereafter up to a maximum of $365.00.

Ambulance Expense—Up to $75.00.

B. Major Medical Expense

In the event of the death of the Insured as the result of a covered Injury or Sickness, the Company will pay to the eligible usual and customary expense incurred within 52 weeks from the date of the accident or the date of sickness. 

Payment will be made for usual and customary charges up to $75.00 for each covered sickness. 

B. Sickness Medical Expense

Payment for usual and customary charges will be made up to $500.00 for each covered accident for expenses incurred within 52 weeks of the date of accident and the first eligible expense incurred within 90 days from the first date of receipt of treatment or medical care by a recognized professional, such as a qualified physician or dentist or surgeon, hospital confinement at semi-private room rate, the services of a registered graduate nurse, X-ray service, use of operating room, anesthesia, laboratory or x-ray services, pharmacy, plaster casts, the rental of wheelchair or portable oxygen, the provision of crutches or ambulance. Payment will be made not to exceed $20.00 beginning with the first visit then $5.00 per visit per day thereafter up to a maximum of $365.00.

Ambulance Expense—Up to $75.00.
When hospital or medical care is employed on account of a covered sickness contracted or sustained, sickness contracted or treated during the period for which the Student or dependent is insured, the College Wellness Center will pay up to a maximum of $250.00 for each covered sickness.

Physicians’ Visits Expense—(Non-Surgical)—When a covered injury or sickness is confined, requires the services of the College Physician, the Company will pay for usual and customary charges up to $300.00 for the first visit, then $200.00 for subsequent visits. If the student is attended by a hospital or other non-College Physician, the Company will pay up to $20.00 beginning with the second visit, then $10.00 per visit per day thereafter. The maximum coverage under this benefit is $250.00, each covered sickness.

MEDICAL EDUCATION EXPENSE—(RENT ONLY)

If the insured requires medical evacuation to his/her home country as the result of a covered injury or sickness, the Company will pay for usual and customary charges for same, not to exceed $10,000.00. Benefits are payable for the transportation of the insured to the place of injury or sickness to the nearest Hospital where appropriate medical treatment can be obtained from there to his/her home country for further medical treatment or recovery.

If services are not covered under Workers’ Compensation, then the Insured Person will assign to Us his rights to those benefits to the extent that benefits have been provided under this benefit.

REPARTITION EXPENSE—(RENT ONLY)

In the event of the death of the Insured as the result of a covered Injury or Sickness, The Company will pay for usual and customary charges, not to exceed $7,500.00 for returning an Insured Person to his/her place of residence in the Home Country, if applicable. Expenses shall include, but are not limited to, the cost of a mortician’s service, transportation for the decedent, burial, interment and all other expenses as allocated by the Policy as well as all other terms and conditions applicable to such services. Mandated benefits as required by the state in which the Policy is issued include, but are not limited to: Cancer Screening Tests; Mastectomy, Reconstructive Surgery and Prosthetic Devices; Child Health Supervision Services; Medical Education and Training Services; Psychiatrically Based Mental Illness; Alcohol and Drug Abuse Treatment Services, and the Plan with further details on these benefits.

EXCLUSIONS

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

1. Dental treatment of dental x-rays except as otherwise provided and then only when injury occurs to sound, natural teeth.
2. Services of a registered graduate nurse, X-ray technician, use of operating room, anesthetist, clinicians’ services with due regard to international regulation, crutches or ambulance.

B. Sickliness Medical Expense (OPTIONAL FOR DEPENDENTS)

B. Sickliness Medical Expense—(OPTIONAL FOR DEPENDENTS)

In the event of accident or sickness, the expense incurred will be included in all plans issued by the Commercial Travelers Insurance Company as soon as possible, or the College Wellness Center, by visiting the website: www.studentplanscenter.com

Written notice of injury or sickness upon which claim may be based must be provided to the Company within 30 days from the date of the commencement of the first loss for which benefits arising out of each such injury or sickness may be claimed. The claim notice is as soon as possible. Bills for which benefit is to be paid must be submitted within 90 days of the treatment.

Mandated benefits as required by the state in which the Policy is issued include, but are not limited to: Cancer Screening Tests; Mastectomy, Reconstructive Surgery and Prosthetic Devices; Child Health Supervision Services; Medical Education and Training Services; Psychiatrically Based Mental Illness; Alcohol and Drug Abuse Treatment Services, and the Plan with further details on these benefits.

EXCLUSIONS

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

1. Dental treatment of dental x-rays except as otherwise provided and then only when injury occurs to sound, natural teeth.
2. Services of a registered graduate nurse, X-ray technician, use of operating room, anesthetist, clinicians’ services with due regard to international regulation, crutches or ambulance.