

# Student Accident and Sickness Insurance Program

Designed for the Students of



2006-2007

Nationwide Life Insurance Company  
Columbus, Ohio

Policy Number: 302-109-1604

Effective August 1, 2006 to July 31, 2007

## 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.

## ELIGIBILITY

All Students attending Kentucky Wesleyan College on a full-time basis must participate in the Plan unless they and/or their parents request exemption in writing (special form available) showing satisfactory proof of comparable coverage at registration. The Plan is not available to part-time Students. The cost for the academic year is \$300.00 per Student which includes an administrative fee.

**Enrollment and Alternative Coverage** - If you have any questions regarding enrollment in this Plan or if you do not meet the eligibility requirements of this Plan, please call University Health Plans at 800-437-6448 or visit us at our website [www.universityhealthplans.com](http://www.universityhealthplans.com) for information.

## COVERAGE

This Plan, subject to the benefits and exclusions outlined in this brochure, protects the insured Student at home, at School, or while traveling – 24 hours a day – anywhere in the world during the term of the Student's policy including all interim vacation periods. Benefits become effective August 1, 2006, and continue during the period for which the premium has been paid. The Master Policy expires at 12:01 a.m. on July 31, 2007. In the event a Student enters military service, coverage will cease and a pro-rata refund of premium will be made upon request. **NO OTHER REFUND WILL BE MADE.**

## BASIC PLAN BENEFITS

When hospital or medical care is required because of covered sickness contracted and causing loss or covered accidental bodily injuries received beginning while the Student's coverage is in force, the eligible expense incurred will be paid by the Company as provided by the Policy. Following is a summary of the benefits for each accident or sickness.

## BASIC ACCIDENT AND SICKNESS BENEFITS

### \$3,000.00 Major Hospital Protection

When by reason of a covered accident or sickness the Student is confined within a hospital, the Company will pay the following eligible expenses actually incurred within a 52 week period from the date of the accident or commencement of first such expense due to sickness, to a maximum of \$3,000.00 per injury or sickness;

1. Hospital room and board to a maximum of \$75.00 per day.
2. Hospital miscellaneous expenses up to a maximum of \$300.00.
3. Treatment by a legally qualified physician or surgeon up to a maximum of \$300.00. In addition, anesthetists will be paid up to 25% of the charge for the applicable surgical procedure. All Surgical benefits will be payable on an inpatient and outpatient basis.
4. Use of professional ambulance service.
5. Employment of a registered graduate nurse (R.N.) when deemed necessary by the attending physician.
6. Doctor's visits to a maximum of \$20.00 per day.

Expenses in excess of the usual and reasonable charge, as determined by Ingenix, for the service rendered will not be covered.

## SUPPLEMENTAL OUTPATIENT ACCIDENT MISCELLANEOUS EXPENSE

When the Student is not hospital confined, the Company will pay for necessary and prescribed miscellaneous expenses incurred within 52 weeks of the date of a covered accident at a hospital, clinic or doctor's office to a maximum of \$500.00. Miscellaneous expenses include X-ray examinations, anesthesia, temporary surgical appliances, laboratory tests as an outpatient, physician's fees, emergency room and outpatient hospital room and board.

Dental expenses incurred as a result of an injury to sound natural teeth will be covered to \$100.00. Expenses for intercollegiate athletic injuries will be covered up to \$500.00.

## SUPPLEMENTAL OUTPATIENT SICKNESS EXPENSE

When the Student requires outpatient services, the Company will pay for such services including prescription drugs up to a maximum of \$125.00 per covered sickness when requested and/or approved by the Student Health Service.

## CONSULTANT EXPENSE

When requested and approved by the Student Health Service up to a maximum of \$50.00.

## MANDATED BENEFITS

The following benefits are mandated in the state of Kentucky. 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 coinsurance conditions of the Policy as well as all other terms and conditions applicable to any other covered sickness.

Mandated benefits include, but are not limited to: Ambulatory Surgical Centers Coverage; Bone Marrow Transplants; Cancer Screening Tests; Diabetes Equipment, Supplies and Service; Emergency Services; Mastectomy; Reconstructive Surgery and Prosthetic Devices; Maternity Benefits; Treatment of Inherited Metabolic Diseases for Newborns; Home Health Care; Temporomandibular and Craniomandibular Joint Disorder Benefit; Treatment of Alcoholism; and General Anesthesia and Facility Charges for Dental Procedures for certain individuals. See the Policy on file with the school for further details on these benefits.

## EXCLUSIONS

The Plan does not cover:

1. Expense incurred as the result of dental treatment, except treatment resulting from injury to sound, natural teeth, limited to \$100.00.
2. Services rendered at the Policyholder's Infirmary by employees or salaried physicians of the Policyholder.

3. Expense incurred while participating in the practice or play of intercollegiate athletics which exceed \$500.00.
4. Cost of eyeglasses, contact lenses, routine eye examinations or prescriptions therefore.
5. Preventative medicines, serums or vaccines.
6. Injury due to participation in a riot or civil strife.
7. Elective surgery except cosmetic surgery made necessary by injury which occurs while the Policy is in force.
8. Elective termination of pregnancy.
9. Treatment or service rendered in any Federal Government hospital or any hospital where the insured individual is entitled to free care or treatment in absence of this Insurance.
10. Injury sustained while flying except as a fare paying passenger in a regularly scheduled commercial aircraft.
11. Declared or undeclared war on any act thereof.
12. Injury or sickness for which benefits are payable under any Workers ' Compensation or Occupational Disease Act or Law.
13. Injury sustained or sickness contracted while in the service of the Armed Forces of any country.
14. Outpatient treatment of mental disorders in excess of \$100.00.
15. Medical expenses incurred as the result of a motor vehicle accident to the extent such expense is covered by the other group insurance except automobile no fault insurance.
16. Intentional self-inflicted injury; suicide or attempt or threat while sane or insane.
17. Injury or sickness resulting from the Insured being under the influence of any drugs or narcotics, voluntarily taken except those prescribed by a Physician.
18. Expense incurred for any disease or physical impairment contracted or treated prior to the effective date of this coverage.
19. Expenses incurred after 52 weeks from the date of the accident or on the date of the first treatment of sickness.

**CONTINUATION OF COVERAGE: CONVERSION PRIVILEGE**

An insured Student who terminates enrollment at the College may apply for a continuation of coverage for a period up to nine (9) months. At the end of that period, the Student may apply for coverage under the Company's conversion plan then in effect. When the Company is advised by the College that a Student is no longer eligible for coverage under the Student Plan, the Student may contact the Company for more information concerning the continuation and conversion privilege.

NOTE: The time you are covered under this plan may count as creditable coverage under State and Federal Law if you leave this plan and go to an employer's plan within 63 days thereafter. You are eligible to receive a certification from the Company regarding the periods you were covered. Please contact University Health Plans at 800-437-6448 when you need such verification.

**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.

**CLAIM PROCEDURE**

**In the event of Covered Accident or Sickness:**

- 1) If at School, report immediately to the College Health Services. This office is located on the 2<sup>nd</sup> floor of Bernard Jones Administration Building. If away from School, consult a doctor and follow his/her instructions. Report to the College Health Service as soon as possible.
- 2) Notification of injury or sickness must be provided within 30 days after the date of accident or the commencement of sickness. 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 itemized bills should be submitted to the Claims Administrator shown below:

**Claims Administrator:  
CONSOLIDATED HEALTH PLANS**

195 Stafford Street  
Springfield, MA 01104-3503  
(413) 733-4540  
Toll Free (800) 633-7867

**Servicing Broker:**

University Health Plans, Inc.  
One Batterymarch Park  
Quincy, MA 02169-7454  
Local: (617) 472-5324  
Out of area: (800) 437-6448  
[www.universityhealthplans.com](http://www.universityhealthplans.com)

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

**The Plan is underwritten by:  
Nationwide Life Insurance Company**

**Policy Number: 302-109-1604**

**CLAIM APPEAL**

To appeal a claim, send a letter stating the issues of the appeal to Consolidated Health Plan's Appeal Department at the above address. Include your name, phone number, address, school attended and email address, if available.

Claims will be reviewed and responded to within 60 days by Consolidated Health Plans.

## **VISION BENEFITS**

The Vision One discount program is available to participants in the Student Health Insurance Plan through Cole Vision® at no additional cost. This program may help you save on many eye care products, including eyeglasses and contact lenses, nonprescription sunglasses, contact lens solutions and accessories.

The Vision One program is available at many optical centers nationwide – such as **Sears, JC Penney, Target**, most **Pearle Vision Centers** and others – as well as through selected independent optometrist and ophthalmologist offices.

When you visit a Vision One location, show your Student Health Insurance card, and any applicable services or merchandise you receive will be discounted right at the point of purchase. There are no claim forms to complete and no waiting for reimbursement.

Here is an example of some of the discounts you are eligible for:

<b>Frames</b>	Vision One Cost	Typical Savings
Up to \$60 retail	\$25	58%
\$60 to \$80 retail	\$35	56%
\$80 to \$100 retail	\$45	55%
Over \$100 retail		35% off retail
<b>Exams – Spectacle</b>		\$5 discount
<b>Lenses</b>		
Single Vision	\$30	46%
Bifocal	\$50	42%
Trifocal	\$60	45%
Lens Options	Additional	
Standard Progressive (no-line bifocal)	\$50	33%
Polycarbonate	\$30	40%
Scratch Resistant Coating	\$12	40%
Ultraviolet Coating	\$12	40%
Anti-Reflective Coating	\$35	30%
Photochromic	\$30	25%
Solid or Gradient Tint	\$ 8	33%
<b>Contact Lenses</b>		
Non-Disposable Contacts		20%
Disposable Contacts		10%
<b>Exams – Contacts</b>		\$10 discount

To find the nearest Vision One location log on to the Cole Managed Vision website at [www.cmvc.com](http://www.cmvc.com) or call 1-800-424-1155, weekdays from 9 a.m. to 9 p.m. ET and Saturdays from 9 a.m. to 5 p.m. ET to speak to a representative. Cole Managed Vision Plan #47034.