

# STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN



## This is a summary of the 2009-2010 plan as developed by Consolidated Health Plans for the Universities of the Pennsylvania State System of Higher Education: Bloomsburg, Clarion, East Stroudsburg, Edinboro, Indiana, Kutztown, Millersville, Shippensburg, Slippery Rock, West Chester

Please keep this as a general summary of the insurance. You will receive a complete brochure upon enrollment, or visit [www.chpstudent.com](http://www.chpstudent.com). The Policy on file at the University contains all of the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this summary. If any discrepancy exists between the brochures and Policy, the Policy will govern and control the payment of benefits. This Policy provides benefits for the Reasonable and Customary Charges incurred by a Covered Person for loss due to a covered Injury or Sickness.

### EFFECTIVE & TERMINATION DATES

The Policy on file at the school becomes effective at 12:01 A.M., on the following dates:

- August 9, 2009 – August 8, 2010 for Annual Plan;
- August 9, 2009 – December 31, 2009 for Fall Plan;
- January 1, 2010 – August 8, 2010 for Spring/Summer Plan;
- May 3, 2010 – August 8, 2010 for Summer Plan.

Coverage becomes effective that date or the date the application and full premium are received by the Company (or its authorized representative), whichever is later. The Policy terminates at 12:01 a.m., August 8, 2010. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is sooner. Refunds of premiums are allowed only upon entry into armed forces. **If paying premiums by semester, coverage expires for the Fall Plan on December 31, 2009.**

You must meet the eligibility requirement each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within fourteen (14) days after the premium expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage. **No renewal notices will be sent for periods less than annual.** The final deadline for Annual and Fall enrollment in this insurance plan is **September 21, 2009**, we will accept enrollment after that date as long as the envelope is **postmarked** by September 21, 2009. The other deadlines are as follows: **January 20, 2010** for the Spring/Summer Plan and **June 1, 2010** for the Summer Plan. Applications received after these applicable dates will be returned.

### PLAN HIGHLIGHTS: FOR COVERED INJURY AND SICKNESS.

Basic Medical is provided up to \$2,500 for each Injury or Sickness. Major Medical Benefits are provided up to \$50,000.

**SICKNESS** coverage is provided at 80% to a Preferred Provider\* or 60% of the Reasonable and Customary Charges to Non-Preferred Providers, up to the Plan Maximum. **Services are covered as follows:**

- **Physician Visits:** Benefits are limited to one (1) visit per day. Benefits for Physician's visits do not apply when related to surgery or Physiotherapy.
- **Hospital Room & Board:** Semiprivate Room Rate up to \$2,500.
- **Surgeon's Fees:** No more than one (1) surgical procedure will be covered when multiple procedures are performed through the same incision or an immediate succession. Inpatient maximum is \$5,000. Outpatient max is \$2,500.
- **Outpatient Miscellaneous Benefits:** Including outpatient facility charges, chemotherapy, and radiation therapy, and other benefits designated as "Paid under Outpatient Miscellaneous" including "Day Surgery Miscellaneous". Limited to \$2,000.
- **X-ray and Laboratory Services:** Inpatient and outpatient combined to a maximum of \$1,500.
- **Ambulance Services:** Limited to \$250.

**INJURY** expenses are paid at 80% to a Preferred Provider\* subject to a \$500 OOP maximum or 60% to Non-Preferred Providers, subject to a \$500 OOP maximum, up to the Plan Maximum.

- **Collegiate Sports Injuries** covered to a \$2,500 Maximum.
- **Club Sports Injuries** covered to a \$1,000 Maximum.

**OPTIONAL SUPPLEMENTAL** to increase the plan maximum by \$150,000 at an additional premium, call Consolidated Health Plans.

\*A listing of Preferred Providers can be found at: [www.igs-ppo.com](http://www.igs-ppo.com).

The following benefits are also available:

- **Medical Evacuation:** Up to \$10,000.
- **Repatriation:** Up to \$7,500.

### ENROLLMENT

To enroll, please fill out the enrollment form, visit your Health Services, go to [www.chpstudent.com](http://www.chpstudent.com) or contact:

Consolidated Health Plans  
2077 Roosevelt Avenue  
Springfield, MA 01104  
(800) 633-7867

Enrollment forms and access to a **discount Rx program** are available at: [www.chpstudent.com](http://www.chpstudent.com)

**Health Services referrals are required before seeking non-emergency care.**

### ELIGIBILITY

All undergraduate students earning six (6) or more credit hours are eligible to enroll in this insurance plan. All graduate students are eligible to enroll in this Insurance Plan. Students must actively attend classes for at least the first thirty-one (31) days after the date for which coverage is purchased. The Company maintains its right to investigate student status and check records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers Policy eligibility requirements have not been met, its only obligation is refund of premium. Students who do enroll may also insure their dependents. Eligible dependents are the spouse and unmarried children under nineteen (19) years of age who are not self-supporting. Dependent eligibility expires concurrently with that of the insured.

### EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Treatment, services or supplies which: are not medically necessary; are not prescribed by a Physician as necessary to treat an Sickness or Injury; are determined to be experimental/investigational in nature; are received

2. without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any Family Member.
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
3. Injury or Sickness for which benefits are covered under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation.
4. 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. Any supply not specifically listed as a Covered Charge.
6. Expenses incurred as a result of committing or attempting to commit a felony or participating in a riot or insurrection.
7. Any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.
8. Gynecomastia; breast implants or breast reduction; sexual reassignment surgery; alopecia; hair growth or removal; obesity and any condition resulting there from (including hernia of any kind); weight reduction. Expenses in connection with cosmetic treatment or cosmetic surgery, except as a result of Injury that occurred while covered under the Policy; or congenital disease or anomaly of a newborn child.
9. Nonmalignant warts, moles and lesions unless Medically Necessary; surgery and/or treatment for acne; allergy, including allergy testing; corns, calluses and bunions; acupuncture; biofeedback-type services; learning disabilities; sleep disorders, including supplies, treatment and testing thereof.
10. Skeletal irregularities of one (1) or both jaws, including orthognathia and mandibular retrognathia, temporomandibular joint dysfunction. Expenses incurred as a result of dental treatment, except as specifically stated.
11. Patient controlled analgesia (PCA).
12. Expenses for preventative medicines, serums or vaccines, except where required for the treatment of Injury.
13. Eyeglasses, contact lenses, hearing aids and examination for the prescription or fitting thereof.
14. Premarital examinations; circumcision; family planning; tubal ligation; vasectomy; fertility test; impotence, organic or otherwise. Reproductive services including but not limited to: birth control; and infertility (male and female), including any service or supplies rendered for the purpose or with the intent of inducing conception.
15. Experimental organ transplants.
16. Expenses due to skydiving, recreational parachuting, hang gliding, glider flying, parasailing, sail planning, or bungee jumping.
17. Injury sustained while: participating in any intercollegiate or club sport, contest or competition; traveling to or from such sport, contest or competition as a participant; or while participating in any practice or conditioning program for such sport, contest or competition, except as specifically stated.
18. Services provided normally without charge by the Student Health services of the Policyholder.
19. Suicide or attempted suicide while sane or insane; intentionally self-inflicted Injury, except as specifically stated.
20. Treatment in a governmental Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
21. Routine physical examinations and routine testing; preventative testing or treatment; and screening exams or testing in the absence of Injury or Sickness, except as specifically provided.
22. Prescription Drugs.
23. Nasal and sinus surgery.
24. Expenses for which mandatory automobile no-fault benefits are recovered or recoverable.
25. Services and supplies related to nicotine additions.

**2009-2010 SUMMARY OF BASIC INSURANCE BENEFITS**

FOR EACH INJURY OR SICKNESS COVERAGE IS PROVIDED UP TO \$2,500 BASIC BENEFIT AS SPECIFIED BELOW.

MAJOR MEDICAL BENEFITS ARE PROVIDED UP TO \$50,000 FOR COVERED INJURY & SICKNESS AS SPECIFIED BELOW.

This Policy provides benefits for the Reasonable and Customary Charges incurred by a Covered Person for loss due to a covered Injury or Sickness up to the Maximum benefit of \$50,000. Benefits will be paid up to the Maximum Benefit for each service as specified in the following schedule.

**Injury** Expenses are paid to Plan Maximum; 80% Preferred Provider, \$500 OOP Max, 60% Non-Preferred Providers, \$500 OOP Max

Collegiate Sports Injuries covered to a \$2,500 Maximum, Club Sports Injuries covered to a \$1,000 Maximum.

Health Services Referrals are required before seeking non emergency care.

**Sickness Expenses**

	<b>In Network (Intergroup, PPO)</b>	<b>Out-of-Network</b>
<b>Inpatient Services</b>		
<b>Hospital Room and Board:</b> Daily semi-private room rate; and general nursing care provided by the Hospital	80% up to \$2,500	60% of Reasonable & Customary Charges up to \$2,500
<b>Hospital Miscellaneous Expense</b> (except lab and x-rays):	80% up to \$2,500	60% of Reasonable & Customary Charges up to \$2,500
<b>Surgeon's Fees:</b> No more than one (1) surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession	80% up to \$5,000	60% of Reasonable & Customary up to \$5,000
<b>Anesthetist:</b>	25% of Surgery Allowance	15% of Surgery Allowance
<b>Inpatient Physician Visits:</b> Benefits are limited to one (1) visit per day and do not apply when related to surgery.	80%	60% of Reasonable & Customary Charges
<b>Outpatient Services</b>		
<b>Surgeon's Fees:</b> No more than one (1) surgical procedure will be covered when multiple procedures are performed through the same incision or an immediate succession	80% up to \$2,500	60% of Reasonable & Customary Charges up to \$2,500
<b>Anesthetist:</b>	25% of Surgery Allowance	15% of Surgery Allowance
<b>Outpatient Miscellaneous Benefit:</b> Including Chemotherapy, and Radiation Therapy, and other benefits designated as Paid under Outpatient Miscellaneous.	80% to a \$2,000 maximum	60% of Reasonable & Customary Charges to a \$2,000 maximum
<b>Day Surgery Miscellaneous:</b> Related to scheduled surgery performed in a Hospital, including the cost of the operating room; including professional fees; anesthesia; drugs or medicines; and supplies. Reasonable and Customary Charges for Day Surgery are based on the Outpatient Surgical Facility Charge Index.	Paid Under Outpatient Miscellaneous	Paid Under Outpatient Miscellaneous
<b>Physician Visits:</b> Benefits are limited to one (1) visit per day. Benefits for Physician's visits do not apply when related to surgery or Physiotherapy.	\$20 Office Visit Copay	60% of Reasonable & Customary Charges
<b>Physiotherapy:</b> Benefits are limited to one (1) visit per day.	Paid Under Outpatient Miscellaneous	Paid Under Outpatient Miscellaneous
<b>Mental/Nervous Disorders:</b> Benefits are limited to one (1) visit per day. Referral services from Student Health Service or Student Counseling Center, Limited to \$150 per policy year	80% Paid as any other sickness, limited to \$2,500 (Inpatient and Outpatient Combined)	60% Paid as any other sickness, limited to \$2,500
<b>Medical Emergency Expenses:</b> Use of the emergency room and supplies. Payable only for visits that do not result in Hospital Confinement.	\$100 Emergency Room Visit Copay , up to \$1,500	60% of Reasonable & Customary Charges, up to \$1,500
<b>Tests and Procedures:</b> diagnostic services and medical procedures (other than Physician's Visits, Physiotherapy, X-Rays, and lab procedures performed by a physician.	Paid Under Outpatient Miscellaneous	Paid Under Outpatient Miscellaneous
<b>CAT Scan/MRI:</b>	Paid Under Outpatient Miscellaneous	Paid Under Outpatient Miscellaneous
<b>Injections:</b> When administered in the Physician's office and charged on the Physician's statement.	Paid Under Outpatient Miscellaneous	Paid Under Outpatient Miscellaneous
<b>Other Benefits</b>		
<b>Lab and X-ray-Inpatient &amp; Outpatient Combined</b>	80% of Reasonable & Customary up to \$1,500	60% of Reasonable & Customary up to \$1,500
<b>Ambulance Service:</b>	80% up to \$250 maximum	60% of Reasonable & Customary Charges/ \$250 maximum
<b>Consultant Physician:</b> When requested and approved by the attending Physician/Provider.	80%	60% of Reasonable & Customary Charges
<b>Braces and Appliances:</b> A written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered.	Paid Under Outpatient Miscellaneous	Paid Under Outpatient Miscellaneous
<b>Normal Pregnancy, Complications of Pregnancy &amp; childbirth:</b>	Paid the same as any other sickness. Subject to the inpatient and outpatient limitations listed above	Paid the same as any other sickness. Subject to the inpatient and outpatient limits listed above
<b>Drug &amp; Alcohol Abuse:</b> Inpatient detox, up to 7 days per admission, limited to 4 admissions per lifetime; non-hospital residential, up to 30 days per Policy year, limited to 90 days per lifetime; outpatient, up to 30 days per Policy year. Payable same as Sickness in the first course or instance of treatment. Additional courses of treatment payable at 50%.	<b>Inpatient:</b> 1st course of treatment Hospital Room and Board - 80% up to \$2,500 Hospital Miscellaneous - 80% up to \$2,500 <b>Outpatient:</b> 80% up to \$2,000 (paid under the outpatient miscellaneous)	<b>Inpatient:</b> 1st course of treatment Hospital Room and Board - 60% up to \$2,500 Hospital Miscellaneous - 60% up to \$2,500 <b>Outpatient:</b> 60% up to \$2,000 (paid under the outpatient miscellaneous)
<b>Mandated Child Immunizations:</b>	80%	60% of Reasonable & Customary Charges
<b>Elective Abortion:</b>	Paid Under Outpatient Miscellaneous	Paid Under Outpatient Miscellaneous
<b>Medical Evacuation</b>		\$10,000
<b>Repatriation</b>		\$7,500