

Student Injury and Sickness Insurance Plan

Designed For The
International Students Of



Fontbonne

UNIVERSITY

Learn more. Be more.®

("the Policyholder")

St. Louis, Missouri

2014 - 2015

UNDERWRITTEN BY:

United States Fire Insurance Company

Policy #US079554

Group #14430021

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ELIGIBILITY

All International students or scholars taking full-time credit hours, registered for thesis or dissertation or otherwise engaged in educational activities are eligible and are required to purchase this insurance plan, unless proof of comparable coverage is furnished. **Those International students who have been approved for Permanent Residency are not eligible.**

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet and television (TV) courses do not fulfill the Eligibility Requirements that the Student actively attend classes. The company maintains its right to investigate student status and attendance records to verify that the policy eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium, less any claims paid.

Covered Students may also enroll their eligible dependents. Eligible dependents are the Covered Student's spouse residing with the Covered Student; and unmarried children under age 26. Dependent eligibility expires concurrently with that of the Covered Student.

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective at 12:01 a.m., August 01, 2014. Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 11:59 p.m., July 31, 2015. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Covered student or extend beyond that of the Insured student.

Eligibility requirements must be met each time premium is paid to continue coverage.

Refunds of premiums are allowed only upon entry into the armed forces.

EFFECTIVE DATES AND RATES

Annual (8/1/14 - 7/31/15)

Student Only.....	\$ 943.00
Spouse.....	\$2,748.00
Each Child.....	\$1,178.00

Fall Semester (8/1/14 - 12/31/14)

Student Only.....	\$ 378.00
Spouse.....	\$1,100.00
Each Child.....	\$ 472.00

Spring/Summer Semester (1/01/15 - 7/31/15)

Student Only.....	\$ 567.00
Spouse.....	\$1,533.00
Each Child.....	\$1,650.00

Summer (6/01/15 - 7/31/15)

Student Only.....	\$ 190.00
Spouse.....	\$ 551.00
Each Child.....	\$ 238.00

PREFERRED PROVIDER INFORMATION

By enrolling in Fontbonne University Student Accident and Sickness Insurance Plan the Covered Person has access to a Preferred Provider network. This program does not require the use a Preferred Provider. The Covered Person may receive care from any licensed provider he or she chooses (benefit eligibility is subject to the plan design and the exclusions and limitations as specified in the Policy), but if the Covered Person incurs any expense using a Preferred Provider, his or her out-of-pocket expense may be reduced. The preferred provider network is the PHCS HD Network. The Covered Person may check for Preferred Providers by calling 1-800-678-7427 or by visiting their website at www.multiplan.com.

Preferred Providers are the Doctors, hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. The availability of specific providers is subject to change without notice. The Covered Person should always confirm that a Preferred Provider is participating at the time services are required by checking the Preferred Provider Network website or calling the Preferred Provider Network and by asking the provider when he or she makes an appointment for services.

Out-of-Network providers have not agreed to any prearranged fee schedules. The Covered Person may incur significant out-of-pocket expenses with these providers.

SCRIPT CARE PRESCRIPTIONS

When you use a Script Care network pharmacy, you will be able to get up to a 30 day supply of drugs prescribed for a Covered Injury or Sickness. Go to www.scriptcare.com to find a network pharmacy in your area. You will pay a \$20 co-payment for each generic drug and a \$40 co-payment for each brand name drug.

Please present your ID card to the network pharmacy when the prescription is filled. If you do not use a network pharmacy, you will be responsible for paying the full cost for the prescription.

If you do not present the card, you will need to pay the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please call Script Care Customer Service line toll free at 1-800-880-9988, www.scriptcare.com.

DISCOUNT VISION PROGRAM

Because you are currently a member of Script Care's prescription drug program, you are also eligible to participate in the value-added Script Care Vision Program through VSP Vision Care. The discount vision program is available to all Script Care members at no additional cost and no premium. **THIS IS NOT INSURANCE.**

How do members use the program?

1. Locate a participating eye care provider. When you arrive at your appointment, show your Script Care ID card and receive a discount on eye exams. There are no claims to file, and there is no waiting for reimbursement.
2. How many providers participate in the program?
3. There are thousands of participating provider locations nationwide. For a list of Providers near you, contact VSP Vision Care at 1-800-877-7195 or visit their website at www.vsp.com and click on the link to VSP Vision care.

INTERCOLLEGIATE SPORTS INJURY/ACCIDENT COVERAGE

The Benefit for an Injury as a result of membership and participation in intercollegiate sports sponsored by the Policyholder is limited to a Maximum of \$1,000 per Injury. This is a separate policy from the Accident & Sickness policy. Coverage remains underwritten by United States Fire Insurance Company.

ADDITIONAL BENEFITS

Benefits will be payable for **routine immunizations of a child** from birth to five years of age. Benefits are not be subject to any Deductible.

Benefits will be payable for Covered Expenses for **administration of general anesthesia and hospital charges for dental care** provided to the following Covered Persons: (1) A dependent child under the age of five; (2) A person who is severely disabled; or (3) A person who has a medical or behavioral condition which requires hospitalization or general anesthesia when dental care is provided.

Benefits will be payable for Covered Expenses for Covered Persons for the following: (1) **A pelvic examination and Pap smear** for any non symptomatic woman in accordance with the current American Cancer Society guidelines; (2) **A prostate examination and laboratory tests for cancer** for any non symptomatic man in accordance with the current American Cancer Society guidelines; and (3) **A colorectal cancer examination and laboratory tests for cancer** for any non symptomatic person in accordance with the current American Cancer Society guidelines.

Benefits related to the examinations and tests as required by this section shall be payable on the same basis as any other sickness and are subject to the same dollar limits, deductible, and copayments as other covered benefits or services.

Benefits for Covered Expenses for **mammography for women 35 years of age or older** for the presence of occult breast cancer as follows: (1) a baseline mammogram women 35 to 39 years of age. (2) An annual mammogram for women 40 years of age or older.

Benefits for Covered Expenses for **diabetes equipment, diabetes supplies, diabetic self-management training programs** for the treatment of diabetes when ordered by a doctor.

Initial Prosthetic Device and Reconstructive surgery following a mastectomy. Benefits will be paid the same as any other sickness for the initial prosthetic device and all reconstructive breast surgery to restore symmetry following mastectomy.

Formula necessary for the treatment of phenylketonuria (PKU) as prescribed by a doctor. Subject to deductible and coinsurance as any other sickness.

Benefits are payable on the same basis as any other sickness for **early intervention services** described in this benefit that are delivered by early intervention specialists who are health care professionals licensed by the state of Missouri and acting within the scope of their professions for children from birth to age three identified by the Part C early intervention system as eligible for services under Part C of the Individuals with Disabilities Education Act, 20 U.S.C. Section 1431, et seq.

Subject to deductible and coinsurance as any other sickness.

“Early Intervention Services” means medically necessary speech and language therapy, occupational therapy, physical therapy and assistive technology devices for children from birth to age three who are identified by the Part C early intervention system as eligible for services under Part C of the Individuals with Disabilities Education Act, 20 U.S.C. Section 1431, et seq. Early intervention services shall include services under an active individualized family service plan that enhance functional ability without effecting a cure. An individualized family service plan is a written plan for providing early intervention services to an eligible child and the child’s family that is adopted in accordance with 20 U.S.C. Section 1436. The Part C early intervention system, on behalf of its contracted regional Part C early intervention system centers and providers, shall be considered the rendering provider of services for purposes of this section.

Payments made for specified early intervention services shall not be applied against any maximum lifetime aggregate specified in the policy.

Benefits will be payable for the diagnosis and treatment of **autism spectrum disorders** in covered persons less than eighteen years of age. Benefits payable will be subject to copayments, deductible, and coinsurance provisions on the same basis as any other sickness. Benefits will not be subject to any limits on the number of visits a covered person may make to an autism services provider. Subject to deductible and coinsurance as any other sickness.

Benefits paid on behalf of a covered person for any care, treatment, intervention, service, or item unrelated to autism spectrum disorders shall not be applied towards the maximum established under this benefit. This benefit will not limit benefits not related to the treatment of autism spectrum disorders that are otherwise available to a covered person under this plan.

The proposed treatment plan for treatment of autism spectrum disorders may be reviewed by our Administrator according to medical necessity criteria that may be based in part on evidence of continued improvement as a result of the treatment. Medical necessity determinations shall be subject to appeal rights.

COORDINATION OF BENEFITS

Benefits will be coordinated with any other group medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered expenses.

EXTENSION OF BENEFITS AFTER TERMINATION

If the Covered Person is confined to a Hospital on the date his or her coverage terminates as a result of Sickness or Injury for which benefits were payable prior to the date his or her coverage terminated, benefits will be payable for the Eligible Expenses incurred until the earliest of: (1) the end of Sickness or Injury; (2) the end of the 90 day period following the date his or her coverage terminated; or (3) the date the applicable Maximum Amount is reached. The Extension of Benefits will apply only to the extent the Covered Person will not be covered under the Policy or any other health insurance policy in the ensuing term of coverage.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

The Company will pay the benefit below for Injuries to a Covered Person (a) caused by an Accident which happens while covered by the Policy; and (b) which directly, and from no other cause, result in any of the losses listed below within 180 days of the Accident that caused the Injury.

The maximum amount of this benefit is shown below.

For Loss of	Student	Spouse	Child
Life	\$10,000	\$5,000	\$2,500
Both Hands or Both Feet	\$10,000	\$5,000	\$2,500
Sight of Both Eyes	\$10,000	\$5,000	\$2,500
One Hand and One Foot	\$10,000	\$5,000	\$2,500
One Hand and the Sight of One Eye	\$10,000	\$5,000	\$2,500
One Foot and the Sight of One Eye	\$10,000	\$5,000	\$2,500
One Hand or One Foot	\$5,000	\$2,500	\$1,250
The Sight of One Eye	\$5,000	\$2,500	\$1,250

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means the total, irrevocable loss of the entire sight in that eye. “Severance” means the complete separation and dismemberment of the part from the body.

GLOBAL EMERGENCY SERVICES

Global Emergency Services are provided by Scholastic Emergency Services an assist america partner.

SES is the nation’s foremost provider of global emergency services designed specifically for the active student lifestyle. For any medical difficulty encountered 100 miles (150km) away from home or campus*, SES is the lifeline students can depend on with just a simple phone call. SES handles travel emergencies of every kind and even provides some services to students while on campus*. Our product is peace of mind for students, parents and school administration. To learn more about the program, please see the enclosed SES brochure, or visit our website www.assistamerica.com/Students.aspx.

*Students have select services while on campus, such as emergency trauma counseling, medical repatriation and return of mortal remains.

Contact SES at:

- 1-877-488-9833 (inside USA)
- +1-609-452-8570 (outside USA) or:
- email medservices@assistamerica.com

Reference Number 01-SES-SUM-08123

SCHEDULE OF BENEFITS

Please Note: Services are considered in network if provided by a PHCS HD provider. To locate a PHCS HD provider please call 1-800-672-2140 or visit their website at www.multiplan.com. URC refers to Usual, Reasonable & Customary Charges.

ELIGIBLE EXPENSES

Lifetime Maximum Benefit (all conditions).....	UNLIMITED
Maximum Benefit Per Injury or Sickness.....	UNLIMITED
Policy Year Out-of-Pocket Limit.....	\$6,350 Individual / \$12,700 Family

The Out-of-Pocket Limit is reached by all medical and prescription drug Copayments, Deductible and Coinsurance paid by the Covered Person. Once the Out-of-Pocket has been reached by the Covered Person during a Policy Year, covered percentages are increased to 100% for all Eligible Expenses incurred by the Covered Person for the remainder of that Policy Year.

Repatriation of Remains.....	Maximum Benefit up to \$15,000
Medical Evacuation.....	Maximum Benefit up to \$50,000

	In-Network	Out-of-Network
Doctor's Office Visits.....	100% of Allowable Charge after \$20 Copay per visit.....	75% of URC
Inpatient Doctor's Visits.....	100% of Allowable Charge after \$50 Copay per visit.....	75% of URC
Hospital & Physician Outpatient Services (includes day surgery miscellaneous, X-rays, lab, chemotherapy, radiation therapy, CAT Scans/MRI).....	100% of Allowable Charge.....	75% of URC
Emergency room charges and Emergency room visits.....	100% of Allowable Charge after \$50 Copay (Copay waived if admitted as inpatient)	After \$50 Copay, 75% of URC (Copay waived if admitted as inpatient)
Ambulance	100% of Allowable Charge	75% of URC
Preventive Services (as specified by the Patient Protection and Affordable Care Act).....	100% of Allowable Charge	75% of URC

Benefits listed below are subject to all Coinsurance, Deductible, and Out-of-Pocket Limits.

Maternity Care for a covered pregnancy.....	Paid as any other Sickness
Treatment of Mental and Nervous Disorders.....	Paid as any other Sickness
Treatment of Substance Abuse.....	Paid as any other Sickness
Outpatient Chiropractic Care Benefit.....	Maximum 26 visits per Policy Year
Physiotherapy while Hospital confined.....	R&C up to \$1,000 Maximum per Policy Year
Outpatient Physiotherapy.....	R&C up to \$50 Maximum per visit, 20 visits, per Policy Year
Annual Cervical Cytology screening for Women.....	100% of Allowable Charge.....
Low dose mammography screening.....	100% of Allowable Charge.....
Dental treatment made necessary by Injury to sound natural teeth.....	100% of URC up to \$100 per tooth and \$500 Maximum per Policy Year
Outpatient Prescription Drugs.....	Generic: \$20 copay; Brand: \$40 copay; Non-Formulary Brand: \$60 copay (Contraceptive services not covered)
TB scratch tests.....	100% after \$20 copay per visit per Policy Year

EXCLUSIONS AND LIMITATIONS

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 or for extraction of impacted wisdom teeth for treatment of dental abscess or secondary infection due to dental abscess as provided elsewhere in the Policy.
2. for services normally provided without charge by the Policyholder's Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder or services covered by the Student Health Service/Center fee.
3. for eye examinations, eyeglasses, contact lenses, or prescription for such or treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process. Vision examinations not related to prescription or fitting of lenses will be covered only when performed in connection with the diagnosis or treatment of Sickness or Injury. Eye refraction is not covered.
4. for hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing apart from the disease process.
5. 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.
6. for Injury or Sickness resulting from war or act of war, declared or undeclared.
7. as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
8. 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.
9. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. 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 and reconstructive surgery because of a congenital disease or anomaly of a covered dependent newborn child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.
11. 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.
12. for preventive treatment, testing, medicines, serums, vaccines, vitamins or oral contraceptive except as specifically provided in the Policy.
13. 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.
14. for Elective Treatment or elective surgery or for voluntary or elective abortions unless otherwise provided in the Policy.
15. after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.
16. for any services rendered by a Covered Person's immediate family member.
17. for a treatment, service or supply which is not Medically Necessary.
18. for personal items or services such as television, telephone or transportation.
19. for the treatment of alcoholism or substance abuse except as specifically provided in the Policy.
20. for outpatient prescription drugs except as specifically provided in the Policy.
21. for Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Doctor.
22. for orthopedic appliances or braces.
23. for surgery and/or treatment of: acne; acupuncture; gynecomastia; allergy, including allergy testing; biofeedback-type services; breast implants or breast reduction unless Medically Necessary following a mastectomy; circumcision; corns, calluses and bunions; hair growth or removal; impotence, organic or otherwise; learning disabilities; nonmalignant warts, moles and lesions; premarital examinations; sexual reassignment surgery and related therapy; sleep disorders, including supplies, treatment and testing thereof; smoking cessation; tubal ligation; vasectomy; hernia of any kind; alopecia; and weight reduction.
24. for routine physical 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 for in the Policy.
25. as a result of a motor vehicle accident if the Covered Person is not properly licensed to operate the motor vehicle within the jurisdiction in which the Accident takes place, except in a Driver's Education program.
25. for treatment of infertility, including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or

- any other form of assisted conception elective sterilization or its reversal, artificial insemination or in vitro fertilization.
26. for Injury resulting from travel in or upon a snowmobile, ATV (all terrain or similar type two or three-wheeled vehicle and/or off-road four wheeled motorized vehicles), personal watercraft or bungee jumping.
 27. for organ, tissue and cell transplants.
 28. for physiotherapy except as specifically provided under the Policy.
 29. for Injury resulting from: the practicing for, participating in, or traveling as a team member to and from professional sports activity, including travel to and from the activity and practice; hang gliding; parasailing; sky diving; glider flying; sail planing; or parachuting.
 30. for rest cures or custodial care.
 31. for the services of an assistant surgeon.
 32. for treatment, services, drugs, device, procedures or supplies that are experimental or investigational.
 33. for Injury resulting from fighting, except in self-defense.

DEFINITIONS

1. Coinsurance means the percentage amount of covered expenses for which you are responsible for any medical service or supply. The coinsurance is shown in the Schedule. We will pay the remaining amount of covered expenses, subject to the maximum amount for specific services and the maximum benefit for all services.
2. Complications of pregnancy means:
 - a. Conditions whose diagnosis is distinct from but adversely affected or caused by pregnancy and which require a hospital stay (when pregnancy is not terminated). Such conditions include, but are not limited to, acute nephritis; nephrosis; cardiac decompensation; missed abortion; hyperemesis gravidarum; pre eclampsia; and similar conditions of comparable severity; or
 - b. Non elective cesarean section; therapeutic abortion; ectopic pregnancy which is terminated; and spontaneous termination of a pregnancy during a period of gestation when a viable birth is not possible.
3. Complications of pregnancy do not include:
 - False labor;
 - Occasional spotting;
 - Doctor-prescribed rest during pregnancy;
 - Morning sickness; or
 - Similar conditions associated with a difficult pregnancy that are not classified as a complication of pregnancy.
4. Covered expenses means charges:
 - a. Not in excess of usual, reasonable and customary charge;

- b. Not in excess of the maximum benefit amount payable per service as shown in the Schedule;
 - c. Made for medical services and supplies not excluded under the policy;
 - d. Made for services and supplies which are medically necessary; and
 - e. Made for medical services specifically included in the Schedule.
5. Covered person means you and your eligible spouse and dependents covered under the policy. The proper premium payment must be made to be covered under the policy.
 6. Deductible means the amount of covered expenses paid on behalf of a covered person before benefits are payable under the policy. The deductible amount is shown in the Schedule.
 7. Dependent means your unmarried child who:
 - a. Has his principal residence with you;
 - b. Chiefly relies on you for support and maintenance; and
 - c. Is within the following age groups unless otherwise shown in the Schedule:

- 1) Under 19 years of age;
- 2) 19 but less than 25 years of age and enrolled in a School as a full time student; or
- 3) 19 or more years of age, and primarily supported by you and incapable of self sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to us within 31 days after the date the child ceases to qualify as a dependent under (1) or (2) above. We may, from time to time, require proof of the continuation of such condition and dependence. After that, we may require proof no more than once a year.

"Child" can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

8. Doctor means a licensed practitioner of the healing arts acting within the scope of his license. Doctor does not include:
 - a. You;
 - b. Your spouse, dependent, parent, brother, or sister; or
 - c. A person who ordinarily resides with you.
9. Hospital means an institution:
 - a. Operated pursuant to law;
 - b. Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
 - c. Under the supervision of a staff of doctors;
 - d. Providing 24 hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);

- e. With medical, diagnostic and treatment facilities, and with major surgical facilities;
 - 1) On its premises; or
 - 2) Available on a prearranged basis; and
- f. Charging for its services.

Hospital does not include a clinic or facility for:

- Convalescent, custodial, educational or nursing care;
- The aged, drug addicts or alcoholics; or
- Rehabilitation.

- 10. Hospital stay means a medically necessary overnight confinement in a hospital when room and board and general nursing care are provided and a per diem charge is made by the hospital.
- 11. Injury means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered one injury.

- 12. Intensive care means:
 - a. A specifically designated facility of the hospital that provides the highest level of medical care; and
 - b. Restricted to those patients who are critically ill or injured.

Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. It must be:

- (i) Permanently equipped with special life-saving equipment for the care of the critically ill or injured; and
- (ii) Under constant and continuous observation by nursing staffs assigned on a full-time basis, exclusively to the Intensive Care Unit.

- 13. Intensive care does not mean any of these step-down units:
 - Progressive care;
 - Sub-acute intensive care;
 - Intermediate care units;
 - Private monitored rooms;
 - Observation units; or
 - Other facilities not meeting the standards for intensive care.

- 14. Medical emergency means the occurrence of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect in the absence of immediate medical attention to result in:
 - a. placing ones health (for a pregnant woman this includes the health of the newborn) in

- serious jeopardy;
- b. Serious impairment to bodily functions; or
- c. Serious dysfunction of any body organ or part.

- 15. Expenses incurred for medical emergency will be paid only for an sickness or injury fulfilling the above conditions. These expenses will not be paid for minor sickness or minor injuries.
 - 16. Medically necessary means those services or supplies provided or prescribed by a hospital or doctor:
 - a. Essential for the symptoms and diagnosis or treatment of the sickness or injury;
 - b. Provided for the diagnosis, or the direct care and treatment of the sickness or injury;
 - c. In accordance with the standards of good medical practice;
 - d. Not primarily for your convenience or that of your doctor; and
 - e. That are the most appropriate supply or level of service that can safely be provided.
 - 17. Natural teeth means natural teeth or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.
 - 18. Negative X-ray means an X-ray that shows the absence of a fracture, pathology, or disease.
 - 19. Nurse means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).
 - 20. Participating institution means the college or university you attend during your term of coverage.
 - 21. Physiotherapy means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a doctor.
 - 22. Policyholder means the entity to which the policy is issued. The policyholder is shown on the first page of the policy.
 - 23. Positive X-Ray means an X-ray that shows the presence of a fracture, pathology, or disease.
 - 24. Prescription means any authorization, including authorized refills, issued by a doctor for dispensing medication for the purpose and in the amount specified.
- Prescription drug means:
- a. A legend drug;
 - b. A compound medication when at least one ingredient is a prescription legend drug;
 - c. Any other drug which under applicable state law may only be dispensed by prescription, including injectable insulin; or
 - d. Drugs and medications dispensed by a licensed pharmacist that are not specifically excluded by other provisions applicable to this coverage
- 25. Primary insured means you.
 - 26. Sickness means illness or disease diagnosed

during the term of coverage under the Policy for the covered person. Sickness includes normal pregnancy and complications of pregnancy. All related conditions and recurring symptoms of sickness will be considered one sickness.

27. Spouse means your lawful spouse.
28. Term of coverage means the period of coverage beginning with your Effective Date and ending upon completion of a trimester, semester or other measure of an academic session determined by the participating institution.
29. Usual, reasonable and customary means:
 - a. Charges and fees for medical services or supplies that are the lesser of:
 1. The usual charge by the provider for the service or supply given; or
 2. The average charged for the service or supply in the area where service or supply is received; and
 - b. Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

Additional definitions:

1. Preferred Allowance means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.
2. Out of Network providers have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility.
3. Allowable Charges means the United States Fire Insurance Company's allowance for a specified Covered Medical Expense or the Provider's charge for the service, whichever is less.

Regardless of the provider, you are responsible for the payment of your Deductible. You must satisfy your Deductible before benefits are paid. We will pay according to the benefit limits in the Schedule of Medical Expense Benefits.

PRIVACY STATEMENT

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insured's or former insured's to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling us toll-free at 877-246-6997 or by visiting us at www.summitamerica-ins.com.

CLAIMS PROCEDURE

In the event of Injury or Sickness students should:

1. Obtain a claim form from the University, visit our website at www.summitamerica-ins.com or complete a claim form online at: https://enrollment.summitamerica-ins.com/saiclaimform_as.aspx. Please complete one claim form per year. Mail the completed claim form, all medical bills, and copies of any other insurance carrier's Explanation of Benefits Statements to the address shown below.
2. Please file the claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

SUBMIT ALL CLAIMS, CLAIMS INQUIRIES, PREMIUM AND ELIGIBILITY QUESTIONS TO:

**SUMMIT AMERICA INSURANCE SERVICES,
An Ascension Company**

PO Box 25936
Overland Park, KS 66225
www.summitamerica-ins.com
Call Toll Free 877-246-6997
or email claims related questions to:
claims@summitamerica-ins.com

Hours of Operation:

Monday - Friday 8:30 a.m. to 5:00 p.m. Central Standard
Time

***PREFERRED PROVIDER INFORMATION:
PHCS/MULTIPLAN PROVIDER NETWORK
1-800-678-7427
www.multiplan.com***

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Please keep this brochure as a general summary of the insurance. The Policy (Form AH-27261) on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. The Policy is the contract and in the event of a discrepancy will govern and control the payment of benefits.