



# Gwynedd-Mercy College

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### **GWYNEDD-MERCY COLLEGE**

**Policy Number: 08200658**

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## **INTRODUCTION**

Hospitalization, surgery and accompanying medical Expenses are at an all time high. Many students and their parents are not prepared to meet the added cost of unexpected Accidents and Sicknesses. Although many families have some form of health insurance, these plans often do not cover a college student after age 18 or when the student is out of the provider's area. Costly medical bills can impose tremendous hardship, and even necessitate withdrawal from school.

The College is concerned with the health and well-being of its students. Student Accident and Sickness insurance is designed to provide low-cost coverage for unanticipated medical Expenses. Please read the provisions of this insurance plan carefully and retain this brochure for future reference.

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## **ELIGIBILITY**

All full-time undergraduate students enrolled at Gwynedd-Mercy College are automatically enrolled in this insurance plan, the cost of \$600 will be included in the tuition bill unless proof of comparable coverage is furnished.

International student annual cost \$1,095 (25 and under), \$1,345 (26 and over) which provides major medical coverage of \$250,000 per occurrence as required by the College.

Students enrolled in the basic plan may also enroll in the Increased Supplemental Limit as well. Students who elect to enroll in this option must submit the enrollment form and premium to Markel Insurance Company with a postmark date prior to the school's effective date of coverage, August 21, 2008.

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## **REFUND PROVISION**

In the event an Insured person leaves school to enter active military service, coverage will cease and a pro rata refund of premium will be made upon request. Other than as stated here, no refunds are available.

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## **TERM OF COVERAGE**

The policy for the current year becomes effective on August 21, 2008 at 12:01 a.m. and expires on August 21, 2009 at 12:01 a.m. Coverage remains in effect during holiday and vacation periods. Should an Insured person graduate or withdraw from the institution, the insurance shall remain in effect until the end of the period for which premium has been paid. The plan protects the Insured students of Gwynedd-Mercy College at home, at school, worldwide, 24 hours a day.

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## **WAIVER/ENROLLMENT DEADLINE**

If You have proof of comparable insurance and wish to waive coverage, the deadline to waive out of this plan is September 11, 2008. To waive out of this insurance plan, log onto [www.studentassist.com](http://www.studentassist.com) and follow the instructions using the password 0658 and the policy number 08200658.

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## ANNUAL COST

Student .....	\$600
Spouse .....	\$1,525
Child(ren) .....	\$900

International Students (25 and under).....	\$1,095
International Students (26 and over) .....	\$1,345

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## WELLNESS RESOURCES PROGRAM

Enrollment in the Gwynedd-Mercy College Student Assist automatically includes membership in the Wellness Resources Program. The Wellness Resources Program is not an insurance plan but a discount program that provides savings on services that may not be covered by the insurance plan, and offers an array of wellness and discount services at no additional cost. Program participants will receive a discount ID card in addition to the medical ID card. The discount ID card may be used by all members of the participant's family. For additional discount information please see page 14.

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## DEFINITIONS

**Accident** means a sudden, unexpected and unintended event which is identifiable and caused solely by an external physical force resulting in Injury to an Insured person. Accident does not include a Loss due to or contributed to by disease or Sickness.

**Deductible** means the amount an Insured is required to pay as provided by the applicable coverage under the policy in the event of a Loss.

**Expense** means the Usual and Customary charges for Medically Necessary treatment, service or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

**Hospital** means a licensed institution including a tax-supported institution of the state which has on the premises, or prearranged access to, medical and surgical facilities. It must maintain permanent facilities for the care of overnight resident patients under the care of a Physician. It must have a Registered Nurse (R.N.) always on duty or call. Confinement in the special wing of a Hospital used primarily as a nursing, rest, convalescent or extended care facility is not confinement in a Hospital, unless such confinement is because of a lack of space in the Hospital's full service wing.

**Injury** means bodily harm caused by an Accident which occurs while the policy is in force and is the sole cause of the Loss.

**Insured** means an eligible student or an eligible student's dependent (if dependent coverage is available under the policy).

**Loss** means medical Expense caused by Injury or Sickness and covered by the policy.

**Medically Necessary** means medical services, supplies or treatment authorized by a Physician to treat an Insured person's bodily Injury or Sickness which are: (a) consistent with the symptoms or diagnosis; (b) appropriate and accepted according to good medical practice standards; (c) not primarily for the convenience of the Insured person, Physician or other providers; and (d) consistent with the most appropriate supply or level of services which can safely be provided to the patient.

**Physician** means any practitioner of the healing arts, licensed by the state in which he practices and acting within the scope of his license, including a duly licensed podiatrist,

surgeon, osteopath, dentist, chiropractor, optometrist, psychologist, physical therapist, and graduate nurse. Physician shall not include a member of the Insured's immediate family.

**Sickness** means disease or illness which causes a Loss while the insured is covered by the policy. "Sickness" includes normal pregnancy and complications of pregnancy.

**Usual and Customary Expense** means an Expense which: (a) is charged for treatment, supplies or medical services Medically Necessary to treat the Insured's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the Expense is incurred.

**We, Us or Our** means Markel Insurance Company.

**You, Your or Yours** means the Insured.

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## EXTENSION OF BENEFITS

Extension of Benefits means the coverage provided under the policy ceases on the expiration date. However, if on the expiration date, the Insured is under a Physician's care for a condition covered by the policy, benefits will be extended for the condition for up to nine months after the expiration date.

This Extension of Benefits only applies to the Insureds who are not eligible to continue coverage under the new or renewal policy issued to the Policyholder. Benefits paid for a covered condition before the expiration date and during the Extension of Benefits will not exceed the limits of the policy.

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## MANDATED BENEFITS

**The following benefits are mandated by state regulation. These benefits are provided: 1) to the extent that the type of Expense is covered under the basic policy; and 2) at the same payment level as any other Sickness or Injury, unless otherwise stated below.**

**Minimum Maternity Stay Expense:** We will pay the Expense for maternity benefits for: 1) inpatient stay of 48 hours after a normal delivery; and 2) inpatient stay of 96 hours after a cesarean section. A shorter length of stay may be provided, but only if the treating or attending Physician determines that the mother and newborn meet medical criteria for safe discharge contained within guidelines developed by or in cooperation with treating Physicians. We shall provide coverage for at least one home health care visit within 48 hours after discharge when discharge occurs prior to the times listed in 1 and 2 above.

**Mammography Expense:** We will pay the Expense for mammographic examinations. The minimum coverage shall include all costs associated with a mammogram every year for women 40 years of age or older and with any mammogram based on a Physician's recommendation for women under 40 years of age.

**Cervical Cancer Screening Expense:** We will pay the Expense for an annual gynecological examination, including a pelvic examination and clinical breast examination and routine pap smears in accordance with the recommendations of the American College of Obstetricians and Gynecologists.

**Breast Reconstructive Surgery Expense:** We will pay the Expense for reconstruction of the breast on which surgery has been performed and surgery and reconstruction of the

other breast to produce a symmetrical appearance if the patient elects reconstruction and in the manner chosen by the patient and the Physician. Reconstructive surgery shall also include prosthetic devices incident to any mastectomy. The coverage for prosthetic devices inserted during reconstructive surgery will be limited to such surgical procedures performed within six years of the date of the mastectomy. "Reconstructive surgery" means a surgical procedure performed on one breast or both breasts following a mastectomy, as determined by the treating Physician, to reestablish symmetry between the two breasts or alleviate functional impairment caused by the mastectomy. Reconstructive surgery shall include, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy.

**PKU Formula Expense:** We will pay the Expense for coverage of formulas that are equivalent to a prescription drug Medically Necessary for the therapeutic treatment of such rare hereditary genetic metabolic disorders and administered under the direction of a Physician.

**Diabetes Supplies and Education Expense:** We will pay the Expense for diabetes equipment, supplies, and outpatient self-management training and education, including medical nutrition therapy for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin-using diabetes, if prescribed by a health care professional legally authorized to prescribe such items under law. Equipment and supplies shall include the following: a) blood glucose monitors; b) monitor supplies; c) insulin; d) injection aids; e) syringes; f) insulin infusion devices; g) pharmacological agents for controlling blood sugar; and h) orthotics. Diabetes outpatient self-management training and education shall be provided under the supervision of a licensed health care professional with expertise in diabetes to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetes, including information on proper diets. Coverage for self-management education and education relating to diet and prescribed by a licensed Physician shall include: a) visits Medically Necessary upon the diagnosis of diabetes; b) visits under circumstances whereby a Physician identifies or diagnoses a significant change in the patient's symptoms or conditions that necessitates changes in a patient's self-management; and c) where a new medication or therapeutic process relating to the person's treatment and/or management of diabetes has been identified as Medically Necessary by a licensed Physician.

**Well-Baby Care Expense:** We will pay the Expense for well-baby care for preventive care, such as, but not limited to: a) immunizations; and b) medical examinations or tests not necessarily in conjunction with an Injury or Sickness.

**Minimum Mastectomy Stay Expense:** We will pay the Expense for a mastectomy as follows: a) not less than 48 hours of inpatient care; and b) a home health care visit that the treating Physician determines necessary within 48 hours after discharge when the discharge occurs within 48 hours following admission for the mastectomy.

**Alcohol and Drug Abuse and Dependency Expense:** We will pay the Expense for services for inpatient alcohol and drug detoxification services which are provided in: a) a licensed Hospital; b) a licensed psychiatric Hospital; c) a free standing treatment facility; d) a health care facility which has a written agreement with a Hospital for emergency, medical and psychiatric or psychological support services, meets minimum standards for client-to-staff ratios and staff qualifications which shall be established by the Department of Health and is licensed as an alcoholism and/or drug addiction treatment program. The following services shall be covered under inpatient detoxification: 1) lodging and dietary services; 2) Physician, psychologist, nurse, certified addictions counselor and trained

staff services; 3) diagnostic x-ray; 4) psychiatric, psychological and medical laboratory testing; and 5) drugs, medicines, equipment use and supplies. Treatment may be limited to four admissions for detoxification and reimbursement per admission may be limited to seven days of treatment.

Non-Hospital residential alcohol or other drug services: a) coverage shall be provided in a facility which meets minimum standards for client-to-staff ratios and staff qualifications which shall be established by the Office of Drug and Alcohol Programs and is appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Before an Insured may qualify to receive benefits under this section, a licensed Physician or licensed psychologist must certify the Insured as a person suffering from alcohol or other drug abuse or dependency and refer the Insured for the appropriate treatment; and b) the following services shall be covered under non-Hospital residential alcohol or other drug services: 1) lodging and dietary services; 2) Physician, psychologist, nurse, certified addictions counselor and trained staff services; 3) rehabilitation therapy and counseling; 4) family counseling and intervention; 5) psychiatric, psychological and medical laboratory tests; and 6) drugs, medicines, equipment use and supplies. Treatment may be limited to a minimum of 30 days per year for residential care.

Outpatient alcohol or other drug services: a) coverage shall be provided in a facility appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Before an Insured may qualify to receive benefits under this section, a licensed Physician or licensed psychologist must certify the Insured as a person suffering from alcohol or other drug abuse or dependency and refer the Insured for the appropriate treatment; and b) the following services shall be covered under outpatient alcohol or other drug services: 1) Physician, psychologist, nurse, certified addictions counselor and trained staff services; 2) rehabilitation therapy and counseling; 3) family counseling and intervention; 4) psychiatric, psychologist and medical laboratory tests; and 5) drugs, medicines, equipment use and supplies. Treatment may be for a minimum of 30 outpatient, full-session visits or equivalent partial visits per year. In addition, treatment under this section shall be covered for a minimum of 30 separate sessions of outpatient or partial hospitalization services per year, which may be exchanged on a two-to-one basis to secure up to 15 additional non-hospital residential alcohol treatment days.

"Alcohol or drug abuse" means any use of alcohol or other drugs which produces a pattern of pathological use causing impairment in social or occupational functioning or which produces physiological dependency evidenced by physical tolerance or withdrawal. "Drugs" shall be defined as addictive drugs and drugs of abuse listed as scheduled drugs in the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act."

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## TRAVEL BENEFITS

All services or benefits provided in this policy and outlined below must be pre-approved by Us or Our representative.

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## EMERGENCY EVACUATION BENEFIT

We will pay for Covered Emergency Evacuation Expenses incurred if the Insured person suffers an Injury or Sickness that requires Emergency Evacuation while on Covered Travel. Benefits payable are subject to a maximum amount per Insured person of \$50,000 for all Emergency Evacuations due to all Injuries from the same Accident or all

Sicknesses from the same or related causes, and this is also the aggregate maximum for all travel benefits including Medically Necessary Transportation and the Repatriation of Remains Benefit.

The Physician must order the Emergency Evacuation and must certify that the severity of the Insured person's Injury or emergency Sickness warrants his or her Emergency Evacuation. All Transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.

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## MEDICALLY NECESSARY TRANSPORTATION

If the Insured person is hospitalized for more than five consecutive days following a Covered Emergency Evacuation, We will pay, subject to any limitations stated herein, for Expenses to return the Insured person from the medical facility to which he or she was treated to the Insured person's return destination, less refunds from the Insured person's unused Transportation tickets. Airfare costs will be economy or first class if the Insured person's original tickets are first class.

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## REPATRIATION OF REMAINS BENEFIT

If the Insured person suffers a covered loss of life while on Covered Travel, We will pay, subject to the limitations stated below, for Covered Expenses reasonably incurred to return the Insured person's body to their home country, but not exceeding a maximum per Insured person benefit amount of \$50,000, and this is also the aggregate maximum for all travel benefits including the Emergency Evacuation Benefit and Medically Necessary Transportation and Family Visitation Expense.

**Covered Expenses.** Covered Expenses include, but are not limited to, Expenses incurred in accordance with the applicable international requirements for:

- (1) embalming;
- (2) cremation;
- (3) the most economical coffins or receptacles adequate for Transportation of the remains; and
- (4) Transportation, according to airline tariffs, of the remains by the most direct and economical conveyance and route possible.

Benefits will not be provided for any Expense provided by another party at no cost to the Insured person or already included in the cost of the Covered Travel.

We or Our representative must authorize all Expenses in advance for any travel benefit to be payable.

### Definitions

**The following definitions apply to the aforementioned Travel Benefits:**

**Covered Travel** means any travel 100 miles or more from home.

**Covered Emergency Evacuation Expenses** are those for Medically Necessary Transportation, including Usual and Customary medical services and supplies incurred in connection with the Emergency Evacuation of the Insured person. Expenses for Transportation must be: (1) recommended by the attending Physician; and (2) required by the standard regulations of the conveyance transporting the Insured person.

**Emergency Evacuation** means: (1) the Insured person's medical condition warrants

immediate Transportation from the place where the Insured person is injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; (2) after being treated at a local Hospital, the Insured person's medical condition warrants Transportation to the United States or Canada (where he or she resides) to obtain further medical treatment or to recover; or (3) both (1) and (2) above.

**Transportation** means any land, sea or air conveyance required to transport the Insured person during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulance, land ambulance and private motor vehicles.

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## COORDINATION OF BENEFITS

This policy coordinates with other plans under which an individual is covered so that the total benefits available will not exceed 100% of the allowable Expenses.

When a claim is made, other valid and collectible insurance pays its benefits without regard to this policy. This policy then adjusts benefits so that the total benefits available will not exceed the allowable Expenses. No plan pays more than it would without the coordination provision. In the absence of other valid and collectible insurance, it is Our intention that Expenses incurred in connection with any covered Injury or Sickness shall be fully payable subject to the terms, conditions and limitations of this policy.

"Other valid and collectible insurance" shall mean any plan providing medical Expense benefits for or by reason of dental, Physician, nurse, Hospital care, treatment, or confinement, or the performance of surgery and/or anesthesia, which benefits are provided by 91) any type of service plan contracts, any group or blanket insurance, employee benefit plan or any plan arranged through an employer, trustee, union or employee benefit association or (2) any plan or program created or administered by national or state government, or agencies thereof; or (3) individual insurance. We will not limit or exclude payment on a claim because the Insured person is eligible for or is provided medical assistance under the provisions of Title XIX of the Social Security Act.

A plan without a coordinating provision is always the primary plan.

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## CONFORMITY WITH STATE STATUTES

Any provision of this plan of insurance which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes.

**Any Expense not specifically listed in the preceding sections is not covered.**

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## **EXCLUSIONS**

The policy does not cover Loss nor provide benefits for:

- Expenses for dental treatment, except for treatment resulting from Injury to natural teeth; or as specifically provided by a Sickness Dental Expense Benefit, if included in the policy;
- Services normally provided without charge by the Policyholder's health service, infirmary, Hospital or employees;
- Routine eye exams and contacts; replacing eyeglasses or prescription therefore; routine examinations and services related to hearing examinations or hearing aids; or treatment for hearing defects not related to an Injury or Sickness;
- Routine physical examinations; preventive care; elective surgery and elective treatment; services solely to improve appearance; for personal hygiene; services specifically for dietary control; custodial, sanitarial or rest care; or fertility testing;
- Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery which results from trauma, infection or other diseases of the involved part; reconstructive surgery because of congenital disease or deformity of a dependent child. Cosmetic surgery due to congenital defects will be covered for newborn children;
- False labor; occasional spotting; Physician prescribed rest during the period of pregnancy; morning sickness; or similar conditions associated with the management of a difficult pregnancy, but not constituting a distinct complication of pregnancy;
- Treatment or supplies for the newborn infant except that required for the treatment of a covered Accident or Sickness;
- Voluntary termination of pregnancy;
- Skydiving; recreational parachuting; hang gliding; glider flying; parasailing; sail planing; bungee jumping; or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
- Injury or Sickness resulting from any declared or undeclared war;
- Injury due to participation in a riot; commission of or attempt to commit a felony;
- Suicide, attempted suicide or intentionally self-inflicted Injury;
- Injury or Sickness while in the armed forces of any country. When an Insured enters such armed forces, We will refund the unearned pro rata premium to the Insured;
- Injury or Sickness covered by any workers' compensation or occupational disease law;
- Injury or Sickness resulting from being under the influence of alcohol or drugs unless taken on a Physician's advice;
- Treatment provided in a governmental Hospital unless the Insured is legally obligated to pay such charges; or
- Injury resulting from the practice or play of intercollegiate sports.

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## **MARKEL PRIVACY PRACTICES**

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect Your personal information. We do not use or disclose Your information for any fundraising, marketing or research activities.

We use and disclose Your information to determine Your eligibility for plan benefits, to facilitate payment for treatment and services provided to You, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claims inquiry. We may also disclose Your information to law or government agencies when required by law to do so.

Under the privacy laws, You have unlimited access to Your information. You may limit how We use and disclose Your information and get a listing of instances where it was disclosed. You may request that We correct inaccurate information or add missing information.

If You have any questions about Your rights, Our Privacy Practices or You want to file a complaint, please contact Our Privacy Officer at: **Phone (800) 431-1270 or [www.studentassist.com](http://www.studentassist.com)**.

**Underwritten by:** Markel Insurance Company  
P. O. Box 3870  
Glen Allen, Virginia 23058  
800-431-1270  
[www.studentassist.com](http://www.studentassist.com)

<b>SCHEDULE OF BENEFITS</b>	
<b>SECTION I, BASIC ACCIDENT BENEFITS</b>	<b>Aggregate Maximum Benefit</b>
When Your Injury requires: (a) treatment by a Physician; (b) Hospital confinement; (c) services of a licensed practical nurse or R.N.; (d) x-ray service; (e) use of an operating room, anesthesia, including the administration thereof; laboratory service; (f) use of an ambulance; (g) use of an ambulatory surgical center or ambulatory medical center; (h) if ordered by a Physician, prescription medicines, drugs or any other therapeutic services or supplies; or (i) home health care Expenses, We will pay the Expense incurred up to an aggregate maximum benefit. This benefit includes coverage for treatment of Injury to natural teeth.	\$1,000
<b>SECTION II, BASIC SICKNESS BENEFITS</b>	<b>Maximum Benefit</b>
When You suffer a Loss from Sickness, We will pay the Expense incurred up to an aggregate maximum benefit. Benefits are allocated as follows:	\$1,000
<u>Hospital Room and Board Expense</u> : When Your Sickness requires Hospital confinement, We will pay the Hospital room and board Expense up to the semi-private rate, not to exceed the maximum benefit.	\$250
<u>Hospital Miscellaneous Expense</u> : We will pay the Expenses incurred by You during a Hospital confinement or as an outpatient for day surgery for services provided by a Hospital, ambulatory surgical center or ambulatory medical center up to a maximum benefit. We will pay for anesthesia, operating room, laboratory tests, x-rays, oxygen, drugs, medicines, dressings, and other necessary non-room and board Expenses.	\$500
<u>Surgical Expense</u> : When Your Sickness requires surgery, We will pay the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 90th percentile, subject to the maximum surgical benefit. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.	\$750
If the surgery requires the services of an anesthetist who is not employed or retained by the Hospital in which the surgery is performed, We will pay the Loss incurred up to a maximum benefit.	\$250
If the surgery requires the services of an assistant surgeon, We will pay the Loss incurred up to a maximum benefit.	\$250
<u>In-Hospital Physician's Fees Expense</u> : If, while confined to a Hospital, Your Sickness requires the services of a Physician, We will pay the Expense for such services, up to a maximum benefit.	\$75 per day Maximum of 5 days
<u>Consultant or Specialist Expense</u> : When Your Sickness requires the services of a consultant or specialist, as requested by the attending Physician, We will pay the Expense up to a maximum benefit.	\$75
<u>Outpatient Physician Fees Expense</u> : When Your Sickness requires the services of a Physician, while not confined to a Hospital, We will pay the Expense up to a maximum benefit.	\$75
<u>Ambulance Expense</u> : When Your Sickness requires the use of an ambulance or air ambulance, We will pay the Expense up to a maximum benefit.	\$200
<u>Outpatient Diagnostic X-ray and Laboratory Expense</u> : When Your Sickness requires diagnostic x-ray, including ultrasound, MRI and CAT Scan, or laboratory services, under the Physician's direction, We will pay the Expense up to a maximum benefit.	\$200
<u>Hospital Outpatient Expense</u> : When Your Sickness requires the use of outpatient facilities of a Hospital for an emergency room, under the Physician's direction, We will pay the Expense up to a maximum benefit.	\$500
<u>Outpatient Psychiatric Expense</u> : If, while not confined to a Hospital, Your Sickness requires the services of a licensed psychiatrist or licensed psychologist, We will pay the Expense up to a maximum benefit.	\$500 Annually
<b>SECTION III, SUPPLEMENTAL EXPENSE BENEFIT</b>	<b>Maximum Benefit</b>
If the covered medical Expense for Your Injury or Sickness exceeds the aggregate maximum We owe under the basic Accident or basic Sickness benefits, We will pay 80% of the Expense up to a maximum benefit. Covered Expenses for daily Hospital room and board will not be more than the usual semi-private room charge.	80% to \$10,000

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## SERVICE INFORMATION

If You have questions about Your coverage, or need assistance in resolving a complaint, please contact the Administrator shown as follows:

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## BLANKET HEALTH INSURANCE CLAIM PROCEDURES

All claims are processed by our Claims Administrator, Pioneer Management Systems, A Markel Business Partner. Their contact information is as follows:

Pioneer Management Systems  
P.O. BOX 9040  
West Springfield, MA 01090  
Telephone Number: 1-866-653-2542  
Fax Number: 1-413-265-2779  
E-Mail Address: [student@pioneerhealth.com](mailto:student@pioneerhealth.com)

In the event that You become Injured or Sick:

- You should immediately consult a doctor and follow his or her advice.
- To determine if Your Injury or Sickness is covered under the insurance plan, or if You have any questions regarding the Deductibles or premium:
- You may view the brochure on our website: [www.studentassist.com](http://www.studentassist.com). Should You still have additional questions, please contact Pioneer Management Systems.
- If You have sought treatment or received a prescription for a covered Injury or Sickness:
- You must complete a claim form, attach itemized bill(s) and mail them to Pioneer Management Systems within 90 days to the address indicated on the claim form. A claim form is required for each new Injury or Sickness. You may print a claim form from our website: [www.studentassist.com](http://www.studentassist.com).

This outline of coverage is intended only for quick reference and does not limit or amplify the coverage described in the master policy which contains complete terms and provisions. A copy of the master policy is on file at the College.

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## INCREASED SUPPLEMENTAL LIMIT

**Eligibility:** This benefit is optional. Students who elect to purchase this option must have purchased the basic plan as well. See eligibility section for details.

**Term of Coverage:** Students who elect to purchase the Increased Supplemental Limit must submit the enrollment form and additional premium to Markel Insurance Company with a postmark date prior to the College's effective date of coverage, August 21, 2008.

**Increased Supplemental Limit:** Coverage is available to registered, students who elect to purchase it. The additional premium for this coverage is noted on the enrollment form.

If the covered medical Expenses for an Injury or Sickness exceed the maximum paid under the basic Accident and Sickness benefit, Policy Number 08200658, basic benefit of \$1,000 and the basic supplemental benefit of \$10,000, payment will be made for 80% of the remaining covered Accident or Sickness Expenses and will not exceed \$239,000.

The combined maximums under the basic plan and Increased Supplemental Limit will not exceed \$250,000.

The total benefits payable for all policy terms for which You are enrolled for the Increased Supplemental Limit will not exceed \$250,000 for any one Accident or Sickness.

Covered medical Expenses under this coverage will be the same as covered medical Expenses under the basic policy. All other terms and conditions of the basic policy will apply to this coverage as well.

Provisions relating to coverage for Pre-existing Conditions will apply to the Increased Supplemental Limit Benefit separately from the basic policy.

# Student Assist<sup>®</sup>

## THE WELLNESS HEALTHCARE SERVICES PROGRAM IS NOT INSURANCE!

The Market “Value Proposition” within Student Assist includes great coverage, responsive service, and “add-on” benefits. There are many features and benefits of Student Assist, which are available to you at no additional cost. Benefits include discounts on vitamins, fitness centers and movie tickets, as well as vision and dental discounts. Student Assist also includes at 24-hour Nurseline.

THE WELLNESS HEALTHCARE SERVICES PROGRAM is not an insurance plan, but it does provide discounts at certain health care providers of medical services. This program offers immediate savings for health care costs every time the program is used. The plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services and receives a discount from those health care providers who have contracted with the discount plan organization.

Access information will be provided upon receipt of your discount ID card. For information on providers in your area, please call Customer Service at 1-866-215-3475 or go to [www.studentassist.com](http://www.studentassist.com) and click on the appropriate link under “Student Assist Discount Program”.

Disclosure: **This plan is NOT insurance.** The plan provides discounts at certain health care providers of medical services. The plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. The range of discounts for services offered will vary depending on the type of provider and service. This plan is administered by Coverdell & Company, Inc., a discount medical plan organization at 8420 W. Bryn Mawr, Suite 700, Chicago, IL 60631, 1-800-308-0374.

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## FITNESS DISCOUNT

Lose Weight & Save with up to 60% off at fitness clubs nationwide!

Getting fit — and staying fit — can do wonders for you. Join a fitness club through GlobalFit, and you can save up to 60% on monthly dues at over 2,000 clubs nationwide with month-to-month membership options.

You can even get a free guest pass by visiting [www.globalfit.com](http://www.globalfit.com); just use the Find-A-Club zip code search, and then select Best Benefits as your Group Name. You can also check out GlobalFit’s online Diet Programs, Health Coaching for 1-on-1 Weight Loss & Smoking Cessation, and much more. Or call 800-294-1500 to find the fitness club nearest you.

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## HealthFitLabs

HealthFitLabs is an online/mail order company that sells only the highest-quality natural vitamins, nutritional supplements, and bath and personal care products.

HealthFitLabs.com provides several different product search options, which includes categories such as Sports Nutrition, Diet and Energy, Pet Care and Healthy Lifestyle. You can also shop by condition. For instance, they have supplements for Eye Health Support, Blood Sugar Support, Mood Support and more. They carry over 210 Vitamins and Minerals and over 245 Bath and Personal Care products on their site. Most Vitamins are available to ship within 24 hours.

Visit [www.HealthFitLabs.com](http://www.HealthFitLabs.com) and enter **EXCLUSIVWEB** as the coupon code at checkout to receive an additional 15% off your order. The prices are already reduced 5-35%, so you can save up to 44%!

You can also save up to 30% off catalog prices! Call 1-888-757-2454 to place your order and start saving today! Just mention **COVERDELL CATALOG** as your coupon code.

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## DISCOUNTED MOVIE TICKETS

See the latest Hollywood movies and pay as little as \$5.50 a ticket. For an order form, please call Customer Service at 1-866-215-3475 or download the form at [www.studentassist.com](http://www.studentassist.com).

The following chains have movie theatres throughout the country so you can go to movies in your local neighborhood, across town or even on vacation.

Loews Theatres  
Cineplex Odeon Theatres  
Sony Theatres  
Star Theatres  
Magic Johnson Theatres  
AMC Theatres  
United Artists Theatres  
Edwards Theatres  
Regal Cinemas

**NOTE: The tickets will be mailed to you two weeks after receipt of order. There is a minimum quantity of 4 tickets per theatre and a maximum quantity of 12 tickets per theatre. Some theatres will not honor these discounted tickets during the first ten days of any first run engagement.**

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## MY ePHIT

### Personal Health Improvement Training

Whether you want to lose weight permanently, build muscle, have more energy, become more optimistic or simply get more enjoyment out of life, My ePHIT can assist you. Utilizing the latest, most innovative web-technology, our Personalized Health Improvement Training program takes into consideration your unique goals, lifestyle and personal situations, and creates a customized plan exclusively for you.

### Customized Plans

Having a personalized and customized PLAN can be the key in finally realizing the personal objectives of improved health. Whether it's weight loss, developing and strengthening muscles, improving overall eating habits or developing life skills, having a PLAN is critical.

My ePHIT provides users with 3 distinct Personal Health Improvement Training (PHIT) plans, including:

**GetPHIT** - exercise

**EatPHIT** - nutrition

**LivePHIT** - personal improvement

## Expert Coaching

Because we all have questions about improving our health, My ePHIT provides each user with unlimited access to a professional COACH. So when you have questions about exercise, diet, or life in general – you can talk to a coach with expertise in that area.

## Rewards

You will be rewarding yourself with improved health, energy and personal satisfaction.

To enroll in My ePHIT, log on to [my.ephalt.com/bestbenefits/](http://my.ephalt.com/bestbenefits/) and click the “Register Today” button. You will be asked to provide your first and last name along with your Membership ID number. From here, just follow the easy instructions to create your personalized account. If you have any questions, please call Customer Service at 1-866-215-3475.

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## DENTAL DISCOUNTS

Program members may realize significant savings on dental care expenses through one of the largest, independent networks of dental providers nationwide, with more than 24,000 participating (including specialists where available). Simply go to [www.studentassist.com](http://www.studentassist.com) to search for providers. Present your membership card to receive discounted rates on dental procedures. You can save 10% to 50% on dental care expenses.

Participating dentists are credentialed with one of the nation's premier credentialing verification organizations. All participating dental providers must meet the highest standards, including education, training and certificates and licenses to practice. Provider credentials continue to be reviewed on a regularly scheduled basis.

When visiting a participating dental office, present your membership card prior to treatment to be assured that the proper discount is applied. Provider lists and fees may change at any time.

The Dental Care Plan is designed to save money not only on routine and preventive care, but also on more extensive treatments such as:

- **Orthodontics (braces)**
- **Dentures**
- **Cosmetic Dentistry**
- **Crowns**
- **Extractions**
- **Fillings**
- **Oral Surgery**
- **Periodontics**

**Note: If you have a dental insurance plan that is not a PPO or HMO and your dentist is a participating provider, you may be able to use your membership card to receive additional savings. This is not a pre-paid plan.**

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## 24-HOUR NURSE HELPLINE

In an effort to assist our members to become more informed about their healthcare, we are pleased to offer a telephone service that allows members to ask questions and receive information about their health, illnesses and medications.

Members have unlimited access to registered nurses via a toll-free number 24 hours a day, 365 days a year. These nurses are specially trained to offer prompt, confidential medical counseling to help members make informed decisions about their health and the medical care they receive. However, our nurses do not diagnose or provide treatment.

### Benefits Include:

- Toll-free, confidential availability to registered nurses 24 hours a day at 1-800-982-2401.
- Access to a library of audiotapes on over 700 health topics found in the Nurse Helpline Booklet. Please call Customer Service at the number shown on your membership card to request a booklet.
- Information about self care techniques for common symptoms.
- Explanations on what to expect during a medical test.
- Help from a registered nurse who can answer questions regarding:
  - diagnostic and surgical procedures
  - a recently diagnosed medical condition
  - prescription and over the counter medication information

You can also go online to get valuable information on living healthy! Log onto [www.healthinfoseeker.com](http://www.healthinfoseeker.com) and use BestBenefits as your login ID. The website will guide you to the information you need or want.

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## VISION CARE

This vision program offers members 20% to 60% off eyeglasses, contact lenses (excluding disposable), and other retail eyewear items through a network of over 12,000 eyecare professionals nationwide, including JCPenney, LensCrafters, Pearle Vision, Sears Optical and Target Optical.

In addition, members can save 10% to 30% on eye examinations and surgical procedures, including LASIK where available. Most frames, lenses, specialty items such as tints, scratch resistant coatings and ultraviolet protection are available.

There are no limits on the number of times you may use the membership during the year. Simply present your membership card at the participating optical location and you will be eligible to receive the discounted price.

### How to Use the Vision Program:

- Search for participating optical locations by going to [www.studentassist.com](http://www.studentassist.com).
- When visiting the optical location, be sure to present your membership card which will identify you as an eligible member.
- Select the eyewear and lenses of your choice. Almost all lenses, colors, sizes and add-ons such as ultra-violet protection, scratch coating and tints are available.

There are no limits to the amount of eyewear you can save on with this program with one membership for your immediate family.

### Replacement Contact Lenses:

Replacement contact lenses can be ordered through the mail with a 10% to 40% savings. Call 1-800-878-3901 and give the operator the brand and type of lens for a price quote over the phone.

Most major brands of soft contact lenses are available including disposable, torics and bifocals. Gas permeable lenses are also available.

Mail a valid doctor's contact lens prescription to:

America's Eyewear

P.O. Box 810255

Farmers Branch, TX 75381

Include your name and membership number from your membership card. You may place orders as often as you wish prior to the expiration date of the prescription. You can also fax a doctor's contact lens prescription to 1-972-503-5671. Most orders are received within 7 to 14 days and can be paid for by Visa, MasterCard, money order or check.

### Low Price Guarantee:

If you find a lower price anywhere else on the exact same pair of prescription eyeglasses purchased at a participating location within 30 days, the difference will be refunded.

### 30-Day Unconditional Guarantee:

Your satisfaction in the vision program and the mail order service is fully guaranteed within 30 days for an exchange or full refund. If for any reason you are not happy with a purchase at the retail locations or through the mail, return the merchandise within 30 days for an exchange or full refund.

To utilize any of the guarantees, call customer service at the number shown on your membership card.

**NOTE: May not be used in conjunction with other discounts or insurance.**

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## PRESCRIPTION DRUG DISCOUNTS

### Retail:

The Prescription Drug Plan links most of the largest pharmacy chains into a common and consistent savings program. Through an exclusive agreement with one of the nation's premier drug management organizations, our members can obtain savings of up to 30% on drug prices through a national network of approximately 40,000 pharmacies.

### Here's How it Works:

Take your membership card with you to a participating pharmacy. Show your membership card with your prescription to the pharmacist. The pharmacist will enter the information on your membership card into the on-line computer system, and you will be immediately eligible for the special negotiated price. Your actual cost will be the contract price or the pharmacy's charge that day, whichever is lower. As a Prescription Drug Plan member, you will receive savings on many brand name and generic prescription drugs.

Some major chain participants include:

A & P	King Soopers	Rite Aid
Albertsons	K-Mart	Sav-On
Brooks Drugs	Kroger	Safeway
Costco	Hy-Vee	Schnuck's
CVS	Medicap Pharmacies	Shop N Save
Eckerd's	Meijer	Smith's Pharmacy
Dillons	Oscor	Stop & Shop
Drug Emporium	Pathmark Stores	Super D
Fred Meyer	Shopko/Pamida	Target
Giant	Publix Supermarkets	Winn Dixie

*Plus thousands of independent locations*

### Mail Order:

An important part of the Prescription Drug Plan is the mail services option. You can use the mail order service anytime, but it is most convenient when ordering medication you take on a regular basis. The mail order service can save you even more money than the retail pharmacy program.

### Here's How it Works:

Here's How it Works:

- The mail order form located on the [www.studentassist.com](http://www.studentassist.com) website will provide the address to which you will send:
  - o Your mail order form
  - o A new prescription from your doctor
  - o Prepayment by check, money order or credit card.
- If a credit card is used, refills can be ordered by calling Sav-Rx customer service at (800) 396-2219. If a check or money order is used, refills can be ordered with the re-order envelope included with your original order.
- Your physician may also fax in a prescription to Sav-Rx at (888) 810-1394.
- All prescriptions are filled in full size packages of up to a 100-day supply. Please contact Sav-Rx at (800) 396-2219 for information on the package size and pricing for your medication.
- It is standard pharmacy practice to substitute generic equivalents for brand name drugs whenever possible, unless your physician will not allow a generic substitute or you specify otherwise.
- Most regular prescriptions are mailed via first class mail within 24 hours of receipt of your order by Sav-Rx. Please allow 3-6 business days mailing time after Sav-Rx processes your prescription.

Please call 1-866-215-3475 with any other questions.

**NOTE: This Prescription Drug Plan cannot be used in conjunction with any other discount program.**

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## MEDICAL EVACUATION/REPATRIATION TRAVEL ASSISTANCE

This benefit is part of the insurance you have purchased. It describes how the medical Evacuation and Repatriation benefit(s) can be accessed. This description is for explanatory purposes only and does not modify "filed" benefits in any way.

You may access the following benefits through the program when traveling more than one hundred (100) miles from your permanent residence. The following is a summary description only of the program's services. The master document provides complete details of services and conditions. You may request a copy by contacting customer service at the number provided on your membership card.

Lifeguard's Assistance Provider provides these Travel Assist services. Members have access to the following services provided Lifeguard's Assistance Provider has been contacted first.

**Call 1-888-965-9500 (1-410-257-9507 outside North America)**

- **Emergency Evacuation/Repatriation.** If a member suffers an illness or injury while traveling over 100 miles away from home, and cannot be treated by a local medical facility, the member is transported by the most appropriate means to the nearest hospital capable of providing necessary treatment.
- **Transportation of Mortal Remains.** If a member loses his/her life while traveling over 100 miles from home, the member's remains will be returned to the member's place of residence.
- **Transportation of Escort.** If the member needs emergency evacuation by air ambulance or repatriation by covered commercial airline, the member's spouse, other family member, or companion is free to accompany the member in flight, subject to space availability with priority given to medical equipment and personnel.
- **Minor Children Return/Escort.** If a member requires emergency evacuation, hospitalization for over 24 hours, or in the event of death, and the minor children are left unattended, transportation home is furnished for them.
- **Vehicle Return.** The Travel Assist Provider will return the member's vehicle home and bear the cost up to \$1,000.00 when illness, injury, or death requires emergency evacuation or repatriation and the member is unable to drive the vehicle.
- **24-hour Information Service.** Helpful information before and during travel is available to the member. The multilingual staff is prepared to assist and coordinate the management of a wide variety of travel related situations.
- **Emergency Delivery of Prescription Items.** If a member needs prescription medication or lenses not available locally, the Travel Assist Provider will organize the delivery of the prescribed item when possible and legally permissible, to the member upon written authorization of the prescribing physician.
- **Emergency Cash Transfer and Advances.** The Travel Assist Provider will arrange for emergency cash advances and transfers through additional sources including hotels, banks, Western Union, etc. if a member needs cash as a result of loss or theft, based on Participant's personal resources.

Services include information on required documents, immunization requirements, State Department Travel Advisory warnings, weather and hazard information about foreign locations and more.

- **Medical Monitoring.** If a member needs to be medically monitored, the Travel Assist Provider's duty physician will monitor the case, while acting as a liaison between the member, the local treating physician, and the family physician as needed.
- **Medical Referral.** The Travel Assist Provider will arrange referrals to a local doctor or hospital, when a member needs help in locating a doctor or hospital while traveling.
- **Guarantee of Medical Expenses.** If a member needs help for overseas claims, the Travel Assist Provider will assist in the arrangement for a payment or guarantee of payment to Providers, based on Participant's personal resources.
- **Insurance Coordination.** If a member needs help for overseas claims, the Travel Assist Provider will assist in coordinating the claims procedure with the appropriate insurance program.
- **Lost Documentation Service.** If a member needs help to replace lost or stolen travel documents (i.e., passport, baggage, tickets, credit cards, etc.), the Travel Assist Provider will advise and assist where possible in their replacement.
- **Legal Assistance.** If a member needs help finding a local attorney or embassy, arranging bail, cash advances, or coordination of payment for legal services from available resources of the traveler, the Travel Assist Provider will arrange referrals.



