Once a claim is processed and upon receipt of an Explanations of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information the student feels are relevant for appeal including: medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator below.

Underwritten & Claims Administered by
Special Risk Claims
Commercial Travelers Mutual Insurance Company
70 Genesee Street, Utica, NY 13502
Toll Free: 800-756-3702
www.commercialtravelers.com
as policy form # SHM3-02
For a copy of the Company’s Privacy Notice, go to:
www.commercialtravelers.com/privacy.html

HOW TO FILE AN APPEAL

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Class ABSENCE DUE TO ILLNESS OR INJURY

Class absence for illness or injury is the concern of the student and the instructor. Students seeking treatment for illness and injury (non-emergency) are advised to report to the Wellness Center for evaluation during a free period in order to avoid class absence. The Wellness Center does not issue excuse slips for missed classes due to injury or illness. Students are encouraged to contact the instructor before class begins to report they will be absent. If an illness or injury requires leaving campus for treatment involving a prolonged absence, the student should notify the Academic Dean’s Office.

The Wellness Center Staff wishes to cooperate in every way with your family physician. Should YOUR DOCTOR find it necessary to refer you to a specialist during the school year, the Staff will assist you in securing an appointment. However, transportation arrangements are the responsibility of the student.

WELLNESS CENTER POLICY

While on campus during regular semester sessions, students are urged to support treatment or advisement for referral at the Wellness Center according to student insurance protocol. If the Wellness Center is closed, students are advised to contact residence life personnel or Campus police if an emergency situation arises. It is imperative that the student follow-up at the Wellness Center so appropriate information is obtained for insurance filing and medical record continuity.

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Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why the claim was processed as it was. The request must include any additional information the student feels supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator below.

Locally Serviced by
Acordia
P.O. Box 276 • Columbus, Ohio 43216-0276
800-228-6768 • www.acordia.com/colleges

Underwritten & Claims Administered by
Special Risk Claims
Commercial Travelers Mutual
Insurance Company
70 Genesee Street, Utica, NY 13502
Toll Free: 800-756-3702
www.commercialtravelers.com

as policy form # SHM-32
For a copy of the Company’s
Privacy Notice, go to:
www.commercialtravelers.com/privacy.html

Network Provider
Beech Street
800-432-1776 • www.beechstreet.com

Representations of this plan must be approved by the Company.
This is not the Policy. Rather it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and ordinances of the state in which it is issued. All provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state’s laws, including those relating to mandated benefits.

2006-2007 Policy No. 2006M3A54

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

Note: The time you were covered under this plan may count as cred- itable coverage under State and Federal Laws. You should review this plan and go to an employer’s plan within 63 days thereafter. You are eligible to receive a statement from the Company regarding the periods you were covered. Please contact Acordia at 1-800-228-6768 when you need such verification.

2006-M3A54 (Bro)
GENERAL PROVISIONS

The Policy is underwritten by Commercial Travelers Mutual Insurance Company, Utica, New York, and is serviced by Acordia, P.O. Box 276, Cribbins, Ohio 43216-0276. Benefits will be paid by Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, New York 13502. The provisions of this Plan will be coordinated with any other insurance that the student may have (other than automobile). Fees approved in the State of New York or participation in intercollegiate athletics, benefits under this Plan are to be coordinated with the college-sponsored athletic coverage.

BASIC PLAN BENEFITS

When hospital or medical care is employed on account of covered injury sustained or covered sickness contracted or treated during the period for which the Student is dependent, the eligible usual and customary expense incurred will be paid subject to the following provisions and limits.

Usual and Customary means in usual terms of services, care and treatment provided and customary in that it is equal to the charge usually made by the provider of same. It also means that the services, supplies, and treatment are those that are usually provided by those in the same geographic area with similar professional standing and providing similar care or treatment.

DESCRIPTION OF BENEFITS

PART I—MANDATORY COVERAGE

A. Accident Medical Expense

Payment for usual and customary expense incurred will be made to up to $50.00 for each covered accident including intercollegiate sport or sickness contracted or treated during the period of the accident, for treatment by a legally qualified physician or dentist or surgeon, hospital, or surgical expense for expenses incurred within 52 weeks of the date of the accident and the first eligible expenses for the insured will be made only for injury sustained within the period of the accident or sickness exceed the amounts paid under Parts I and II, then such usual and customary expense eligible expenses in excess of the $100.00 will be paid at 80% to a maximum payment of $20,000. Total, for each accident or sickness, exclusive of mental or nervous disorders. The maximum amount payable for mental health condition shall be $3,000.00.

Major Medical expenses are defined to include treatment by a legally qualified physician or surgeon, hospital room and board, up to the average semi-private room rate of the hospital confined in, diagnostic laboratory and X-ray examinations, the care of a registered graduate nurse, X-ray service, use of operating room, anesthesia, laboratory service, surgical dressings, medication, pain killers, necessary or usual or crutches or ambulance. Dental payment will be made only for injury to sound, natural teeth. B. Sickness Medical Expense

Payment for usual and customary expense incurred will be made to up to $75.00. When at School, consultants’ fees must be approved by the College Wellness Center.

C. Physician’s Visits Expense

When an Insured Student requires outpatient services for diagnostic laboratory and X-ray examinations, the Company will pay the usual and customary expense up to $175.00 for each covered sickness sustained or covered injury occurs to sound, natural teeth.

D. Ambulance Expense

Up to $75.00.

B. Major Medical Expense

When the medical expenses from a covered accident or sickness exceed the amounts paid under Parts I and II, then such usual and customary expense eligible expenses in excess of the $100.00 will be paid at 80% to a maximum payment of $20,000, total, for each accident or sickness, exclusive of mental or nervous disorders. The maximum amount payable for mental health condition shall be $3,000.00.

Mandated benefits include, but are not limited to:

- Cancer: Medical, Psychosurgical and Prosthetic Devices; Child Health Supervision Services; Medical Emergency Expenses and Alcoholism and Drug Treatment. See the Policy on file with the school for further details on these benefits.

EXCLUSIONS

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

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

2. Services rendered or medical supplies provided by the College’s Student Health Center.

3. Cost of glasses, corrective lens or eye examinations or prescriptions therefor.

4. Voluntary termination of pregnancy.

5. Death or injury caused by war or act of war.

6. Injuries or sickness for which benefits are paid under Worker’s Compensation, Occupational Disease Act or the Ohio Workers’ Compensation Plan.

7. Expenses incurred for injury or illness due to voluntary use of alcohol or narcotics, materials or services, which exceed $2,000, except those prescribed by a qualified and licensed physician.

8. Medical expenses incurred as the result of an accident involving a motor vehicle to the extent that such benefits are paid under any automobile medical payments or automobile insurance expense or prepaid plan.

9. Expense incurred due to self-inflicted injury, suicide attempted or suicide attempted, while sane or insane.

10. Treatment in a Veterans Administration or Federal Hospital where there is no legal obligation for payment.

11. Injury sustained during the play or practice of any intercollegiate athletics except as provided in Part I.

12. Treatment in a Veterans Administration or Federal Hospital where there is no legal obligation for payment. See the Policy on file with the school for further details on these benefits.

In the event of accident or illness the Student should:

1. If at School report immediately to the College Wellness Center so that proper treatment can be prescribed or approved.

2. If away from School (including foreign travel) consult a doctor and follow his/her instructions. Pay the bill and obtain a receipt. Notify the College Wellness Center so that proper treatment can be prescribed or approved.

3. Claims and forms must be submitted to the College Wellness Center available at or by visiting the website at: www.studentplans.com.

Written notice of injury or sickness upon which a claim may be based must be provided to the Company within 30 days of the date of the commencement of the treatment. Claims arising out of each such injury or sickness may be paid up to a maximum of $20,000, based on the plan benefits. Bills for which benefit is to be paid must be submitted within 90 days of the treatment. MANDATORY COVERAGE

The following benefits are mandated by law: They will be paid out as long as they exist and are required by law under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment, and coinsurance provisions of the Policy as well as all other terms and conditions applicable to any other covered sickness.

Beech Street

www.beechstreet.com

Beech Street provides a listing of Beech Street providers. For a listing of Beech Street providers go to: www.beechstreet.com • 800-432-7716

CLM PROCEDURE

Your out-of-pocket cost may be lower when you utilize a Beech Street provider. For a listing of Beech Street providers go to: www.beechstreet.com • 800-432-7716

163 Stormont Street
New Concord, OH 43762
Phone (740) 826-8150 • Fax (740) 826-8151
The Policy is written underwriting by Commercial Travellers Mutual Insurance Company, Utica, New York, and is serviced by Acordia, P.O. Box 276, Clarion, Ohio 43217-0276. It will be paid by Special Risk Claims, Commercial Travellers Mutual Insurance Company, 70 Geneva Street, New York, NY 10011. The provisions of this Plan will be coordinated with any other insurance that the student may have (other than automobile). Funds incurred in the course of participation in intercollegiate athletics, benefits under this Plan are to be coordinated with the college-sponsored athletic coverage.

**BASIC PLAN BENEFITS**

When hospital or medical care is employed on account of covered injury sustained or covered sickness contracted or treated during the period for which the Student is dependent, the following benefits will be paid subject to the following provisions and limits.

Usual and Customary care is defined as medical care, services and treatment provided and customary in that it is equal to the charges usually made by the provider of the same. It also means that the insured is reasonably entitled to the usual and customary care by those providers in the same geographic area with similar professional standing and providing similar care or treatment.

**DESCRIPTION OF BENEFITS**

**PART I—MANDATORY COVERAGE**

**A. Accident Medical Expense**

Payment for usual and customary expense incurred will be made up to $500.00 for each covered accident occurring either on campus or off campus within 2 weeks of the date of accident and the first eligible expense required to be incurred no less than 3 days from the date of the accident, for treatment by a legally qualified physician or dentist or surgeon, hospital confinement for surgery, or any one treatment in the course of services of a registered graduate nurse, x-ray service, use of operating room, anesthesia, laboratory service, surgical dressings, medica- tion, surgical expenses, necessary or usual for crutches or ambulance. Dental payment will be made only for injury to sound, natural teeth.

**B. Sickness Medical Expense**

Payment for usual and customary expense incurred for sickness sustained for an accident or sickness, the qualified physician or dentist or surgeon, hospital confinement at semi-private room rate, the payment for usual and customary expense for the applicable surgical procedure.

**Consultants’ Fees**—When requested by attending physician, each covered sickness up to $75.00. When at School, consultants’ fees must be approved by the College Wellness Center.

**Diagnostic Laboratory & X-ray**—When the Insured requires outpatient services for diagnostic laboratory and X-ray examinations, the Company will pay the usual and customary expense up to $175.00 for each covered sickness. When at School, diagnostic laboratory and X-ray examinations must be approved by the College Wellness Center.

**Physicians’ Visits Expense** (Non-Surgical)—When an Insured Student, while not hospital confined, requires the services of the College Physician, the Company will pay the usual and customary expense up to $30.00 for the first visit, then $20.00 for subsequent visits. If the student is attended by any other physician, the College will pay $20.00 beginning with the second visit, then $10.00 per visit thereafter. The maximum payable under this benefit is $50.00.

**PART II—OPTIONAL COVERAGE (STUDENTS AND DEPENDENTS)**

**A. Accident and Sickness Medical Expense**

Payment will be made for the usual and customary expense incurred within 52 weeks from the date of the accident or sickness, for treatment by a legally qualified physician by reason of covered accident or sickness, the qualified physician or dentist or surgeon, hospital confinement (surgical or non-surgical), use of operating room, anesthesia, laboratory service, surgical dressings, medication, surgical expense, necessary or usual for crutches or ambulance. Dental payment will be made only for injury to sound, natural teeth.

**Surgical Expense**—The amount listed in the Surgical Schedule in the Master Policy to a maximum of $500.00. In addition, anesthesiolo- gists, other than hospital employees, will be paid up to 25% of the usual and customary expense for the applicable surgical procedure.

**Consultants’ Fees**—When confined as a bed- patient in a hospital and when requested by the attending physician. The payment for usual and customary expense incurred by reason of covered accident or sickness, the qualified physician or dentist or surgeon, hospital confinement, requires the services of the College Physician. The Company will pay the usual and customary expense up to $175.00 for each covered sickness. When at School, diagnostic laboratory and X-ray examinations must be approved by the College Wellness Center.

**Physicians’ Visits Expense**—When confined as a bed- patient in a hospital and when requested by the attending physician. The payment for usual and customary expense incurred by reason of covered accident or sickness, the qualified physician or dentist or surgeon, hospital confinement, requires the services of the College Physician. The Company will pay the usual and customary expense up to $30.00 for the first visit, $20.00 for subsequent visits. If the student is attended by any other physician, the College will pay $20.00 beginning with the second visit, then $10.00 per visit thereafter. The maximum payable under this benefit is $50.00.

**B. Major Medical Expense**

When the medical expenses from a covered accident or sickness exceed the amounts paid under Parts I and IIA by $100.00, then usual and customary expense eligible expenses in excess of the $100.00 will be paid at 80% to a maximum payment of $20,000, total, for each accident or sickness, exclusive of mental or nervous disorders. The maximum amount payable for mental health condition shall be $3,000.00.

Major Medical expenses are defined to include treatment by a legally qualified physician or surgeon, hospital confinement, X-rays, diagnostic laboratory and X-ray examinations, use of operating room, anesthesi- ology service, surgical dressings, medications, medical casts, use of wheelchair or crutches or ambulance.

Mandatory benefits include, but are not limited to: Cancer, Breast, Colorectal Cancer, Cervical Cancer, Congenital Anom- alies, Craniofacial Developmental Abnormalities, Orthotic, Prosthetic, Surgical and Prosthetic Devices; Child Health Supervision Services; Medical Emergency Expenses and Alcoholism and Drug Abuse Treatment. See the Policy on file with the school for further details on these benefits.

**EXCLUSIONS**

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

1. Dental treatment or dental X-rays except as otherwise provided in the Covered Accident Policy when injury occurs to natural teeth.

2. Services rendered or medical supplies provided by the College’s Student Health Center.

3. Cost of glasses, contact lens or other eye examination or prescriptions therefor.

4. Ambulance service.

5. Colonial medical care provided while in a hospital.

6. Injuries or sickness for which benefits are paid under Workers’ Compensation, Occupational Accident Benefits Act or similar legislation.

7. Diseases or conditions which are contagious or communicable.

8. Assistance or medical treatment in connection with: a. Mental and nervous disorders, except as provided in each plan.

9. Elective surgery, except cosmetic surgery, except as otherwise provided in this Plan.

10. Part II benefits for injury or sickness to the student applicant.

11. Injuries to the applicant as a result of war.

12. Injuries or sickness for which benefits are paid as a result of suicide or attempted suicide, while sane or insane.

13. Injury sustained while flying, except as provided in the Covered Accident Policy.

14. Disease, illness or injury which is directly attributable to the use of illegal drugs.

15. Treatment for alcoholism and drug abuse.

16. Mental or nervous disorders, except as pro- vided.

**CLAIM PROCEDURE**

In the event of accident or illness the Student may:</p>

1. Report the accident or illness to the appropriate College authority, who will notify Beech Street.

2. Report the accident or illness to the appropriate College authority, who will notify Beech Street, and file the form available at the College Wellness Center or by visiting the website at: www.studentplans.com, or by calling the Claims Service Center at 800-432-1776.

3. Your out-of-pocket costs may be lower when you utilize a Beech Street provider. For a listing of Beech Street providers go to: www.beechstreet.com • 800-432-1776.

4. Written notice of injury or sickness upon which claim may be based must be provided to the Company within 30 days of the date of the occurrence of the event or upon the date the benefit is payable under Part I. Written notice of injury or sickness must be provided to the Company within 30 days of the date of the occurrence of the event or upon the date the benefit is payable under Part I.

5. Injury sustained during the play or practice of any one intercollegiate athletics or intramural athletic events as provided in Part I.

6. Treatment in a Veterans Administration or Federal Hospital, there is no legal obligation for payment.

7. Injury sustained while flying, except as a fare paying passenger on a regularly scheduled commercial airline.

8. Elective surgery, except cosmetic surgery, medical care, treatment or supplies which exceed the amounts paid while the policy is in force.

9. Preventive medicines, serums, vaccines, and routine examinations.

10. Death or suicide in which the insured person participates.

11. Expenses incurred after 52 weeks from the date of the accident or from the date of the first medical treatment for any one accident or sickness.

12. Incurred while in a hospital.

13. Treatment on a self-pay basis.

14. Mental or nervous disorders, except as pro- vided.