HOW TO FILE AN APPEAL

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 must state the reasons why the student disagrees with the way the claim was processed. The request must include any additional information the student feels support their request for appeal. Include medical records, physician records, etc. Please mail to Special Risk Claims or fax to the Claims Administrator below.

Unanswered by SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK
2007–2008
BINGHAM, NY
as policy form # SML-SHM3-02
Serviced by Wells Fargo Insurance Services
P.O. Box 276 • Columbus, Ohio 43216-0276
800-228-6768 • http://wfs.wellsfargo.com/colleges

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
For a copy of the Company’s Privacy Notice, please go to www.commercialtravelers.com/privacy.html
Request one from the Health Office at your school or Request one from:
Commercial Travelers Mutual Insurance Company
Office Privacy Officer • 70 Genesee St. • Utica, NY 13502
(please include the arrival date you intend to attend with your written request.)

Network Provider
Beethe Street/Concentra • 800-432-1776
www.concentrahealth.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 regulations of the state in which it is issued. Any 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.

STUDENT HEALTH PROGRAM
WELNESS CENTER SERVICES

• The campus location of the Wellness Center is east of Lakeside Drive on South Street (phone ext. 8150). The nursing staff is on duty Monday–Friday 8 a.m.–5 p.m. during the traditional academic year. The campus location of the Wellness Center will be provided each weekday afternoon in a walk-in clinic setting (please contact the Wellness Center for daily hours).

• Most physician clinic charges incurred at the Wellness Center are covered by benefits in Part I of the current student health plan. Any non-covered expenses will be billed to the student through the College Student Accounts Office and it is to that office that payment be directed.

• The Wellness Center pharmacy license allows the college physician staff to prescribe and dispense medication for student illness or injury. There may be a co-pay amount relative to the type and expense of the prescribed medication, which will be charged to the student’s college account. Prescriptions will be written by the physician for medication not stocked by the Wellness Center but deemed appropriate for an individual student’s treatment. The prescription may be filled at a local pharmacy at the student’s expense. Please note: the Wellness Center is not a working pharmacy and does not fill prescriptions from any source other than our college physicians.

• Allergy shots (student to provide medication/schedule) are administered at the Wellness Center. If an injection is given, there is a per injection ($1.00 additional per extra injection/same visit). The student is obligated to stay in the Wellness Center for 15 minutes after the treatment period with college physician on premises.

• Immunizations administered by the Wellness Center staff will be charged to the individual student account. Fees are charged for all injections/same visit). The student should notify the Academic Dean’s Office.

• Student Accident and Sickness Insurance Plan

Eligibility and Cost
All Foreign National Students enrolled at Muskingum College are eligible for and included in the Plan. Spouses and children are also eligible and although not automatically covered may apply for the Insurance at the Business Office. The annual cost for single coverage is $490.00, which includes an administrative fee. The bill will be sent to you by the College Business Office.

This Plan, subject to the benefits and exclusions outlined in this brochure, protects the Insured Student and his/her insured dependents at home, school or while traveling—24 hours a day. However, medical expenses incurred while in your home country are not covered. Benefits become effective August 1, 2007 and continue during the period for which premium has been paid. The Master Policy expires 12:01 a.m. on August 10, 2008. Protection is in effect during all interim vacation periods. In the event an Insured Student ceases to be a student at Muskingum College, coverage remains in effect for the period for which the premium has been paid; however, upon an Insured Student entering the armed forces of any country, coverage will automatically terminate and a pro-rata return of premium will be made upon request. NO OTHER REFUNDS WILL BE MADE.

Alternative Coverage—if you do not meet the eligibility requirements of this plan, please call Wells Fargo Insurance Services at 1-800-228-6768 or visit us at our website at http://wfs.wellsfargo.com/colleges for information on alternative insurance plans.

#General Provisions# The Policy is underwritten by Security Mutual Life Insurance Company of New York, and is serviced by Wells Fargo Insurance Services, P.O. Box 276, Columbus, OH 43216-0276. All claims will be paid by Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, NY 13502. The benefits of this Plan will be coordinated with any other insurance that the student may have (other than automobile). For injuries incurred in the practice or participation in intercollegiate athletics, benefits under this Plan are to be coordinated with the college-sponsored athletic coverage.
HOW TO FILE AN APPEAL

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 must state where the school is located will be administered to this brochure, that may be in conflict with the laws of the state in which the school is located.

This is not the Policy. Rather it is a brief description of the Administrator below.

Undertaken by SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK, BINGHAMTON, NY. as policy form # SML-SHM3-02

Service by Wells Fargo Insurance Services P.O. Box 276 • Columbus, Ohio 43216-0276
800-228-6768 • http://wells.fargo.com/college

Claims Administered by Special Risk Claims Commercial Travelers Mutual Insurance Company 70 Genesee Street, Utica, NY 13502

Toll Free: 800-758-3702 • www.studentplanselect.com
For a copy of the Company’s Privacy Notice, go to: commercialtravelers.com/privacy.html

Request one from: Commercial Travelers Mutual Insurance Company c/o Privacy Officer • 70 Genesee St. • Utica, NY 13502

(800) 758-3702 • www.studentplanselect.com
For a copy of the Company’s Privacy Notice, go to: commercialtravelers.com/privacy.html

Request one from the Health Office at your school or Request one from:

Commercial Travelers Mutual Insurance Company c/o Privacy Officer • 70 Genesee St. • Utica, NY 13502

(800) 758-3702 • www.studentplanselect.com
For a copy of the Company’s Privacy Notice, go to: commercialtravelers.com/privacy.html

It is suggested that students keep this description of coverage with them at all times because 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 creditable coverage under Federal Law if you leave this plan and go to an employer’s plan within 63 days there- after. Students are eligible to receive a verification from the Company regarding the periods you were covered. Please contact Wells Fargo Insurance at 1-800-228-6768 when you need such verification.

Policy No. 2007M3A67

2007–2008

STUDENT HEALTH PROGRAM

DESIGNED ESPECIALLY FOR THE FOREIGN NATIONAL STUDENTS OF

MUSKINGUM COLLEGE

NEW CONCORD, OHIO

2007–2008

STUDENT HEALTH PROGRAM

WELLNESS CENTER SERVICES

• The campus location of the Wellness Center is east of Lakeside Drive on South Street (phone ext. 8150). The nursing staff is on duty Monday–Friday 8 a.m.–5 p.m. during the traditional academic year. The clinic is open 8 a.m.–5 p.m., provided each weekday afternoon in a walk-in clinic setting (please contact the Wellness Center staff for daily hours).

• Most physician clinic charges incurred at the Wellness Center are covered by benefits in Part I of the current student health plan. Any non-covered expenses will be billed to the student through the College Student Accounts Office and it is to that office that payment should be directed.

• The Wellness Center pharmacy license allows the college physician staff to prescribe and dispense medication for student illness or injury. There may be a co-pay amount relative to the type and expense of the prescribed medication, which will be charged to the student’s college account. Prescriptions will be written by the physician for medication not stocked by the Wellness Center but deemed appropriate for an individual student’s treatment. The prescription may be filled at a local pharmacy at the student’s expense. Please note: the Wellness Center is not a working pharmacy and does not fill prescriptions from any source other than our college physicians.

• Allergy shots (student to provide medication/schedule) are administered at the Wellness Center by the College’s health staff and are billed per injection ($1.00 additional per extra injection/same visit). The student is obligated to stay for a minimum 15 minute observation period with college physician on premises.

• Immunizations administered by the Wellness Center staff will be charged to the individual student account and the cost of the vaccine, test or treatment.

• Counseling support is available by referral through the Wellness Center staff or may be secured by contacting Campus Counseling Services at ext. 8091.

The Wellness Center Staff wishes to cooperate in every way with the cooperating 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 seek treatment or advisement for referral at the Wellness Center according to the student insurance protocol. If the Wellness Center is closed, students are advised to contact residence life personnel or other professional source depending on the situation that arises. It is imperative that the student follow the Wellness Center guidelines.

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 excusing slips for missed classes due to injury or illness. Students are encouraged to contact the instructor before class is missed to report they will be absent. If an illness or injury lasts longer than the absence period, the student should notify the Academic Dean’s Office.

STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

ELIGIBILITY AND COST

All Foreign National Students enrolled at Muskingum College are eligible for and included in the Plan. Spouses and children are also eligible and although not automatically covered may apply for the Insurance at the Business Office. The annual cost for single coverage is $490.00, which includes an administrative fee. The bill will be sent to you by the College Business Office.

This Plan, subject to the benefits and exclusions outlined in this brochure, protects the Insured Student and his/her insured dependents at home, school or while traveling—24 hours a day. However, medical expenses incurred while in your home country are not covered. Benefits become effective August 26, 2007 and continue during the period for which premium has been paid. The Master Policy is underwritten by Security Mutual Life Insurance Company, 70 Genesee Street, Utica, NY 13502, and is scheduled to terminate and a pro-rata return of premium will be made upon request. NO OTHER REFUNDS WILL BE MADE.

Alternative Coverage—if you do not meet the eligibility requirements of this plan, please call Wells Fargo Insurance Services at 1-800-228-6768 or visit us at our website at http://wafsl.wellsfargo.com/colleges for information on alternative insurance plans.

GENERAL PROVISIONS

The Policy is underwritten by Security Mutual Life Insurance Company of New York, and is serviced by Wells Fargo Insurance Services, P.O. Box 276, Columbus, Ohio, 43216. All claims will be paid by Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, NY 13502. The benefits of this Plan will be coordinated with any other insurance that the student may have (other than automobile). For injuries incurred in the practice 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 sickness and the said sickness contracted or treated during the period for which the Student or dependent is insured, the following expenses incurred will be paid subject to the provisions hereof: (A) Hospital, (B) Medical, (C) Ambulance, (D) Expenditures, (E) Repatriation Expenses.

A. Accident Medical Expense

When paid for usual and customary charges, the plan will pay $10.00 per visit per day thereafter. The maximum amount payable for Mental Health Services is $200.00.

B. Major Medical Expense

When paid for usual and customary charges, the plan will pay $10.00 per visit per day thereafter. The maximum amount payable for Mental Health Services is $200.00.

C. Ambulance Expense

When paid for usual and customary charges, the plan will pay $10.00 per visit per day thereafter. The maximum amount payable for Mental Health Services is $200.00.

D. Repatriation Expense

When paid for usual and customary charges, the plan will pay $10.00 per visit per day thereafter. The maximum amount payable for Mental Health Services is $200.00.

MEDICAL EVACUATION EXPENSE

The Insured is a registered graduate nurse when returning to his/her home country. Eligible Expenses include, but are not limited to, the cost of a medical air evacuation to the nearest Hospital where appropriate medical treatment can be obtained, and/or from there to his/her home country for further medical treatment or recovery.

AMBULANCE EXPENSE

When paid for usual and customary charges, the plan will pay $10.00 per visit per day thereafter. The maximum amount payable for Mental Health Services is $200.00.

MATERIOR EXPENSE

When paid for usual and customary charges, the plan will pay $10.00 per visit per day thereafter. The maximum amount payable for Mental Health Services is $200.00.

REPAIRATION EXPENSE

In the event of the death of the Insured as a result of a covered Injury or Sickness, The Company will pay the usual and customary charges for the funeral, burial, or cremation of the Insured, the cost of a casket and transportation of the body.

MODIFIED BENEFITS

The following benefits are modulated in the state of Ohio. They will be included in all plans issued in the State of Ohio. They will be included in all plans issued in the State of Ohio.

A. Accident and Sickness Medical Expense

Payment will be made for usual and customary charges, not to exceed $10,000.00, for the first 3 days, then $20.00 for subsequent visits, per visit. If the student is attending by any other physician, the Company will pay up to $20.00 beginning with the second visit, then $10.00 per visit thereafter. The maximum amount payable for this benefit is $250.00, each covered sickness.

MEDICAL EVACUATION EXPENSE

(StUDENT ONLY)

If the Insured is a registered graduate nurse, the Company will pay for usual and customary charges for same, not to exceed $10,000.00. Benefits are payable for the transportation of the Insured Person from the place of Injury or Sickness to the nearest Hospital where appropriate medical treatment can be obtained, and/or from there to his/her home country.

A. Accident and Sickness Medical Expense

Payment will be made for usual and customary charges, not to exceed $10,000.00, for the first 3 days, then $20.00 for subsequent visits, per visit. If the student is attending by any other physician, the Company will pay up to $20.00 beginning with the second visit, then $10.00 per visit thereafter. The maximum amount payable for this benefit is $250.00, each covered sickness.

A. Accident and Sickness Medical Expense

Payment will be made for usual and customary charges, not to exceed $10,000.00, for the first 3 days, then $20.00 for subsequent visits, per visit. If the student is attending by any other physician, the Company will pay up to $20.00 beginning with the second visit, then $10.00 per visit thereafter. The maximum amount payable for this benefit is $250.00, each covered sickness.

B. Major Medical Expense Payment for usual and customary charges, the plan will pay $10.00 per visit per day thereafter. The maximum amount payable for Mental Health Services is $200.00.

D. Repatriation Expense

Payment for usual and customary charges, the plan will pay $10.00 per visit per day thereafter. The maximum amount payable for Mental Health Services is $200.00.

Ambulance Expense

Payment for usual and customary charges, the plan will pay $10.00 per visit per day thereafter. The maximum amount payable for Mental Health Services is $200.00.

EXCLUSIONS

There will be no reimbursement for medical treatment in correctional facilities.

Mandated Benefits

The following benefits are mandated in the state of Ohio. They will be included in all plans issued in the state of Ohio.

1. Injuries or sickness for which benefits are paid under Worker's Compensation, Occupational Disease Act, and/or Workers' Compensation Act.

2. If away from School (including foreign travel) consult a doctor and follow his/her instructions, Pay the bill and obtain a receipt. Notify College Travelers Mutual. Claims may be submitted within 90 days of the treatment. Bills for which benefit is to be paid must be submitted within 90 days of the treatment.

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

4. Medical expenses incurred due to self-inflicted injuries, suicide, whilst insane or whilst a minor, if treatment is not prescribed or approved.

5. Treatment in a Veterans Administration or its equivalent.

6. Treatment in a Federal Drug Rehabilitation Center.

7. Medical expenses incurred as the result of a covered Injury or Sickness, The maximum amount payable for Mental Health Services is $200.00.

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

9. Medical expenses incurred due to self-inflicted injury, suicide, whilst insane or whilst a minor, if treatment is not prescribed or approved.

10. Part II benefits for injury or sickness to the extent that benefits are payable under Part I.

11. Injury sustained during the play or practice of intercollegiate sport accidents for which the Student or dependent is insured.

12. Injuries occurring during the period of being employed by those providers in the same geographic area as the College.

13. Medical expenses incurred in connection with any sickness or injury arising out of or in the course of employment.

14. Medical expenses incurred in connection with any sickness or injury arising out of or in the course of employment.

15. Preventive medicines, serums, vaccines, and routine vaccinations.

16. Riot or civil strife in which the Insured participates.

17. 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 any one sickness.

18. Medical or nervous disorders, except as provided or mandated by the State of Ohio.
A. Accident and Sickness Medical Expense

Payment for usual and customary charges for inpatient or outpatient medical services provided to an insured person by those providers in the same geographic area as the insured person which the Policy is issued, include, but are not limited to: the cost of a physician’s services with due regard to local medical standards, the labor and transportation of the body.

B. Major Medical Expense

When the Services provided are covered under Workers’ Compensation, Occupational Disease, or Death benefits, the Company will pay the usual and customary charges for same, not to exceed $10,000.00.

Consultants’ Fees—When provided or mandated by the State of Ohio. They will be included in all plans issued in Part I.

Expressed or prescribed or approved.

MAGNIFIED BENEFITS

The following benefits are mandated in the state of Ohio. They will be included in all plans issued under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and co-insurance conditions of the Policy as well as applicable state and federal regulations and conditions applicable to any other covered sickness.

Mandated benefits as required by the state in which the Policy is issued are included, but are not limited to: Cancer Screening Tests; Mastectomy, Radiation Therapy, and other cancer treatments; Child Health Supervision Services; Medical Emergency Expenses; Off-label drugs; Biologicals; Service provided for 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 and then only when covered under Workmen’s Compensation, Occupational Disease, or Death benefits.

2. Services rendered or medical supplies provided by the College’s Student Health Service or employee for sustained full-time Physicians of the school.

3. Cost of eyeglasses, rural eye examination, refraction or glasses.

4. Volunteer termination of pregnancy.

5. Medical expenses incurred as the result of war.

6. Injuries or sickness for which benefits are paid under Worker’s Compensation, Occupational Disease, or Death benefits.

7. Medical expenses incurred as the result of an injury involving a motor vehicle to the extent that benefits are payable for same under any automobile medical payments or automobile insurance expense insurance or prepayment plan.

8. Medical expenses incurred as the result of an injury involving a motor vehicle to the extent that benefits are payable for same under any automobile medical payments or automobile insurance expense insurance or prepayment plan.

9. Medical expenses incurred as the result of an injury involving a motor vehicle to the extent that benefits are payable for same under any automobile medical payments or automobile insurance expense insurance or prepayment plan.

10. Part II benefits for injury or sickness to the extent that benefits are payable under Part II(IA) and II(IIA) of the Master Policy for injury or sickness sustained on or after the date that the Company issued the Policy as well as all other terms and conditions applicable to any other covered sickness.

11. Physical injuries or sickness resulting from use of non-prescription medications or prescriptions therefor.

12. Medical expenses incurred as the result of an injury involving a motor vehicle to the extent that benefits are payable for same under any automobile medical payments or automobile insurance expense insurance or prepayment plan.

13. Medical expenses incurred as the result of an injury involving a motor vehicle to the extent that benefits are payable for same under any automobile medical payments or automobile insurance expense insurance or prepayment plan.


15. Preventive medicines, sedums, vaccines, and related preventative services.

16. Riot or civil strife in which the Insured person participates.

17. 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 any one sickness.

18. Mental or nervous disorders, except as provided or mandated by the State of Ohio.

CLAIM PROEDURE

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 Commercial Travelers Mutual Insurance Company as soon as possible, or the College Wellness Center. Claim forms and instructions on claim procedures are available at the College Wellness Center, by visiting the website: studentplanscenter.com

Written notice of injury or sickness upon which claim may be based must be provided to the Commercial Travelers Mutual Insurance Company within 30 days of the commencement of the first loss for which benefits arising out of such injury or sickness may be claimed. If such notice is not given within the 30-day period, it will be presumed that the benefits are not claimable. Bills for benefits to be paid must be submitted within 90 days of the treatment.

Special Risk Claims

Commercial Travelers Mutual Insurance Company

70 Genesee Street • Utica, New York 13502

Phone (800) 756-3702

163 Storioni St. • New Concord, Ohio 43762
Phone (740) 826-8151 • Fax (740) 826-8151

www.studentplanscenter.com • 800-423-7777