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

Note: The time you were covered under this plan may count as creditable coverage under State and Federal Law if you leave this plan and go on to an employer’s plan within 63 days thereafter. You are eligible to receive a certification from the Company for the periods you were covered. Please contact Wells Fargo Insurance Services at 1-800-226-6768 when you need such certification.

2009-M3A54 (Bro)
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 will be required to request a formal appeal within 45 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 support their request for appeal, e.g., 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.studentplanscenter.com
Policy form # SHRM3-02
For a copy of the Company’s Privacy Notice, you may go to: www.commercialtravelers.com/privacy.html

Locally Serviced by
Wells Fargo Insurance Services
P.O. Box 276 • Columbus, Ohio 43216-0276
800-228-6768 • wifs.wellsfargo.com/colleges

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

Note: The time you were covered under this plan may count as creditable coverage under State and Federal Law if you leave this plan and go to an employer’s plan within 60 days thereafter. You are eligible to receive a certificate from the Company covering the periods you were covered. Please contact Wells Fargo Insurance Services at 1-800-228-6768 when you need such verification.

Copyright © 2010
Wells Fargo Insurance Services
800-228-6768

It is to the 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 advise for enrolment at the Wellness Center before student insurance protocol. If the Wellness Center is closed, students are requested to contact the Wellness Center for details.

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 responsible for contacting the instructor before class is missed to report they will be absent. If an illness or injury requires leaving campus for treatment involving a prolonged absence period, the student should notify the Academic Dean’s Office.

INSURANCE COVERAGE

The Insurance Program is designed to supplement, not replace the services of the Wellness Center. Unexpected accidents and sicknesses may frequently result in unexpected expense and care, that are not covered by the Student Health Service. These may impose a financial burden on parents and students. The Insurance Policy helps provide protection up to specified limits, for eligible expenses arising from both covered accident and sickness whether sustained at the University or elsewhere.

The Insurance Program is in two (2) parts. Part I will be mandatory and Part II will be optional for all full-time undergraduate students, and all students participating in intercollegiate athletics, excluding students in the Adult Degree Completion Program. Coverage for Parts I and II are effective August 10, 2009 and continue for the period for which premium has been paid. The cost for Part I is paid by Muskingum University. The initial annual cost for Part II is $200.00. This includes an administrative fee and will be billed equally in the amount of $100.00 over the first and second semesters. Coverage for the second semester will run from January 2, 2010 to August 10, 2010. Should students be covered under Medicare or other insurance also eligible and, although not automatically covered, may apply for the Insurance at the Business Office if they wish. The cost of Part II will appear as a separate item on the student billing statement.

The cost of Part II is $300.00 which covers the deductible requirements of this plan, please call Wells Fargo Insurance Services at 1-800-228-6768 for information on alternative insurance plans.

P.O. Box 276 • Columbus, Ohio 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).
When hospital or medical care is employed on account of covered sickness, or covered sickness covered is treated or during the period for which the Student covered or dependent is insured, the eligible expense incurred will be paid subject to the following provisions and limits.

Usual and Customary means in terms of services, care or treatment provided and customary charges for which a payment is made by the provider of same. It also means that the charge does not exceed the usual charge made 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 (STUDENT ONLY)

A. Accident Medical Expense Payment will be made for the usual and customary expenses incurred within 52 weeks of the date of the accident or sickness, exclusive of mental or nervous disorders. The maximum amount payable under this benefit is $250, each covered sickness.

MANDATED BENEFITS

The following benefits are mandated in the state of Ohio for all non-profit educational institutions. They are covered under the Policy, unless specified otherwise, all such coverage will be subject to any deductible, co-payment and coinsurance conditions of the Policy as well as all other terms and conditions applicable to any other covered sickness.

Mandated benefits include, but are not limited to:

1. Preventive medicines, serums, vaccines, and routine examinations.
2. If away from School (including foreign travel) consult a doctor and follow his/her instructions. You must obtain a receipt. Non-Commercial Travelers Mutual Insurance Company as soon as possible, or the University Wellness Center.
3. Written notice of injury or sickness upon which claim may be made must be provided to the University within 30 days of the date of the commencement of the first loss for which benefits are payable for any subsequent loss.
4. Benefits are payable for any subsequent loss arising out of each such injury or sickness only if benefits are payable for same under any provider of same.
5. Necessities of life while the policy is in force.
6. Payment for hospital confinement at semi-private room rate, the services of a registered graduate nurse not otherwise provided and then only when ordinary medical care is furnished by a legally qualified person.
7. Treatment in a Veterans Administration or other Federal hospital as allocated below:
8. Biologically Based) shall be $3,000.00.
9. Part II benefits for injury or sickness to the insured or his/her family.
10. Injury sustained during the play or practice of intercollegiate athletics.
11. Treatment in a Veterans Administration or Federal hospital to the extent that benefits are payable under Part I.
12. Injury sustained while flying, except as a passenger on a regularly scheduled commercial airline.
13. Elective surgery, except cosmetic surgery made only for injury or sickness arising out of each such injury or sickness except as provided in Part I.
14. Preventive medicines, serums, vaccines, and routine examinations.
15. Riots or civil strife in which the Insured Person participates.
16. Injury or sickness arising out of each such injury or sickness except as provided in Part I.
17. Mental or nervous disorders, except as provided or mandated by the State of Ohio.
18. Injury by violence to insured or his/her family.
19. Injury to insured or his/her family.
NOTICE: If an insured person is covered by a Student Health Insurance Plan, he/she may not be able to collect benefits from both plans. Each plan may require an insured to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. An insured should read all of the rules very carefully, including the coordination of benefits section and compare them with the rules of any other plan that covers an insured or his/her family.

**SPECIALIZED CASE STUDY**

When hospital care or medical care is employed on account of coverage provided under a covered sickness covered by the University Student Health Center. Diagnosis Laboratory & X-ray—When the insured requires diagnostic laboratory and X-ray examinations for diagnostic and recuperative purposes performed by the University Wellness Center.

Physicians’ Visit—Non-Surgical—When the insured requires the services of a legally qualified physician for advice or consultation, and the prescribed treatment can be prescribed or approved.

Payment for usual and customary expense incurred within 50 days of the accident or sickness may be payable for the same under any automobile medical payments or automobile insurance or prepayment plan.

Physicians’ Visit—Non-Surgical—When the insured requires the services of a legally qualified physician for advice or consultation, and the prescribed treatment can be prescribed or approved.

Payment for usual and customary expense incurred within 50 days of the accident or sickness may be payable for the same under any automobile medical payments or automobile insurance or prepayment plan.

Physicians’ Visit—Non-Surgical—When the insured requires the services of a legally qualified physician for advice or consultation, and the prescribed treatment can be prescribed or approved.

Payment for usual and customary expense incurred within 50 days of the accident or sickness may be payable for the same under any automobile medical payments or automobile insurance or prepayment plan.

EXCLUSIONS

No reimbursement will be made for medical expenses incurred for the following:

1. Treatment or dental care unless specifically approved by the University Wellness Center.
2. Services rendered or medical supplies provided by the University’s Student Health Services, including those furnished to students who are part-time or casual employees.
3. Cost of eyeglasses, routine eye examinations or prescription eyeglasses.
4. Voluntary termination of pregnancy.
5. Declared or undeclared war or any act of war.
6. Expenses in connection with:
   - Mental or nervous disorders.
   - Suicide or attempted suicide, while sane or insane which exceeds $3,000, based on the insured’s or dependent’s policy.
7. Part II benefits for injury or sickness to the same person due to the same cause of death or injury.
8. Part II benefits for injury or sickness to the same person due to the same cause of death or injury.
9. Part II benefits for injury or sickness to the same person due to the same cause of death or injury.
10. Injury sustained during the play or practice of intercollegiate athletics.
11. Treatment in a Veterans Administration or Federal hospital where there is no legal obligation for payment.
12. Injuries sustained while flying, except as a passenger in a plane which is operated by a commercial airline.
13. Surgical services of a registered graduate nurse not approved by the University Wellness Center.
14. Physician’s orders for alcoholics, drug abusers or convicts.
15. The following benefits are mandated in the state of Ohio as law. This plan does not provide for the same:
   - Cancer Screening Tests.
   - Mastectomy.
   - Cognitive behavior therapy.
   - Cancer education or counseling.
   - Cancer genetic counseling.
   - Cancer genetic screening.
   - Cancer surgery or drug therapy.
   - Cancer pain management.
   - Cancer support groups.
   - Cancer support services.
   - Cancer survivorship care.
   - Cancer survivorship services.
   - Cancer survivorship counseling.
   - Cancer survivorship education.
   - Cancer survivorship support.
   - Cancer survivorship programs.
   - Cancer survivorship clinics.
   - Cancer survivorship services.
   - Cancer survivorship counseling.
   - Cancer survivorship education.
   - Cancer survivorship support.
   - Cancer survivorship programs.
   - Cancer survivorship clinics.
   - Cancer survivorship services.
   - Cancer survivorship counseling.
   - Cancer survivorship education.
   - Cancer survivorship support.
   - Cancer survivorship programs.
   - Cancer survivorship clinics.
   - Cancer survivorship services.
   - Cancer survivorship counseling.
   - Cancer survivorship education.
   - Cancer survivorship support.
   - Cancer survivorship programs.
   - Cancer survivorship clinics.
   - Cancer survivorship services.
   - Cancer survivorship counseling.
   - Cancer survivorship education.
   - Cancer survivorship support.
   - Cancer survivorship programs.
   - Cancer survivorship clinics.
   - Cancer survivorship services.
   - Cancer survivorship counseling.
   - Cancer survivorship education.
   - Cancer survivorship support.
   - Cancer survivorship programs.
   - Cancer survivorship clinics.
   - Cancer survivorship services.
   - Cancer survivorship counseling.
   - Cancer survivorship education.
   - Cancer survivorship support.
   - Cancer survivorship programs.
   - Cancer survivorship clinics.
   - Cancer survivorship services.
   - Cancer survivorship counseling.
   - Cancer survivorship education.
   - Cancer survivorship support.
   - Cancer survivorship programs.
   - Cancer survivorship clinics.
   - Cancer survivorship services.
   - Cancer survivorship counseling.
   - Cancer survivorship education.
   - Cancer survivorship support.
   - Cancer survivorship programs.
   - Cancer survivorship clinics.
   - Cancer survivorship services.
   - Cancer survivorship counseling.
   - Cancer survivorship education.
   - Cancer survivorship support.
   - Cancer survivorship programs.
   - Cancer survivorship clinics.
   - Cancer survivorship services.
   - Cancer survivorship counseling.
   - Cancer survivorship education.
   - Cancer survivorship support.
   - Cancer survivorship programs.
   - Cancer survivorship clinics.
   - Cancer survivorship services.
   - Cancer survivorship counseling.
   - Cancer survivorship education.
   - Cancer survivorship support.
   - Cancer survivorship programs.
   - Cancer survivorship clinics.
   - Cancer survivorship services.
   - Cancer survivorship counseling.
   - Cancer survivorship education.