

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 request must include why they disagree with the way the claim was processed. The request must include any additional information they feel 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

Wells Fargo Insurance Services
P.O. Box 276 • Columbus, Ohio 43216-0276
800-228-6768 • wfis.wellsfargo.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.studentplanscenter.com
as policy form # SHM3-02

*For a copy of the Company's Privacy Notice,
you may go to:*

www.commercialtravelers.com/privacy.html
or *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

*(Please indicate the school you attend
with your written request.)*

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 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 OF MUSKINGUM UNIVERSITY NEW CONCORD, OHIO



2010–2011

Policy No. 2010M3A54

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 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 63 days thereafter. You are eligible to receive a certification from the Company regarding the periods you were covered. Please contact Wells Fargo Insurance Services at 1-800-228-6768 when you need such verification.

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. Physician services are 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 University Student Accounts Office and it is to that office that payment be directed.
- The Wellness Center pharmacy license allows the university 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 university 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 university physicians.
- Allergy shots (student to provide medication/schedule) are administered at the Wellness Center during clinic hours for a fee of \$7.00 per injection (\$1.00 additional per extra injection/same visit). The student is obligated to stay for a minimum 15 minute observation period with university physician on premises.
- Immunizations administered by the Wellness Center staff will be charged to the individual student account. Charges are determined by 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 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 seek 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.

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 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 can frequently result in additional expenses 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 on August 10, 2010 and continue for the period for which premium has been paid. The cost for Part I is paid by Muskingum University. The annual cost for Part II is \$324.00 which includes an administrative fee and will be billed equally in the amount of \$162.00 over the first and second semesters. Coverage for the second semester will run from January 2, 2011 to August 10, 2011. Spouses and dependent children are also eligible and, although not automatically covered, may apply for the Insurance at the Business Office if they wish. The cost of Part II appears as a separate item on the student billing statement. Those students who have comparable coverage may waive Part II of the Insurance by completing and returning the "Insurance Waiver Card" by the date bills are payable prior to the beginning of the semester, or waive on-line at: www.studentplanscenter.com Click on Muskingum University and then click "Waive On-Line". Once waiver is completed you will receive a confirmation number. Keep this for it is your only record a waiver was filed.

In the event an Insured Student ceases to be a student at the University, 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 for information on alternative insurance plans.

GENERAL PROVISIONS

The Policy is underwritten by Commercial Travelers Mutual Insurance Company, Utica, New York, and is serviced by Wells Fargo Insurance Services, 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).

NOTICE: If an insured person is covered by more than one health care plan, he or 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.

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 or dependent is insured*, the eligible usual and customary expense incurred will be paid subject to the following provisions and limits.

Usual and Customary means usual in terms of services, care or treatment provided and customary in that it is equal to the charge usually 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 for usual and customary expense incurred will be made up to \$500.00 for each covered accident for expenses incurred within 52 weeks of the date of accident and the first eligible expense incurred within 90 days from the date of the accident, for treatment by a legally qualified physician or dentist or surgeon, hospital confinement at semi-private room rate, the services of a registered graduate nurse, X-ray service, use of operating room, anesthesia, laboratory service, surgical dressings, medication, plaster casts, the rental of wheelchair or crutches or ambulance. Dental payment will be made only for injury to sound, natural teeth.

Medical expenses incurred due to participation in Intercollegiate Athletics will be covered under

the Self-Funded Policy No. 2010Z7A00 up to \$500.00 sponsored by Muskingum University.

B. Sickness Medical Expense (Outpatient Benefits)

Consultants' Fees—When requested by attending physician, each covered sickness up to \$75.00. When at School, consultants' fees must be approved by the University Student Health Center.

Diagnostic Laboratory & X-ray—When the 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. When at School, diagnostic expenses must be approved by the University Wellness Center.

Physicians' Visits Expense (Non-Surgical)—When an Insured Student, while not hospital confined, requires the services of the University Physician, the Company will pay the usual and customary expense up to \$32.00 for the first visit, then \$22.00 for subsequent visits. If the student is attended by any other physician, the Company will pay up to \$20.00 beginning with the second visit, then \$10.00 per visit per day thereafter. The maximum payable under this benefit is \$250.00, each covered sickness.

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 covered accident or the date of the first medical treatment for each covered sickness as allocated below:

Hospital Room & Board—When confined in a hospital, the plan will pay the usual and customary expense up to the semi-private rate for the first 3 days, then up to \$40.00 per day for the next 67 days.

Hospital Miscellaneous Expense—X-ray examinations, laboratory tests, anesthesia, medicines, use of operating room, temporary surgical appliances, when the Insured is confined as a bedpatient therein (including outpatient surgery) up to \$400.00.

Surgical Expense—The amount listed in the Surgical Schedule in the Master Policy, up 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 bedpatient in a hospital and when requested by the attending physician up to \$50.00.

Physicians' Expense (Non-Surgical)—When the Insured requires the non-surgical services of a legally qualified physician by reason of covered accident or sickness, the usual and customary expense incurred for such services when hospital confined will be paid not to exceed \$20.00 beginning with the first visit then \$5.00 per visit per day thereafter up to a maximum of \$365.00.

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 IIA by \$100.00, then any 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 conditions (other than Biologically Based) 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, the services of a registered graduate nurse not related to the Insured by blood or marriage, X-rays, use of operating room, anesthetics, laboratory service, surgical dressings, medicines, plaster casts, use of wheelchair or crutches or ambulance.

MANDATED 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 all other terms and conditions applicable to any other covered sickness.

Mandated benefits include, but are not limited to: Cancer Screening Tests; Cancer Clinical Trials; Mastectomy, Reconstructive Surgery and

Prosthetic Devices; Child Health Supervision Services; Medical Emergency Expenses; Off-label Drugs; Biologically Based Mental Illness; 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 and then only when injury occurs to sound, natural teeth.
2. Services rendered or medical supplies provided by the University's Student Health Services, Employees or salaried full-time Physicians of the school.
3. Cost of eyeglasses, routine eye examinations or prescriptions therefor.
4. Voluntary termination of pregnancy.
5. Declared or undeclared war or any act of war.
6. Injuries or sickness for which benefits are paid under Worker's Compensation, Occupational Disease Act or Law or similar legislation.
7. Medical expenses incurred as the result of an accident involving a motor vehicle to the extent that benefits are payable for same under any automobile medical payments or automobile expense insurance or prepayment plan.
8. Expense incurred due to self-inflicted injury, suicide or attempted suicide, while sane or insane which exceeds \$3,000, based on the plan benefits.
9. Part II benefits for injury or sickness to the extent that benefits are payable under Part I.
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. Injury sustained while flying, except as a fare paying passenger in a regularly scheduled commercial airline.
13. Elective surgery, except cosmetic surgery made necessary by injury which occurs while the policy is in force.
14. Preventive medicines, serums, vaccines, and routine examinations.
15. Riot or civil strife in which the Insured Person participates.

16. Expense 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.
17. Mental or nervous disorders, except as provided or mandated by the State of Ohio.

Beech Street
A V I A N T N E T W O R K

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

CLAIM PROCEDURE

In the event of accident or illness the Student should:

1. If at School report immediately to the University 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 University Wellness Center.

Claim forms and instructions on claim procedures are available at the University Wellness Center or by visiting the website at: www.studentplans-center.com

Written notice of injury or of sickness upon which claim may be based must be provided to the Company within 30 days of the date of the commencement of the first loss for which benefits arising out of each such injury or sickness may be claimed, or as soon thereafter as is reasonably possible. Bills for which benefit is to be paid must be submitted within 90 days of the treatment.

Muskingum University Wellness Center
163 Stormont Street
New Concord, Ohio 43762
Phone (740) 826-8150 • Fax (740) 826-8151