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 file an appeal in writing within 90 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 should be requested for appeal, e.g., medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator below.

 Locally Serviced by
Web Fargo Insurance Services
P.O. Box 276 • Columbus, Ohio 43216-0276
800-226-6768 • wfa.webfargo.com/colleges

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

Commercial Travelers Mutual Insurance Company
p/c Privacy Officer
70 Genesee St. • Utica, NY 13502
(please indicate the school you attend)

HOW TO FILE AN APPEAL

[New Concord, Ohio 43215-0276. All claims will be paid by
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New York, and is serviced by Wells Fargo Insurance Services, P.O. Box 276, Columbus,
Ohio 43216-0276. All claims will be paid by
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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. For an appointment, 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 license student Account Office and it is to that office that payment be sent. please contact wells Fargo insurance services, P.O. Box 276, Columbus, Ohio 43216-0276, 800-228-6768 when you need such service. the Insurance Policy is maintained by the University.

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When hospital or medical care is employed on account of covered accident or covered sickness it may be impossible to comply with 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.

**BASE PLAN BENEFITS**

When hospital or medical care is employed on account of covered accident or covered sickness the usual and customary expense incurred shall not be subject to the following provisions and limits.

**Usual and Customary** means in terms of services, care or treatment provided and customary. The expense incurred shall be paid by the provider of the same. It also means that the charge does not exceed the usual charge made for the same type of services in the same geographic area with similar professional standing and providing similar care or treatment.

**DESCRIPTION OF BENEFITS**

**PART I—MANDATORY COVERAGE**

**A. Accident and Sickness Medical Expense**

Payment will be made for the usual and customary expense incurred within 52 weeks of the date of the accident or of the date of the first medical treatment for each covered sickness. Payment will be made only for the services rendered or medical supplies used during this time.

**Hospital Room & Board**—When confined in a hospital, the plan will pay the usual and customary expenses up to the semi-private room rate, the services of a registered graduate nurse, X-ray services, medications, lab service, surgical dressings, medicalION, plaster casts, the rental of wheelchair or crutches or ambulance. 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 attend-

ing physician, each covered sickness up to $75.00. When hospital or medical care is employed on account of covered accident or sickness, the usual and customary expense incurred for such services when hospital is not to exceed $20.00 beginning with the first visit then $5.00 per day thereafter up to a maximum of $50.00.

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 of $365.00 in any one 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, the services of a registered graduate nurse, X-ray services, medications, use of operating room, anesthesia, laboratory service, surgical dressings, medicines, plaster casts, the rental of wheelchair or crutches or ambulance.

**EXCLUSIONS**

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

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, including the Student Health Center.

3. Cost of eyeglasses, routine eye examinations or pre-employment examinations.

4. Voluntary termination of pregnancy.

5. Declared or unclaimed war or any act of war.

6. Any medical expense which is not paid under Worker’s Compensation, Occupational Disease Act or Law or similar legislation.

7. Medical expenses provided if 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 prepaid plan.

8. Expense incurred due to self-inflicted injury or attempted suicide, while sane or insane which exceeds $3,000, based on the benefit in effect.

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

10. Injury sustained during any play or practice of intercollegiate athletics.

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

12. Injury sustained while flying, except as a passenger or while being transported in an air 


14. Medical 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.

15. Mental or nervous disorders, except as pro-

vided or mandated by the State of Ohio.

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 pro-

vided or mandated by the State of Ohio.

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 instruc-

3. If away from School (including foreign travel) obtain a receipt. New Commercial Travelers Mutual Insurance Company as soon as possible, or the University Wellness Center.

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

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 com-

Mandated benefits include, but are not limited to: Cancer screening Tests; Cancer Clinical Trials; Mastectomy, Reconstructive Surgery and Prosthetic Devices; Child Health Supervision Services; 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.

**MANDATED BENEFITS**

The following benefits are mandated in the state of Ohio:

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

Mandated benefits include, but are not limited to: Cancer screening Tests; Cancer Clinical Trials; Mastectomy, Reconstructive Surgery and Prosthetic Devices; Child Health Supervision Services; 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.

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

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 com-
When hospital or medical care is employed upon account of covered illness or covered sickness occurring during the period for which the Student is covered by the Policy, the provider must be one approved by the provider of same. It also means that the charges which 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 (STUDENTS AND DEPENDENTS)

A. Accident and Sickness Medical Expense

Payment will be made for the usual and customary expenses incurred within 90 days of the date of accident or the date of the first medical treatment for each covered sickness. The maximum payable for each sickness is $500.

Hospital Room & Board—When confined in a hospital, the plan will pay the usual and customary expense up to the semi-private rate of the hospital confined in, subject to the following:

- Up to $32.00 for the first 3 days, then up to $40.00 per day thereafter.
- Ambulance Expense—Up to $75.00.

EXCLUSIONS

No reimbursement will be made for medical expenses for:

1. Dental treatment or dental X-rays except as otherwise provided and then only when injury or sickness occurs.
2. Services rendered or medical supplies provided by the University's Student Health Services, or any other provider of full-time or part-time Physicians of the school.
3. Cost of eyeglasses, routine eye examinations or parts prescribed.
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 care or treatment provided in connection with 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 or attempted suicide, while sane or insane which exceeds $3,000, based on the limits of liability.
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 to the extent that there is no legal obligation for payment.
12. Injury sustained while flying, except as a passenger whose alteration has been approved for payment.
13. 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.

MANDATED BENEFITS

The following benefits are mandated in the state of Ohio by Sections 1333.163 (C)(1)(h) of the Revised Code to the extent 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.

- Mandatory benefits include, but are not limited to: Cancer Screening Tests; Cancer Clinical Trials; Mastectomy, Reconstructive Surgery and Prosthetic Devices; Child Health Supervision Services; Non-Medical Therapies; 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.

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. The Student should 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.com.

Written notice of injury or sickness upon which claim may be based must be provided to the University Wellness Center 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. Notice of claim for the same therapeutically necessary benefit is not necessarily possible. Bills for which benefit is to be paid must be submitted within 90 days of the treatment.

Muskogee University Wellness Center
New Concord, Ohio 43762
Phone (740) 826-8150 • Fax (740) 826-8151