**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 any additional information the student may support their request for appeal, such as medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator below.

Underwritten by SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK
Binghamton, NY

As policy form # SML-SHM3-02

Commercial Travelers Mutual Insurance Company
P.O. Box 276 • Columbus, Ohio 43216-0276
800-228-6768 • sfs.webfarm.com/colleges

Claims Administered by Special Risk Claims
Commercial Travelers Mutual Insurance Company
or
Request one from the Health office at your school
or
Request one from:

Wells Fargo Insurance Services
P.O. Box 276 • Columbus, Ohio 43216-0276
800-228-6768 • sfs.webfarm.com/colleges

For a copy of the Company’s Privacy Notice, visit www.commercialtravelers.com/privacy.html or go to www.securitymutual.com. Claims will be paid by Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, NY 13502.

The bill will be sent to you by the University Business Office. Claims will be paid by Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, NY 13502.

The annual cost for single coverage is $500.00, which includes an administrative fee. 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 insurance plan, the student 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 the insured may not be able to collect benefits from both plans at the same time. An insured should read 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.

**Student Health Program**

**Student Health Program**

**Wellness 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 8:00 a.m.–5:00 p.m. during the traditional academic period. Students may provide each weekday afternoon in a walk-in clinic setting (please contact the Wellness Center to make an appointment).

• Most physician clinic charges incurred at the Wellness Center are covered by benefits in Part II of the Master Policy. Non-covered expenses will be billed to the student through the University Student Accounts Office. The student is responsible for that payment in full.

• The Wellness Center pharmacy allows the university staff physician 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/ equipment) are administered at the Wellness Center during clinic hours for a fee of $7.00 per visit (e.g., 1 visit per allergy condition/same visit). The student is obligated to stay for a minimum 30 minute observation period with university physician on premises.

• Immunizations administered by the Wellness Center staff are not applicable to the individual student account. Charges are determined by the cost of the vaccine, test or treatment.

• Contact Campus Counseling Services at ext. 8091.

• 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 their academic Dean’s Office.

**Student Accident and Sickness Insurance Plan**

**Eligibility and Cost**

All Foreign National Students enrolled at Muskingum University 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 $500.00, which includes an administrative fee. The bill will be sent to you by the University 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, at school or while traveling—24 hours a day. However, medical expenses incurred while in your home country are not covered. Benefits become effective August 10, 2010 and continue during periods of emergency leave when no benefits have been paid. The Master Policy expires 12:01 a.m. on August 10, 2011. Protection is in effect during the interim vacation periods, in the event the student has not returned to the United States as of the date of the vacation period. Benefits are not available during an emergency leave when the 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 refund of the 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 wfs.webfarm.com/colleges for information on alternative insurance plans.

**General Provisions**

The Policy is underwritten by Security Mutual Insurance Company of New York, and is serviced by Wells Fargo Insurance Services, P.O. Box 276, Columbus, Ohio 43216-0276. The Policy is underwritten by Security Mutual Life Insurance Company, 70 Genesee Street, Utica, NY 13502. The provisions of this Policy are not applicable to the individual student account. Charges are determined by the cost of the vaccine, test or treatment. Charges are determined by the cost of the vaccine, test or treatment.

**Notice:** If an insured person is covered by more than one health insurance plan, the student 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 the insured may not be able to collect benefits from both plans at the same time. An insured should read 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.

**Eligibility and Cost**

All Foreign National Students enrolled at Muskingum University 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 $500.00, which includes an administrative fee. The bill will be sent to you by the University Business Office.
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 for the purposes of FEHLPA if you leave this plan and go to an armed forces military service. If you leave this plan, you will be charged to the student’s expense. Please note: The University reserves the right to change the premium and does not fill prescriptions from any source other than our University physicians.

Claim Service Information

Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, NY 13502

For more information call 1-800-228-6768 or visit us at our website at

www.wellsfargo.com/college

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 wifs.wellsfargo.com/college for information on alternative insurance plans.

GENERAL PROVISIONS

The Policy is underwritten by Security Mutual Insurance Company of New York, and is serviced by Commercial Travelers 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 the plan may have (other than automobile).

NOTICE: If an insured person is covered by more than one health insurance plan, the insured person 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 and understand the rules very carefully, including the coordination of benefits section and compare them with those of any other plan that covers an insured or his/her family.

ELIGIBILITY AND COST

All Foreign National Students enrolled at Muskingum University 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 $500.00, which includes an administrative fee. The bill will be sent to you by the University Business Office.
BASIC PLAN BENEFITS

When hospital or medical care is employed on account of a covered accident or sustained injury sickness contracted or treated during the period for which the Student or dependent is insured, the maximum amount payable for medical expenses incurred will be paid subject to the following provisions.

Use of Hospital—When at School, diagnostic expenses must not exceed $175.00 for each covered sickness. When requested by attending physician, the Company will pay $20.00 per visit beginning with the second visit, then $10.00 per visit thereafter. The maximum payment for this benefit is $250.00, each covered sickness.

MEDICAL EVACUATION EXPENSE—When the Insured requires medical evacuation to his/her home country as the result of a covered injury or sickness, the Company will pay the charges for same, not to exceed $10,000.00. Benefits are payable for the transportation of the injured person to the place of Injury or Sickness to the nearest Hospital where appropriate treatment can be obtained. The Company will pay directly to the place of origin and to the nearest Hospital, provided no transportation is available. When hospital or medical care is employed for such services when hospital confined will be paid not to exceed $20,000.00 beginning with the first visit thereafter, then $50.00 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 Part II by $100.00, then any eligible usual and customary expenses in excess of the $100.00 will be paid at 80% until a maximum of $3,000.00, then any eligible usual and customary expenses in excess of the $100.00 will be paid at 100% until a maximum of $10,000.00, then any eligible usual and customary expenses in excess of the $100.00 will be paid at 80% until a maximum of $36,500.00, then any eligible usual and customary expenses in excess of the $100.00 will be paid at 100% until a maximum of $50,000.00, then any eligible usual and customary expenses in excess of the $100.00 will be paid at 80% until a maximum of $75,000.00, then any eligible usual and customary expenses in excess of the $100.00 will be paid at 100% until a maximum of $100,000.00.

Mandated benefits as required by the state in which the University is located.

EXCLUSIONS

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

1. Dental treatment or dental X-rays except as otherwise provided and only when necessary for natural teeth.
2. Services rendered or medical supplies provided under the Federal Employee Health Benefits Program, Services, Employees or salaried full-time Physicians of the school.
3. Costs of air ambulance services only for immediate evacuations or prescriptions therefor.
4. Voluntary or alternative forms of contraception.
5. Declared or unclaimed war or act of war.
6. Injuries or sickness for which benefits are paid under Workers’ Compensation, Occupational Disease Act or similar legislation.
7. Medical expenses incurred as a result of alcoholic or drug addiction.
8. Medical expenses incurred as a result of injury which occurs while on duty, or any one sickness.
9. Injuries or sickness caused or materially contributed to by the Insured.
10. Injuries or sickness for which benefits are paid under a similar policy issued in the United States.
11. Treatment in a Veterans Administration or other Government hospital.
12. Injury sustained while flying, except as a paying passenger in a regularly scheduled commercial airline.
13. Injury sustained in a Riot or civil strife in which the Insured Person participates.
14. Treatment by a legally qualified physician or surgeon, other than hospital employees, will be paid.

Mandated benefits as required by the state in which the Policy is issued include, but are not limited to:

Mandated benefits as required by the state in which the Policy is issued include, but are not limited to:

B. Sickness Medical Expense

Surgeons, other than hospital employees, will be paid.
A. Accident and Sickness Expense—(Non-Surgical)—When the Insured is confined, requires the services of the University Physician, the Company will pay for usual and customary charges up to $20.00 for the first visit, then $22.00 for subsequent visits. If the student is attending in-person classes and is under the care of a physician, the Company will pay up to $20.00 beginning with the second visit, then $10.00 per visit thereafter. The maximum amount payable under this benefit is $250.00, each covered sickness.

B. Major Medical Expense

When the Insured is confined, the following benefits will be paid for usual and customary charges up to the amounts payable for same under Parts I and IIA by $100.00, then any eligible usual and customary expenses in excess of the $100.00 will be paid at 80% until a maximum of $3,000.00.

1. Medications for drugs that are not covered under the Benefit Schedule in the Master Policy, up to a maximum of $500.00, each covered sickness.

2. Service providers in the same geographic area will provide the prescribed or mandated benefits as required by the State of Ohio. They will be included in all plans issued by the University under the Student Health Center, by visiting the website: www.muskingum.edu.

3. Medical treatment or recovery.

4. Paid the applicable surgical procedure.

5. Charges for the operation of the covered accident or sickness, the expense incurred in connection with:

   a. Cancer Screening Tests; Cancer Clinical Trials; Mastectomy; Reconstrucive Surgery and Prosthetic Devices; Child Health Supervision Screening; Medical Emergency Infections; Label Drugs; Biologically Based Mental Illness; and Alcoholism and Drug Abuse Treatment.

   b. 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 described when employed on scheduled commercial airline.

2. Services rendered or medical supplies provided by federal hospital where there is no legal obligation.

3. Injuries or sickness for which benefits are paid under Worker’s Compensation, Occupational Disease Act or Law or similar legislation.

4. Medical services which are covered under any automobile expense insurance or prepaid plan.

5.5 the amount listed in the surgical schedule in the Master Policy, up to a maximum of $3,000.00.

6. Births other than natural births.

7. Preventive care or treatment provided by those providers in the same geographic area will provide the prescribed or mandated benefits as required by the State of Ohio.

8. Preventive care or treatment provided by those providers in the same geographic area will provide the prescribed or mandated benefits as required by the State of Ohio.

9. Riot or civil strife in which the Insured Person participates.

10. Itemized Medical Services, vaccines, and routine examinations.

B. Sickness Medical Expense

When at School, diagnostic expenses must be approved by the University Student attending physician, each covered sickness up to $175.00 for each covered sickness. The Insured Student requires outpatient services for—When the following services are provided under the Benefit Schedule in the Master Policy, up to a maximum of $500.00. In addition, anesthesiologists, other than hospital employees, will be paid up to 25% of the usual and customary charge for the applicable surgical procedure.

Consultants’ Fees—When confined as a bedpatient therein (including outpatient), 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.

When hospital or medical care is employed on account of injury or sickness contracted or treated during the period for which the Student or dependent is insured, the following benefits are mandated in the state in which the Policy is issued include, but are not limited to:

1. Death due to injury or sickness, not to exceed $7,500.00 for returning the Insured Person to his/her place of residence in his/her home country. Eligible Expenses include, but are not limited to, the cost of a mortician’s services with due regard to international requirements, the coffin and transportation of the body.

2. Injuries or sickness for which benefits are paid under Worker’s Compensation, Occupational Disease Act or Law or similar legislation.

3. Medical services which are covered under any automobile expense insurance or prepaid plan.

4. Physicians’ fees for the operation of the covered accident or sickness, the expense incurred in connection with:

   a. Cancer Screening Tests; Cancer Clinical Trials; Mastectomy; Reconstrucive Surgery and Prosthetic Devices; Child Health Supervision Screening; Medical Emergency Infections; Label Drugs; Biologically Based Mental Illness; and Alcoholism and Drug Abuse Treatment.

   b. 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 described when employed on scheduled commercial airline.

2. Services rendered or medical supplies provided by federal hospital where there is no legal obligation.

3. Injuries or sickness for which benefits are paid under Worker’s Compensation, Occupational Disease Act or Law or similar legislation.

4. Medical services which are covered under any automobile expense insurance or prepaid plan.

5. The amount listed in the surgical schedule in the Master Policy, up to a maximum of $3,000.00.

6. Births other than natural births.

7. Preventive care or treatment provided by those providers in the same geographic area will provide the prescribed or mandated benefits as required by the State of Ohio.