

## EXCLUSIONS AND LIMITATIONS

Benefits are not payable under this policy for any Treatment or loss resulting from or complicated by:

1. Dental treatment, except for accidental injury to sound, natural teeth and gums required due to an injury resulting from an Accident while the Covered Person is insured under this Policy, and rendered within 12 months of the Accident;
2. Treatment, services or supplies provided by the School's infirmary or its employees, or Physicians who work for the School, except when the Covered Person is required to pay for such service;
3. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness;
4. Cosmetic surgery, except cosmetic surgery which the Covered Person needs as the result of an Accident which happens while insured under this Policy;
5. Elective abortion;
6. War or any act of war, declared or undeclared; or while serving in the armed forces of any country (a pro-rata premium will be refunded for such period of service);
7. Suicide or attempted suicide; or intentionally self-inflicted injury while sane or insane;
8. Injury or Sickness paid by Worker's Compensation or Employer's Liability;
9. Participation in, practice for, or orthopedic equipment and appliances used for: club sports; intercollegiate tackle football; intercollegiate sports; semi-professional sports; or professional sports (except as specified in the Coverage Descriptions);
10. Organ Transplants;
11. Acne and Acupuncture;
12. The diagnosis and treatment of infertility;
13. Nonmalignant warts, moles or lesions;
14. Sleep disorders;
15. Elective Treatments and voluntary testing other than as specifically provided in the Policy.

## CLAIM PROCEDURE

In the event of an Injury or Sickness:

1. Contact your Student Health Services, if available. If Student Health Services is not available, Report at once to the nearest doctor or hospital.
2. A Company claim form is required for filing a claim. Mail all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the university under which the student is insured to the Claim Administrators address.  
File claim within 30 days of Injury or first treatment for a Sickness. Bills must be received by Administrative Concepts, Inc. within 90 days of service to be considered for payment.

## SERVICING AGENT

For policy holder questions or special needs:

*Collegiate Risk Management*

1-800-922-3420

[www.collegiatrisk.com](http://www.collegiatrisk.com)

## CLAIM ADMINISTRATOR

**ADMINISTRATIVE CONCEPTS, INC.**

994 Old Eagle School Road, Suite 1005  
Wayne, PA 19087-1802

Telephone: 1-888-293-9229

[www.visit-aci.com](http://www.visit-aci.com)

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Although this brochure is not the contract of insurance, please be sure to retain this as it briefly describes many of the important provisions of the Master Policy, which is the GOVERNING contract that provides insured Student Health Benefits. The Master Policy is on file with the University.

2016-2017

# STUDENT ACCIDENT AND SICKNESS INSURANCE PROGRAM

DESIGNED ESPECIALLY  
FOR THE STUDENTS OF

# American Hebrew Academy



UNDERWRITTEN BY:  
**BCS Insurance Company**

SERVICING AGENT:



*Collegiate Risk Management*  
1-800-922-3420

Policy Number: **BSA-00188**

Dear Students, Parents and Guardian:

The American Hebrew Academy has arranged for insurance coverage for all boarding students. The program covers students for Injury and Sickness occurring on and off campus, at home, or while traveling. The cost of this Plan is automatically added to your tuition bill. However, if you have proof of comparable insurance and wish to waive coverage under this plan, the deadline to do so is September 1, 2016. To waive out of the insurance plan, please follow the AHA instructions and return the completed waiver to the Student Health Center. Please take a few minutes to carefully review and evaluate this entire brochure and feel free to contact the insurance representative, Collegiate Risk Management with any questions at 1-800-922-3420.

Sincerely,  
Ruth Hoffman R.N., MSN  
Director of Student Health Services

## ELIGIBILITY

All registered students are automatically enrolled in this insurance plan at registration and the premium for coverage is added to your tuition bill unless proof of comparable coverage is furnished. You can waive coverage by completing the waiver and submitting to the Student Health Center.

All waivers must be submitted by September 1, 2016.

There will be no additional opportunity to waive coverage once this deadline has passed. The premium for this plan is \$1,281.

Students must take classes for at least the first 31 days after the date for which coverage is purchased. Home study and correspondence do not fulfill the eligibility requirement that the student actively attend classes. The company maintains its right to investigate student status and attendance records to verify that the Policy requirements have been met. If and whenever the Company discovered that the Policy eligibility requirements have not been met, its only obligation is a refund of premium.

## EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective at 12:01 a.m., August 15, 2016. Your coverage becomes effective on that date or the date your application and the full payment is received by the Company (or its authorized representative), whichever is later. Coverage under the Master Policy ends at 12:01 a.m., June 15, 2017 or at the end of the period through which the payment is paid, whichever is earlier.

**Refunds are allowed only upon entry into the armed forces.**

Coverage remains in effect during holiday and vacation periods. Should an insured person graduate or withdraw from the institution, the insurance shall remain in effect until the end of the coverage period for which premium has been paid.

## COVERAGE RATES - Student Only

|          |                  |             |
|----------|------------------|-------------|
| 10 Month | 8/15/16-6/15/17  | \$ 1,281.00 |
| Fall     | 8/15/16-12/31/16 | \$ 597.00   |
| Spring   | 1/1/17-6/15/17   | \$ 700.00   |

## PRIMARY EXCESS PROVISION

The Company's liability for benefits due to Covered Expenses incurred for Treatments and services resulting from a covered Injury or Sickness will be limited in the manner shown on the Schedule of Benefits. When a Covered Expense is subject to this Primary Excess Provision, (1) if the total amount of the Covered Expense is less than \$500, all benefits payable under this policy shall be payable on a primary basis regardless of any benefits payable for the same loss on a provision of service basis or on an expense incurred basis under any other collectable policy or service contract, unless otherwise herein provided or (2) if the total amount of Covered Expenses is greater than \$500, the Company will pay the first \$500 on a primary basis, but the Company's liability for expenses over \$500 is limited to that part of the Expense, if any, which is in excess of the total benefits payable for the same loss, on a provision of service basis or on an expense incurred basis under any other collectable policy or service contract, unless otherwise herein provided.

## STATE MANDATED HEALTH BENEFITS

The plan will pay for the following mandated benefits and any other applicable mandate in accordance with North Carolina insurance laws: Anesthesia and Hospitalization Coverage for Dental Procedures; Bone Mass Measurement Benefit; Cervical Cancer Screening Benefit; Colorectal Cancer Screening; Diabetes Benefit; Lymphedema Benefit; Mammography Benefit; Maternity Post Delivery Care Benefit; Prostate Cancer Screening Benefit; Reconstructive Breast Surgery following Mastectomy; Surveillance Tests for Ovarian Cancer Benefit; Chemical Dependency Coverage and Hearing Aid Benefit.

## PRE-EXISTING CONDITIONS LIMITATION

The Company will not pay benefits for a condition for which a Covered Person received medical treatment, care, or advice within 6 months before being insured under this Policy. This does not apply if the Covered Person has been insured for 12 consecutive months under the Student Accident and Sickness Insurance Program designed especially for the students at American Hebrew Academy by Collegiate Risk Management or has prior creditable coverage which may reduce or eliminate the waiting period.

## DEFINITIONS

**INJURY** means accidental bodily harm sustained by the Covered Person that resulted directly and independently of all other causes from an Accident and occurs while coverage under this Policy is in force.

**SICKNESS** means illness or disease contracted and causing loss to the Covered Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered part of the original Sickness.

**USUAL, CUSTOMARY AND REASONABLE CHARGES (UCR)-"Usual"** means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury or Sickness; "Customary" means those charges made by the majority of providers in the area for the same or similar services or supplies. "Reasonable" means those charges which do not exceed the majority of prevailing fees in the area for the same or similar services or supplies. Area means a county or larger geographically significant area as determined by the Company.

**ACCIDENT** means a sudden, unexpected and unintended incident. "Covered Accident" means an Accident that results in Injury or loss covered by this Policy.

**HOSPITAL** means a legally constituted institution having organized facilities for the care and Treatment of sick or injured persons on a registered inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff or one or more licensed Physicians and provides 24-hour nursing service by Registered Nurses on duty or call. Hospital shall also include duly licensed tax supported institutions which specialize in the treatment of one particular type of illness. Such facilities are not required to have an operating room and related equipment for the performance of surgery.

**PHYSICIAN** means a practitioner of the healing arts who is duly licensed in the state where he is practicing and who is treating within the scope and limitation of that license. The term Physician will not include the Covered Person or his spouse, children, brothers, sisters, or parents, or any person residing in his household.

**COVERED PERSON** means any Eligible Person who makes application for, or for whom application is made and who is approved to participate in the benefit plans issued under this Policy, provided the required premium for such Person's insurance is paid when due.

**PRE-EXISTING CONDITIONS** means a condition for which a Covered Person received medical treatment, care or advice within 6 months before being insured under this Policy

## BASIC INJURY AND SICKNESS BENEFITS

The Policy covers the Usual and Customary Charge up to \$2,500 for each Injury or Sickness under the Basic Benefits Plan.

Covered medical expenses include:

### INPATIENT

1. Semi-private room rate;
2. Miscellaneous Hospital charges incurred while inpatient;
3. Hospital daily intensive care;
4. Graduate registered nurse while Hospital confined;
5. Surgeon's Fees. Multiple Procedures performed in succession through the same incision will be paid at up to 1.5 times Usual & customary of the most expensive charge;
6. Assistant Surgeon when required by the Hospital;
7. Physician's Visits while confined in a Hospital on non-surgical visits (limited to one (1) per day);
8. Pregnancy will be covered the same as any other Sickness;
9. Physiotherapy;
10. Injury to sound and natural teeth;
11. Removal of wisdom teeth up to \$200 per tooth.

### OUTPATIENT

1. Hospital Services such as use of the emergency room with a \$50 Deductible, x-rays and medical supplies;
2. Ambulance service to and from a Hospital;
3. Purchase or rental of specific medical supplies and equipment;
4. Physician services while not Hospital confined such as Physicians visits up to 15 visits per policy year, x-rays and laboratory fees;
5. Miscellaneous fees and surgeon's fees for necessary services and supplies for outpatient surgery the same as inpatient benefits;
6. Pregnancy will be covered the same as any other Sickness;
7. Physiotherapy limited to 10 visits per policy year;
8. Injury to sound and natural teeth;
9. Removal of wisdom teeth up to \$200 per tooth;
10. Expenses for allergy testing, allergy injections, vials, and allergy serum up to \$200 per policy year.

### MAJOR MEDICAL BENEFITS

After benefits are paid under the Basis Benefits Plan, and the insured has satisfied a \$100 Deductible, the plan then pays 80% of the Usual and Customary Charge of all remaining eligible Expenses up to a policy maximum of \$50,000 including Basic Benefits. No benefits under the Major Medical Plan will be paid for: 1) psychiatric coverage; 2) physiotherapy; 3) prescription drugs.

## TRAVEL ASSISTANCE

The following TRAVEL ASSISTANCE, EMERGENCY MEDICAL EVACUATION/REPATRIATION, BEDSIDE VISIT BY FAMILY MEMBER OR FRIEND and REPATRIATION OF MORTAL REMAINS benefits are not insured by BCS Insurance Company and are provided by Europ Assistance USA, Inc. (EA-USA) through a reputable insurance carrier.

### WHAT IS TRAVEL ASSISTANCE?

Your travel assistance program is designed to help you along the way before and during your travels. If you encounter a medical or other emergency during your trip when you are at least 100 miles away from home, emergency assistance is available to you any time of day. Information services (such as "Cultural Information" – details about a location you are planning to visit, visa or passport information, etc) are available at any time, even if you don't travel.

### ABOUT THE SERVICE PROVIDER

Founded in 1963 Europ Assistance (EA) was the first company to offer assistance services to travelers. Now, EA provides help to customers throughout the world utilizing 36 assistance centers operating around the clock. Further support comes from an extensive international provider network and local agents in over 200 countries and territories allowing EA to offer local support in virtually any location. Headquartered in Bethesda, Maryland just outside of Washington, DC, EA-USA's International Assistance Coordinators, Case Managers, doctors and nurses are available 24 hours a day to take care of virtually any assistance need. EA-USA may be reached by phone at 877-319-4387 (toll free) or 240-330-1536 (local/collect) or at their website, [www.europassistance-usa.com](http://www.europassistance-usa.com)

### EMERGENCY MEDICAL TRANSPORTS

Should the patient's conditions require a medical transport based on the evaluation and recommendation of one of EA-USA's physicians, EA-USA will take care of all required arrangements to either move the patient to the needed level of medical care ("evacuation") or return him/her to his/her place of residence for the purpose of recuperation, rehabilitation or further care ("repatriation"). EA-USA will pay up to \$1,000,000 CSL ("Combined Single Limit" for all transport related eligible expenses). All services must be arranged by EA-USA.

### REPATRIATION OF MORTAL REMAINS

In the event a Covered Person dies, EA-USA will arrange for the deceased to be returned to their place of residence for the purpose of burial or cremation. EA-USA will also take care of ancillary requirements such as government authorization, death certificates and so forth as governed by the policy. EA-USA will pay up to \$1,000,000 CSL for eligible transport expenses and ancillary services.

All services must be arranged by EA-USA.

### BEDSIDE VISIT BY FAMILY MEMBER OR FRIEND

Should the Covered Person be hospitalized for seven or more consecutive days, be likely to be hospitalized for seven or more days or is in critical condition, EA-USA will arrange and pay for the economy class round-trip transportation of one family member or friend from his/her home to the place where the covered person is hospitalized. EA-USA will pay for eligible expenses up to \$1,000,000 CSL.

## 24 HOUR NURSE LINE

Wouldn't you feel better knowing you could get health care answers from a Register Nurse 24 hours a day? Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. URAC provides members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Members). Nurses shall not diagnose Member's ailments. Students must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the Nurse Advice program, which is sponsored by the school. This program gives students access to a toll-free nurse information line 24-hours a day, 7 days a week. One phone call is all it takes to access a wealth of useful health care information at 1-866-470-2030.

## EXTENSION OF BENEFITS AFTER TERMINATION

If a Covered Person's coverage under the Policy terminates, coverage will be extended if such person is Totally Disabled on the date coverage ended. Coverage under this provision is provided only for Covered Expenses for the condition causing the Total Disability.

This extension of benefits terminates at the earliest of:

1. 31 days from the date the Policy was terminated; or
2. the date the Total Disability ends; or
3. when the Maximum Benefit amount under the MEDICAL EXPENSE BENEFIT has been paid to the Covered Person.

Except as stated above, coverage is not provided for any expense incurred after the date the Policy was terminated.

This coverage extension will not apply to termination due to non-payment of premium or termination initiated by any Covered Person.

The benefit includes meals and accommodations reimbursement for up to 5 days with a maximum benefit of \$150 per day while visiting the hospitalized Covered Person.

All services must be arranged or approved by EA-USA.

### ADDITIONAL BENEFITS:

- Medical Provider Search and Referral
- Medical Monitoring
- Return of Travel Companion Assistance
- Dependent Child Return Assistance
- Emergency Cash Advance (credit card guarantee required)
- Legal Assistance/Bail (credit card guarantee required)
- Prescription Transfer/Shipment of Medication
- Emergency Travel Arrangements (credit card guarantee required)