

2014-2015

**STUDENT
ACCIDENT AND
SICKNESS
INSURANCE
PROGRAM**

DESIGNED ESPECIALLY
FOR THE STUDENTS OF

Graceland University

UNDERWRITTEN BY:
BCS Insurance Company

SERVICING AGENT:



Collegiate Risk Management
1-800-922-3420

Policy Number: **BSA 00199**

ELIGIBILITY

All Domestic students are required to be covered by a plan of Injury and Sickness Insurance. The University Insurance Plan may be waived by completing the waiver form, by showing proof of comparable coverage. If the waiver is not submitted by the waiver deadline, the cost of the coverage will be added to your charges.

All International students are enrolled in the plan of Injury and Sickness Insurance on a mandatory basis.

Students must be enrolled to attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence and television (TV) courses do not fulfill the eligibility requirements that the student actively attend classes. The Plan Administrator maintains its right to investigate student status and attendance records to verify that the policy ELIGIBILITY requirements have been met. If and when the Plan Administrator discovers that the policy ELIGIBILITY requirements have not been met, the only obligation of the Company is a pro-rated refund of premium.

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective at 12:01 a.m., August 1, 2014. Coverage becomes effective on that date or the date the enrollment card and full payment is received by the Company (or its authorized representative), whichever is later. The coverage under the Master Policy terminates at 11:59 p.m., July 31, 2015 or at the end of the period through which the payment is made, whichever is earlier. **Refunds are allowed only upon entry into the armed forces.**

PREFERRED PROVIDER NETWORK

To maximize savings and reduce out-of-pocket expenses, a Covered Person should select a Preferred Provider. It is to their advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these Providers have agreed to accept as payment for their services. Non-Preferred Care is subject to Usual, Customary and Reasonable Charge (UCR) allowance maximums. Any charges in excess of the UCR allowance are not covered under the Plan.

We are pleased to make the First HealthNetwork available to you under your Student Health Plan. You can obtain the most recent provider information by visiting www.firsthealth.com or calling 800-226-5116. Participation of individual providers is subject to change without notice. **It is the responsibility of the Covered Person to verify provider participation at the time services are rendered.**

24 HOUR NURSE LINE

When you are in need of medical assistance, you can get the support and information that you need 24 hours a day, 7 days a week. You can discuss health concerns and treatment options confidentially with a registered nurse. The nurse documents and discusses your symptoms and recommends an appropriate course of action. You can also access an audio library. Nurses are multilingual.

The 24 Hour Nurse Line phone number is 866-470-2030.

MANDATED BENEFITS

The Plan will pay for the following mandated benefits and any other applicable mandate in accordance with Iowa insurance laws: Mammography; Dental Anesthesia; Diabetes Supplies, equipment, and Self-Management Training; Maternity and Postpartum Care; Contraceptive Drugs; Reconstructive Breast Surgery; Outpatient Contraceptive Services; Cancer Clinical Trial Benefit; Prosthetic Devices and Orthotics.

INSURANCE PROGRAM COSTS

Rates below include administrative fees.

	Annual: 08-01-2014 to 07-31-2015
Student	\$1,930
	Fall: 08-1-2014 to 01-07-2015
Student	\$ 843
	Fall 2: 08-01-2014 to 01-31-2015
Student	\$ 974
	Spring: 01-07-2015 to 07-31-2015
Student	\$ 1,090
	Spring 2: 01-01-2015 to 07-31-2015
Student	\$ 1,122

DEFINITIONS

Injury means bodily injury caused by an Accident. The accident must occur while the Covered Person's insurance is in force under the Policy. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single covered Injury. The Injury must be the direct cause of loss and must be independent of all other causes. The Injury must not be caused by or contributed to by Sickness.

Preferred Provider Organization means a licensed provider of medical services who is under agreement with the Plan Administrator to provide those services.

Sickness means illness or disease contracted and causing loss as 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 as part of the original Sickness.

Usual, Customary and Reasonable Charge (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 that 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.

Affordable Care Act means the Patient Protection and Affordable Care Act (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act (Public Law 111-152).

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.

Essential Health Benefits means benefits covered under the policy, in at least the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care. Such benefits shall be consistent with those set forth under the PPACA and any regulations issued pursuant thereto.

MEDICAL EXPENSE BENEFITS

MAXIMUM BENEFITS: Unlimited Annual Maximum Accident & Sickness benefit per person
ANNUAL DEDUCTIBLE (per person): \$500 In Network/\$1,000 Out of Network

OUT OF POCKET MAXIMUM: \$5,000 per person per policy year (Out of Pocket expenses are the Deductibles, Copays and Coinsurance amounts that you are responsible for paying.)
COINSURANCE: 70% In Network/ 50% Out of Network

Covered Medical Expenses include:

Inpatient Hospital Room and Board and Miscellaneous Expense , such as the cost of the operating room, laboratory test, x-ray, anesthesia, physiotherapy, drugs or medicines, therapeutic services and supplies	In Network 70% of Allowed Charges/\$150 copay	Out of Network 50% of UCR/\$150 copay
Surgical Treatment	70% of Allowed Charges	50% of UCR
Anesthetist	70% of Allowed Charges	50% of UCR
In-Patient Physicians Visits	70% of Allowed Charges	50% of UCR
Substance Abuse Treatment	70% of Allowed Charges	50% of UCR
Mental Health Disorder and Behavioral Health	70% of Allowed Charges	50% of UCR

INPATIENT BENEFITS

OUTPATIENT BENEFITS

Scheduled Outpatient Surgery Miscellaneous - for outpatient surgery that is scheduled prior being performed. Benefits will be paid for services and supplies such as the cost of the operating room; anesthesia; drugs or medicines; therapeutic services; and supplies, for such surgery performed in a Hospital, an Outpatient Surgical Facility, or Physician's office	In Network 70% of Allowed Charges	Out of Network 50% of UCR
Surgical Treatment	70% of Allowed Charges	50% of UCR
Anesthetist	70% of Allowed Charges	50% of UCR
Physicians Visits (Deductible waived)	70% of Allowed Charges/ \$20 copay	50% of UCR/\$20 copay
Emergency Room Expenses (Copay waived if admitted to hospital)	70% of Allowed Charges/ \$250 copay	70% of UCR/ \$250 copay
Urgent Care (Deductible waived)	70% of Allowed Charges/ \$150 copay	50% of UCR/ \$150 copay
Prescription Drugs	(See EXPRESS SCRIPTS OUTPATIENT)	No Benefits

PRESCRIPTION PLAN provision

Alcoholism and Drug Abuse Treatment	70% of Allowed Charges	50% of UCR
Substance Abuse Treatment	70% of Allowed Charges	50% of UCR
Mental Health Disorder and Behavioral Health	70% of Allowed Charges	50% of UCR
Preventive/Wellness Services mandated by Health Care Reform	100% of Allowed Charges	50% of UCR

The plan pays for preventive services for men and women (including pregnant woman) cost as required by the Affordable Care Act without deductible, coinsurance or copays when provided by In Network providers. This care includes, but is not limited to: Immunizations, Mammography, Colorectal Cancer Screening, Contraceptives and Tobacco use screening and interventions. The exact provisions governing the insurance are contained in the Master Policy issued to the school.

ADDITIONAL BENEFITS

Ambulance Services (Ground and Air Services)	70% of Allowed Charges
Orthopedic Appliances	70% of Allowed Charges
Maternity Care for Covered Pregnancy Expenses	70% of Allowed Charges
Covered Services for pregnancy, childbirth and complications of pregnancy are payable on the same basis as any Sickness.	
Intercollegiate Sports Injuries - Eligible Expenses are limited to \$5,000 per occurrence	

TRAVEL ASSISTANCE BENEFITS

Europ Assistance Provides the following benefits to a Combined Single Limit of \$1,000,000:
 Medical Evacuation
 Repatriation
 Return of Mortal Remains
 Visit of Family Members

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.

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 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

KEY SERVICES:

EMERGENCY MEDICAL TRANSPORTS

Should the patient's conditions require a medical transport based on the evaluation and recommendation of one of EA's physicians EA 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 will pay up to \$1,000,000 CSL ("Combined Single Limit" for all transport related eligible expenses).

All services **must be arranged** by EA.

REPATRIATION OF MORTAL REMAINS

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

All services **must be arranged** by EA.

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 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 will pay for eligible expenses up to \$1,000,000 CSL.

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.

OTHER 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)

EXCLUSIONS

Benefits are not payable under the Policy for any of the following or loss that results therefrom:

1. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; eyeglasses, contact lenses or other Treatment for visual defects and problems, except as required as a result of a covered Injury. "Visual defects" means any physical defect of the eye that does or can impair normal vision.
2. Dental care or Treatment other than care of 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.
3. 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).
4. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony.
5. Operating any vehicle while under the influence of alcohol or without being properly licensed and insured to do so.
6. Participation in, practice for, or orthopedic equipment and appliances used for; interscholastic sport, contest or competition sponsored by the University, any professional or semi-professional sport (except as specified in the Coverage Descriptions).
7. Expenses greater than \$5,000 per occurrence for treatment of Injuries sustained by reason of participation in or, practice for; intercollegiate sports.
8. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly-scheduled airline.
9. Treatment, services or supplies provided by a Hospital or facility owned or run by the United States Government, unless a charge is made for such services in the absence of insurance; or in a Hospital which does not unconditionally require payment.
10. Cosmetic surgery, except cosmetic surgery which the Covered Person needs as the result of an Accident which happens while he is insured under this Policy, or reconstructive surgery needed as a result of a congenital disease or abnormality of a covered newborn dependent child which has resulted in a functional defect.
11. Elective Treatments and voluntary testing other than as specifically provided in the Policy;
12. Injury or Sickness covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law (including, but not limited to group, group type, and individual automobile "No-Fault" coverage).
13. Nasal or Sinus Surgery (unless required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy).
14. The diagnosis and treatment of acne.
15. The diagnosis and treatment of Infertility.
16. For international students only, Expenses incurred within the Covered Person's home country or country of regular domicile.
17. Circumcision.
18. Routine foot care, including the treatment of corns, calluses and bunions.
19. Impotence, whether organic or otherwise.
20. Nonmalignant warts, moles or lesions.

EXPRESS SCRIPTS OUTPATIENT PRESCRIPTION PLAN

After a copay of \$10 for generic, \$35 for brand name, and for \$50 Specialty drugs, the cost of prescription drugs is payable in full, up to the maximum for the policy year. Prescriptions must be filled at an Express Scripts Participating Pharmacy. Insured Persons will be given an insurance ID card to show to the pharmacy as proof of coverage. A list of participating pharmacies is available by calling 866-282-1491.

Before you receive your insurance ID card, if you need to have a prescription filled, go to any pharmacy, pay for the medication in full and save the receipt. Reimbursement will be at the Express Scripts contracted discount rate and will be less than the rate charged by the pharmacy. Not all medications are covered. Before you receive your insurance ID card you may contact 866-282-1491 or www.express-scripts.com for a list of covered medications or exclusions.

After you receive your insurance ID card, no claim forms need be completed. After you receive the card you may call toll-free 866-282-1491 for assistance with pharmacy locations and for a list of exclusions and covered medications. This number is effective for enrolled members only. You will need the Group Number and Member ID Number printed on your ID card. Not all medications are payable. Following is a partial list of those excluded: fertility medications, acne treatments, vitamins.

IN THE EVENT OF INJURY OR SICKNESS

In the event of an Injury or Sickness in a non-emergency situation, report at once to the Student Health Center. When not in school log onto www.firsthealth.com to find the nearest doctor, hospital or facility.

CLAIM ADMINISTRATOR

All claims and claim inquiries are to be directed to:

ASRM, LLC
505 S. Lenola Rd., Suite 231
Moorestown, NJ 08057
Telephone: 800-359-7475
www.helpwithmyplan.com

SERVICING AGENT

For questions about eligibility, benefits or ID cards:

Collegiate Risk Management
110 Athens Street
Tarpon Springs, FL 34689
800 922-3420
www.collegiaterisk.com
crm@collegiaterisk.com

ID cards will be issued as soon as possible. If you need medical attention before the ID card is received, benefits will be payable according to the Plan. You do not need an ID card to be eligible to receive benefits. Once you have received your ID card, present it to the provider to facilitate prompt payment of your claims.

UNDERWRITTEN BY:

BCS Insurance Company