



STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN 2016-17

This plan is Short Term Insurance not Minimum Essential Coverage and it does not provide mandated coverage necessary to avoid a penalty under the Affordable Care Act.

BCS Insurance Company, Policy Number BSA00207

Eligibility

All Ranken Technical College students living on campus are required to have health insurance. Students that are currently insured under a comparable health insurance plan may WAIVE the school sponsored Student Health Insurance Plan with proof of existing coverage, by completing an online waiver at <https://www.collegiaterisk.com/schools/rankentechnicalcollege.aspx> by the waiver deadline of Aug 15, 2016. If you do not complete the waiver prior to the deadline you will be enrolled in the school sponsored plan described below and the cost will be billed to your tuition. Non-resident students may enroll in this plan on a voluntary basis by downloading an application from <https://www.collegiaterisk.com/schools/rankentechnicalcollege.aspx>

Coverage Dates and Rates	School Term	Fall	Spring/Summer
	8/20/16 - 6/20/17	8/20/16 – 12/31/17	1/1/17 – 6/20/17
Premium: Under Age 26	\$550	\$242	\$308
Premium: Age 26 and Over	\$1,100	\$484	\$616

Benefit Highlights

BASIC MEDICAL EXPENSE BENEFIT

Aggregate Maximum Benefit Limit per Injury or Sickness	\$5,000*
*The benefit for treatment of Injury due to Motor Vehicle Accident is limited to \$1,000 in any Policy Year.	
Deductible Amount per Injury or Sickness	\$50
Primary Benefit Amount per Injury or Sickness per Policy Year	\$100

SUPPLEMENTAL MEDICAL EXPENSE BENEFIT

Aggregate Maximum Benefit Limit per Accident or Sickness	\$50,000
Deductible Amount	Paid Basic Aggregate Maximum Benefits
Covered Percentage	80%

HOSPITAL EXPENSE

Daily Room and Board Expense Maximum	Semi-Private Rate (except Intensive care Unit amount may not exceed 2 ½ times the Hospital Daily Room and Board)	
Hospital Room and Board Maximum	per Injury:	Usual, Customary, and Reasonable Charges
	per Sickness:	up to \$1,000 per day for 30 days
Miscellaneous Hospital Expense	per Injury:	Usual, Customary, and Reasonable Charges
	per Sickness:	up to \$700 for the first day, \$500 per day thereafter*
		*Includes benefit for Pre-Admission Testing.
Private Duty Nursing Care, provided such care is rendered by a Registered Nurse and no other charge is made for such service.	per Injury:	Usual, Customary, and Reasonable Charges
	per Sickness:	up to \$25 per day

SURGICAL EXPENSE (Inpatient or Outpatient)

Maximum Amount	per Injury:	Usual, Customary, and Reasonable Charges
	per Sickness:	\$1,000
Assistant Surgeon (Inpatient Only)	per Injury:	Usual, Customary, and Reasonable Charges
	per Sickness:	30% of amount payable for Surgery

Anesthesia Percentage (Inpatient or Outpatient) per Injury: Usual, Customary, and Reasonable Charges
per Sickness: 30% of amount payable for Surgery

IN-HOSPITAL DOCTOR'S FEES EXPENSE

Daily Rate per Injury: Usual, Customary, and Reasonable Charges
per Sickness: \$25 per day (limited to one visit per day)

OUTPATIENT EXPENSE

Surgical Only -Day Surgery Facility/Miscellaneous

When related to scheduled surgery performed in a Hospital including: use of operating room; x-rays examinations and laboratory tests (including professional fees); anesthesia; infusion therapy; drugs or medicines; and supplies. Usual, Customary, and Reasonable Charges for Day Surgery Miscellaneous are based on the most recent edition of the Outpatient Surgical Facility Charge Index.

Maximum Amount per Injury: Usual, Customary, and Reasonable Charges
per Sickness: \$500

Non-Surgical Only

Other outpatient services include: diagnostic X-ray, and laboratory services; radiation therapy and chemotherapy; physiotherapy (visits limited to one per day); injections (covered only in the Doctors office); diagnostic services and medical procedures performed by the Doctor, other than Doctor's visits, physiotherapy, x-rays and lab procedures; and braces and appliances only upon Doctor's written prescription.

Maximum Amount per Injury: Usual, Customary, and Reasonable Charges
per Sickness: \$250*

*Includes benefit for use of Hospital Emergency Room (only Medically Necessary and prescribed Expense).

*An additional Deductible Amount of \$50 will apply to each visit to the Hospital Emergency Room unless, the Covered Person is admitted to the Hospital as an inpatient.

OUT OF HOSPITAL DOCTOR'S FEES EXPENSE

Maximum Amount per Injury: Usual, Customary, and Reasonable Charges
per Sickness: \$30 per visit, beginning with thesecond visit*
Maximum Number of Visits - 5
*Benefits are limited to one visit per day.

AMBULANCE EXPENSE

Maximum Amount per Injury: Usual, Customary, and Reasonable Charges
per Sickness: \$125

DENTAL TREATMENT EXPENSE

Maximum Amount per Injury: \$250
per Sickness: Not Covered

PRESCRIBED MEDICINE EXPENSE

Maximum Amount per Injury: Usual, Customary, and Reasonable Charges
per Sickness: \$500

MENTAL AND NERVOUS DISORDERS EXPENSE

Benefits will be paid on the same basis as any other sickness.

ALCOHOLISM AND SUBSTANCE ABUSE EXPENSE

Benefits will be paid on the same basis as any other sickness.

EXCLUSIONS

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

1. Routine physical examinations and routine testing; preventive testing or Treatment; screening examinations or testing in the absence of Injury or Sickness.
2. 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.

3. Hearing examinations or hearing aids; or other Treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear that does or can impair normal hearing.
4. 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.
5. 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).
6. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony.
7. Suicide, attempted suicide or intentionally self-inflicted Injury while sane.
8. Injury, Sickness or death contributed to by the use of drugs or alcohol, unless administered by a Physician.
9. Participation in, practice for, or orthopedic equipment and appliances used for; interscholastic sports; intercollegiate sports; semi-professional sports; or professional sports, (except as specified in the Coverage Descriptions).
10. 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.
11. 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.
12. 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.
13. 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).
14. Treatment or services provided by any member of the Covered Person's immediate family; or for which no charge is normally made.
15. Treatment, services or supplies provided by the School's infirmary or its employees, or Physicians who work for the School.
16. Nasal or Sinus Surgery (unless required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy).
17. Expenses greater than \$1,000 for treatment of Injuries sustained by reason of a covered motor vehicle accident.
18. Birth Control, including surgical procedures and devices.
19. The diagnosis and treatment of acne.
20. The diagnosis and treatment of Infertility.
21. The diagnosis and treatment of TMJ dysfunction, or skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia.
22. Treatment that is not incurred by an Insured Person while insured hereunder.
23. Elective abortions.
24. Treatment of allergies, including allergy testing.
25. Circumcision.
26. Routine foot care, including the treatment of corns, calluses and bunions.
27. Impotence, whether organic or otherwise.
28. Nonmalignant warts, moles or lesions.
29. Sleeping disorders, including testing

PRE-EXISTING CONDITION LIMITATION

Pre-existing Conditions are not covered for the first 12 months following a covered person's effective date of coverage under the Policy.

Credit for Prior Coverage: A Covered Person, whose coverage under prior Creditable Coverage ended no more than 63 days before coverage under the Policy became effective, will have any applicable pre-existing condition limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, we will credit only the days of such coverage after the break.

Pre-existing Condition: means a condition for which a Covered person received medical Treatment, care or advice within 6 months before being insured under the policy.

DEFINITIONS

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.

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.

Intensive Care Unit means a section, ward, or wing within a Hospital which is separated from other Hospital facilities and (1) is operated exclusively for the purpose of providing professional Treatment for critically ill patients; (2) has special supplies and equipment necessary for such Treatment which are available on a standby basis for immediate use; (3) provides room and board, and constant observation by registered graduate nurses or other specially trained Hospital personnel; and (4) is not maintained for the purpose of providing normal post-operative recovery Treatment or service.

Medically Necessary or Medical Necessity means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury {or Sickness} and which, as determined by the Company, are: (1) consistent with the symptom or diagnosis and Treatment of the Injury {or Sickness}; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Covered Person; (4) the most appropriate supply or level of service which can be safely provided. When applied to the care of an Inpatient, it further means that the Covered Person's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient.

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 Charges - "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.

PRIMARY EXCESS MEDICAL EXPENSE

The first \$100 of benefits under the policy will be paid without regard to whether you have other insurance. Benefits in excess of \$100 will be paid only after any other insurance to which you are entitled has paid. No benefits are payable for any expense incurred for Accident or Sickness which is paid or payable by other valid and collectible insurance or under an automobile insurance policy. This plan will cover unpaid balances, deductibles and pay those eligible expenses not covered by other insurance. Benefits will be adjusted so that the total amount paid or payable under two insurance policies combined does not exceed 100% of the expenses which are incurred.

PREFERRED PROVIDER NETWORK We are pleased to make the PHCS Network available to you and your eligible dependents under your Student Health Plan. You can obtain the most recent provider information by visiting www.phcs.com or calling 1-800-665-7427. 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.

CLAIM ADMINISTRATOR All claims and inquiries are to be directed to:
ASRM, LLC
505 S. Lenola Rd., Suite 231
Moorestown, NJ 08057
Telephone: 1-800-359-7475
www.helpwithmyplan.com

SERVICING AGENT

For questions about eligibility, benefits or ID cards:
Collegiate Risk Management
110 Athens Street
Tarpon Springs, FL 34689
1-800 922-3420
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

This is a brief description of the Plan. The exact provisions governing the insurance are contained in the Master Policy issued to Ranken Technical College and may be viewed at the school during regular business hours.

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.

TRAVEL 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)