



## 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](http://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](http://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](http://www.collegiaterisk.com)  
[crm@collegiaterisk.com](mailto: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.

## 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.

Your Guide to Safe Travel - Emergencies happen, but help is now only a phone call away.

An unexpected illness, tooth ache or forgotten medication can ruin a trip. With travel assistance services from Europ Assistance USA (EA), help is only a phone call away. When you are traveling you have access to travel medical and personal services. With a local presence in 200 countries and territories worldwide and 35 24/7 assistance centers staffed with multilingual assistance coordinators and case managers as well as medical and security staff, EA is here to help you obtain the care and attention you need in case of an emergency while traveling. In the event of a life-threatening emergency, call the local emergency authorities first to receive immediate assistance, and then contact EA.

## MEDICAL ASSISTANCE SERVICES

**Emergency Medical Payment** - EA will advance on-site emergency inpatient medical payments to you, up to \$10,000 USD upon receipt of satisfactory guarantee of reimbursement from you. The cost of medical services is your responsibility.

**Medical Search and Referral** - EA will assist you in finding physicians, dentists and medical facilities.

**Replacement of Medication and Eyeglasses** - EA will arrange to fill a prescription that has been lost, forgotten, or requires a refill, subject to local law, whenever possible. EA will also arrange for shipment of replacement eyeglasses. Costs for shipping of medication or eyeglasses, or a prescription refill, etc. are your responsibility.

**Medical Monitoring** - During the course of a medical emergency resulting from an accident or sickness, professional case managers, including physicians and nurses, EA will monitor your case to determine whether the care is appropriate.

**Visit by Family Member/Friend** - If you are traveling alone and must be or are likely to be hospitalized for seven or more days or are in life-threatening condition, EA will arrange and coordinate payment for the round-trip transportation for one family member or friend, designated by you from his or her home to the place where you are hospitalized.

**Dependent Children Assistance** - If any dependent children under the age of 19 traveling with you are left unattended because you are hospitalized, EA will coordinate their transportation home. Should transportation with an attendant be necessary, EA will arrange for a qualified escort to accompany the child(ren). All costs related to this service are your responsibility.

**Traveling Companion Assistance** - If a travel companion loses previously-made travel arrangements due to your medical emergency, EA will arrange for your traveling companion's return home. Transportation costs are the responsibility of you or your traveling companion.

**Emergency Evacuation/Medically-Necessary Repatriation** - In the event of a medical emergency, when a physician designated by EA determines that it is medically necessary for you to be transported under medical supervision to the nearest hospital or treatment facility or be returned to your place of residence for treatment, EA will coordinate and arrange payment for the transport under proper medical supervision.

**Repatriation of Mortal Remains** - In the event of your death while traveling, EA will coordinate and arrange payment for all necessary government authorization, including a container appropriate for transportation and for the return of the remains to place of residence for burial.

**Trip Interruption** - If you or an immediate family member is critically injured, sick or dies while traveling, EA shall arrange for you or your immediate family member's return to the preferred place of hospitalization or burial via the most direct route on economy class airfare. Transportation cost is your responsibility.

### **PERSONAL ASSISTANCE SERVICES**

**Pre-Trip Information** - EA offers a wide range of informational services before you leave home, including: Visa, Passport, Health Hazards Advisories, Currency Exchange, Inoculation and Immunization Requirements, Temperature and Weather Conditions and Embassy and Consulate Referrals.

**Interpretation/Translation** - EA will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, EA will refer you to local translators.

**Locating Lost or Stolen Items** - EA will assist in locating and replacing lost luggage, transportation ticket application, documents and personal possessions.

**Emergency Cash** - EA will advance up to \$500 after satisfactory guarantee of reimbursement from you. Any fees associated with the transfer or delivery of funds are your responsibility.

**Emergency Travel Arrangements** - In the event of an emergency, EA can help you make new travel arrangements, including airline, hotel and car rental reservations. All costs related to this service are your responsibility.

**Legal Assistance/Bail** - EA will notify the proper embassy or consulate of incarceration, arranging the receipt of funds from third party sources and locate an attorney and bail bonds, where permitted by law, with satisfactory guarantee of reimbursement from you. You pay attorney fees.

**Emergency Message Relay** - EA will transmit an urgent message for you to your family, friends or business associates. EA will also accept and retain messages for up to 15 days.

**Vehicle Return** - EA will coordinate the return of the vehicle left unattended to your residence or place of rental if you become physically unable to operate any non-commercial vehicle as a result of a medical emergency. The vehicle must be in good driving condition and capable of being driven on the highway in compliance with local laws. All costs related to this service are your responsibility.

**Pet Return** - EA will coordinate the return to your residence if a pet traveling with you is left unattended because you are hospitalized. All costs related to this service are your responsibility.

### **CONDITIONS AND EXCLUSIONS**

EA USA shall provide services to all members. On any expenditure for which the member is responsible, EA shall not be obligated to provide services without first securing funds from the member in payment of such expenditure. If the member pays for covered expenses without receiving an approval or authorization in writing from EA, then EA shall not be obligated to reimburse the member for any such expenditure. In the event a member requests a service not included in a program, EA may, in its sole and absolute discretion, provide such benefits or services at the sole expense of the member, including a reasonable fee to EA for its efforts on behalf of the member.

EA provides the services under this program in all countries of the world. However, conditions such as war, natural disaster or political instability may exist in some countries that render assistance services difficult or impossible to provide. In such instances services cannot always be assured. EA shall attempt to assist a member consistent with the limitations presented by the prevailing situation in the area. EA reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, acts of God or refusal of authorities to permit EA to fully provide services. In the event a member travels in any area in which such conditions exist, EA nonetheless shall endeavor to provide services consistent, however, with the risks and conditions then prevailing. EA shall not be responsible for failure to provide, or for delay in providing services when such failure or delay is caused by conditions beyond EA's control, including but not limited to flight conditions, labor disturbance and strike, rebellion, riot, civil commotion, war or uprising, nuclear accidents, natural disasters, acts of God or where rendering a service is prohibited by local law or regulations.

Decisions by physicians or other health care professionals employed by or under contract to or designated by EA as to the medical necessity for providing any of the medical services covered by this program are medical decisions based on medical



factors and shall be conclusive in determining the need for such services. EA shall not evacuate or repatriate a member if an EA designated physician determines that such transport is not medically advisable or necessary or if the injury or illness can be treated locally. In all cases, the medical professionals, medical facilities or legal counsel suggested by EA to provide direct services to the eligible person pursuant to this program are not employees or agents of EA, and the final selection of any such medical professional, medical facility, or legal counsel is your choice alone. EA assumes no responsibility for the quality or content of any such medical or legal advice or services. EA shall not be liable for the negligence or other wrongful acts or omissions of any of the healthcare or legal professionals providing direct services arising out of or pursuant to this program. The member shall not have any recourse against EA by reason of its suggestion of or contract with any medical professional or attorney.

These services are not insured benefits. To the extent these services or any advanced payments are not included in the program, you will be responsible for payment. All services must be arranged by and approved by EA.

**Contact Us for Help 24/7**

240-330-1536 (Collect outside the US)

877-319-4387 (Toll-free in the US and Canada)

[ops@europassistance-usa.com](mailto:ops@europassistance-usa.com)

When you call, please be ready to provide:

\*\* The name of your company

\*\* A phone number where we may reach you



Scan the QR code with your smartphone to automatically add Europ Assistance to your contacts