

Please keep this  
summary of coverage  
for future reference.

**2011-2012**

# **STUDENT ACCIDENT & SICKNESS INSURANCE PLAN**

*A Non-Renewable Term Policy  
for the students of :*

# Southwestern University



**Policy Number**

**US058577-114**

SW THW Web11 072911

Plan Administered by:



educational & institutional insurance administrators, inc.



This brochure is a brief description of the benefits available through **Southwestern University** for full-time undergraduate students for the 2011-2012 academic year.

**Southwestern University** is concerned with the overall well being and health of its students. As a condition of enrollment, all full-time undergraduate students are required to provide evidence of primary health insurance.

## **PARTICIPATION IN THE STUDENT PLAN**

All full-time undergraduate students are automatically enrolled in the **University Student Accident & Sickness Plan** that provides limited benefits for office visits, diagnostic services, prescriptions and hospitalization coverage to a limit of \$10,000.

Participation in the **University Student Accident & Sickness Plan** is required unless an online waiver, identifying primary health insurance coverage is completed by September 30, 2011.

Students insured by a plan with a large **deductible** an HMO or a PPO plan that excludes all out-of-network services should seriously consider purchasing the **University Student Accident & Sickness Plan**. This plan may reimburse co-pay and **deductible** obligations under your primary insurance plan.

The annual cost of the plan is **\$165**. The Plan will cover enrolled students who purchase this coverage from August 14, 2011 through August 13, 2012.

**NOTICE:** *This Plan does not meet the benefit limits proposed by the Affordable Care Act, benefits are very limited.*

## **HOW TO WAIVE COVERAGE**

You may waive coverage by going online at [www.eiia.org/southwestern](http://www.eiia.org/southwestern) and providing evidence of primary insurance. The deadline to waive out of the **University Student Accident & Sickness Plan** is September 30, 2011. **The waiver deadline is strictly enforced.**

## **ELIGIBILITY**

To be a **covered person** under this Plan, the student must have paid the required premium and actively attended classes for at least the first 31 days from the effective date of coverage, or the entire period for which coverage is purchased, whichever is the lesser, except in the case of medical withdrawal.

The Company maintains its right to investigate student status and attendance records to verify that the policy eligibility requirements have been met.

## **EXCESS COVERAGE PROVISION**

Benefits are payable for **covered expenses** not otherwise covered and payable by any other plan providing medical expense benefits. If there are no other valid and collectible benefits available from any other source, this plan will pay the **covered expenses** up to the limits of the policy.

## **REFUND PROVISION**

In the event a **covered person** leaves school to enter active military service, coverage will cease and a pro-rata refund of premium will be made upon written request.

All premiums are payable in advance for each term of coverage in accordance with premiums rates. There are no pro-rata or reduced premium payments.

## **SUPPLEMENTAL BUY-UP**

If you would like to extend your coverage beyond the \$10,000 aggregate limit that is provided through the **University Student Accident & Sickness Plan**, you may enroll in the Supplemental Buy-Up. The Supplemental Buy-Up provides benefits only after the **University Student Accident & Sickness Plan** aggregate limit has been exhausted. Coverage is then provided for **covered expenses** at 80% of the **URC** charge to the limit purchased below.

## SUPPLEMENTAL BUY-UP

Select a limit	\$25,000 Aggregate Maximum	\$50,000 Aggregate Maximum
	Annual Premium	Annual Premium
24 yrs & under	\$348	\$376
Over 24 yrs	\$555	\$588

**Premium must be received no later than October 15, 2011**

To enroll, complete the enrollment form available at [www.eiaa.org/southwestern](http://www.eiaa.org/southwestern). Submit the enrollment form along with your payment to EIAA Student Programs before **October 15, 2011**.

Important things you should know about the Supplemental Buy-Up:

- Payment must be received by October 15, 2011. No payments will be accepted after October 15, 2011.
- Coverage becomes effective the date the payment is received but not prior to the effective date of your **Student Accident & Sickness Plan**.
- Only Cashier's Checks or Money Orders will be accepted. No personal checks please.
- The Supplemental Buy-Up has a **deductible** that is only satisfied by the **Student Accident & Sickness Plan** aggregate limit.
- The Supplemental Buy-Up provides benefits at 80% of **URC** for eligible expenses incurred after the **deductible** is satisfied.
- All exclusions and limitations provided under the **Student Accident & Sickness Plan** are duplicated in the Supplemental Buy-Up.
- Enrollment information can be found at [www.eiaa.org/southwestern](http://www.eiaa.org/southwestern).

## SUBROGATION

When benefits are paid to or for a **covered person** under the terms of this policy, we shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such person against any person who might acknowledge liability or is found legally liable by a Court of competent jurisdiction for the **sickness** or **injury** that necessitated the hospitalization or the medical or the surgical treatment for which the benefits were paid. Such subrogation rights shall extend only to the recovery by us of the benefits we have paid for such hospitalization and treatment and we shall pay fees and costs associated with such recovery.

The **covered person** agrees to transfer their rights to us. We will exercise such rights on their behalf. The **covered person** further agrees to furnish us with all relevant information and documents pertaining to the subrogation.

## DEFINITIONS

**Accident** means an event which directly, and from no other cause causes **injury** to one or more **covered persons** and occurs while coverage is in effect.

**Covered Expense** means charges:

- Not in excess of the **usual, reasonable and customary** charge;
- Not in excess of the maximum benefit amount payable per service as shown in the schedule;
- Made for medical services and supplies not excluded under the policy;
- Made for services and supplies which are **medically necessary**; and
- Made for medical services specifically included in the schedule.

**Covered Person** means an eligible student.

**Deductible** means the amount of **covered expenses** paid on behalf of a **covered person** before benefits are payable under the policy.

**Doctor** means a licensed practitioner of the healing arts acting within the scope of his license. **Doctor** does not include:

- You;
- Your spouse, dependent, parent, brother, or sister; or
- A person who ordinarily resides with you.

**Hospital** means an institution:

- Operated pursuant to law;
- Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- Under the supervision of a staff of **doctors**;
- Providing 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.);
- With medical, diagnostic and treatment facilities, and with major surgical facilities on its premises; or available on a pre-arranged basis; and
- Charging for its services.

**Hospital** does *not* include a clinic or facility for:

- Convalescent, custodial, educational or nursing care;
- The aged, drug addicts or alcoholics (except as stated below); or
- Rehabilitation.

**Injury** means bodily harm resulting, directly and independently of disease or bodily infirmity, from an **accident**. All **injuries** to the same person sustained in one **accident**, including all related conditions and recurring symptoms of **injuries** will be considered one **injury**.

**Medical Emergency** means the occurrence of a medical condition manifesting itself by acute symptoms of sufficient

severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect in the absence of immediate medical attention to result in:

- a. Placing one's health (for a pregnant woman this includes the health of the newborn) in serious jeopardy;
- b. Serious impairment to bodily functions; or
- c. Serious dysfunction of any body organ or part.

**Medically Necessary** means those services or supplies provided or prescribed by a **hospital** or **doctor**:

- Essential for the symptoms and diagnosis or treatment of the **sickness** or **injury**;
- Provided for the diagnosis, or the direct care and treatment of the **sickness** or **injury**;
- In accordance with the standards of good medical practice;
- Not primarily for your convenience or that of your **doctor**; and
- That are the most appropriate supply of level of service that can safely be provided.

**Natural Teeth** means **natural teeth** or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.

**Physiotherapy** means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat-treatment in any form; manipulation or massage administered by a **doctor**.

**Sickness** means illness or disease of the **covered person**. **Sickness** includes normal pregnancy and complications of pregnancy. All related conditions and recurring symptoms of **sickness** will be considered one **sickness**.

**Usual, reasonable and customary (URC)** means:

- Charges and fees for medical services or supplies that are the lesser of: the usual charge by the provider for the service or supply given; or the average charges for the service or supply in the area where service or supply is received; and
- Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

## EXTENSION OF BENEFITS

The coverage under this policy ceases on the expiration date. If, however, on the expiration date, the **covered person** is confined to a **hospital** for a condition covered by this policy, benefits will be extended for the condition for up to 30 days after the expiration date as long as the **covered person** remains **hospital** confined.

## SCHEDULE OF BENEFITS

### Hospital & Surgical Provisions:

- 1) **Hospital** room and board are included up to the semi-private room rate;
- 2) When more than one surgical procedure is performed at the same time, through the same incision, the highest payment will be for the surgery which costs the most. We will pay a maximum of 50% for a second surgical procedure and 25% for the third surgical procedure;
- 3) Services of an assistant surgeon are included, up to 25% of the amount payable for the surgery;
- 4) Services of an anesthetist who is not employed or retained by the **hospital** are included, up to 25% of the amount payable for the surgery;
- 5) If the insured student is admitted into the **hospital** on a Friday or Saturday on a non-emergency basis and the procedure for which the student is admitted is not performed on the date of or the date after the admission, we will not pay the **hospital** room & board or miscellaneous expenses for the initial Friday or Saturday preceding the procedure.

Expenses incurred on an outpatient basis for **physiotherapy** due to an **accident** or **sickness** is limited to \$300 unless specifically ordered by a **doctor**. **Physiotherapy** includes any form of physical or mechanical therapy, diathermy, ultra-sonic therapy, heat-treatment in any form, manipulation or massage.

## STUDENT ACCIDENT & SICKNESS PLAN \$10,000 AGGREGATE LIMIT

**THIS COVERAGE APPLIES ONLY TO ELIGIBLE STUDENTS WHO HAVE PAID FOR THIS COVERAGE AND DID NOT WAIVE THE COVERAGE.**

### ACCIDENT BENEFIT: **\$10,000**

When your **injury** requires treatment by a **doctor**; **hospital** services; x-ray service; use of operating room, anesthesia, laboratory service; use of a ground ambulance; use of an ambulatory surgical center or ambulatory medical center; if ordered by a **doctor**, prescription drugs and injections, we will pay the **covered expense** incurred within **(52)** weeks after the date of the **accident** up to a maximum of \$25,000 within the **URC**. This benefit includes coverage for treatment of **injury** to **natural teeth**.

- The covered percentage is 100% for the first \$5,000; then 80% thereafter up to the maximum of \$10,000 per accident;
- Initial medical treatment must be received by a doctor within 90 days after the date of the accident causing injury.

Coverage for intercollegiate athletic injuries is provided under a separate plan.

## ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS:

Accidental Death and Dismemberment insurance covers you for a loss as shown below. The loss must result from an **accident**, directly and independently of all other causes. The **accident** must take place while you are a **covered person** under this policy. Also, the loss must take place within fifty-two (52) weeks after the **accident**. The following table shows the amounts we will pay:

For loss of life	\$1,000
Both hands or both feet or sight of both eyes	\$1,000
One hand and one foot	\$1,000
One hand and sight of one eye	\$1,000
One hand or one foot or sight of one eye	\$500

## SICKNESS INPATIENT BENEFIT: \$10,000

When your **sickness** requires hospital confinement (18 consecutive hours or more), we will consider the covered expenses incurred by you to the aggregate limit of \$10,000. Expenses are covered provided you are a **covered person** during the time the **covered expense** is incurred.

- The covered percentage is 100% of **URC** for the first \$500, then 80% thereafter to the maximum;
- Hospital miscellaneous charges are included;
- Surgery charges are included based on the Medical Data Research (MDR) survey of surgical fees valued at the 90<sup>th</sup> percentile;
- In hospital doctor charges are included.

## SICKNESS OUTPATIENT BENEFIT: \$1,000

**A REFERRAL from the Student Health Center must be secured for outpatient services. This provision is waived in case of a medical emergency, for mental illness treatment or when the Student Health Center is not accessible. Please refer to the definition of medical emergency in the Definitions section of this plan summary.**

If while not confined to a **hospital**, your **sickness** requires emergency room services, ground ambulance service, diagnostic x-ray or laboratory services, the services of a **doctor**, prescribed medicines (*oral contraceptives are covered*

at 50% of **URC**) and therapeutic services or supplies, we will consider the expense up to the combined maximum limit of \$1,000 of **URC** per **sickness**.

**Mental Illness and Chemical & Substance Abuse:** We will pay the **covered expense** the same as any other **sickness**. A *referral is not required for mental illness benefits.*

**The maximum limit for all combined sickness outpatient expenses shown above may not exceed \$1,000 per sickness.**

## SICKNESS OUTPATIENT SURGICAL BENEFIT: \$2,000

If, while not confined to a hospital, your sickness requires surgery, we will consider the covered expenses subject to the Hospital & Surgical Provisions to the \$2,000 maximum limit.

Treatment for bony impacted wisdom teeth or dental abscesses is limited to a maximum of \$100 per tooth, \$400 total.

**The maximum limit for all combined sickness outpatient surgical expenses shown above may not exceed \$2,000 per sickness.**

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**ALL BENEFITS COMBINED MAY NOT EXCEED THE AGGREGATE LIMIT OF \$10,000 PER ACCIDENT OR SICKNESS.**

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Any expense not specifically listed in the preceding sections is not covered.

## ADDITIONAL BENEFITS

Certain Additional Benefits are available under your Certificate/Policy. This is a brief summary. Please see the Certificate/Policy for complete details.

**Benefits are subject to all Deductible, co-payment, co-insurance, limitations or any other provisions of the policy.**

**For accidents only:** Cognitive rehabilitation therapy, cognitive communication therapy, neurocognitive therapy and rehabilitation, neurobehavioral, neurophysiological, neuropsychological and psychophysiological testing or treatment, neurofeedback therapy, remediation, post-acute transition services or community reintegration services as a result of and related to an acquired brain injury.

For qualified **covered persons**, medically accepted bone mass measurement for the detection of low bone mass and to determine the person's risk of osteoporosis and fractures associated with osteoporosis. For the purpose of this benefit a qualified **covered person** means any of the following who is insured under the Policy:

- a) a postmenopausal woman who is not receiving estrogen replacement therapy;

b) an individual:

- 1) with vertebral abnormalities;
- 2) with primary hyperparathyroidism;
- 3) with a history of bone fractures;
- 4) who is receiving long-term glucocorticoid therapy;
- 5) or, who is being monitored to assess the response to or efficacy of an approved osteoporosis drug therapy.

An annual screening by low dose mammography for female covered persons age 35 and older.

If a covered person who elects breast reconstruction in connection with or following a mastectomy, **covered expenses** include those incurred for:

- a) reconstruction of the breast on which the mastectomy was performed;
- b) surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- c) prostheses and treatment of physical complications, including lymphedemas, at all stages of the mastectomy in a manner determined by the attending doctor and the covered person.

With respect to inpatient care for treatment of breast cancer the policy will provide for a minimum of:

- a) 48 hours following a mastectomy; and
- b) 24 hours following a lymph node dissection for the treatment of breast cancer.

The minimum inpatient care stated above will not apply if the **covered person** and her attending **doctor** determine that a shorter period inpatient care is appropriate.

Breast reconstruction is reconstruction of a breast incident to mastectomy to restore or achieve breast symmetry. The term includes surgical reconstruction of a breast on which mastectomy surgery has been performed and surgical reconstruction of a breast on which mastectomy surgery has not been performed.

Cognitive rehabilitation therapy, cognitive communication therapy, neurocognitive therapy and rehabilitation, neurobehavioral, neurophysiological, neuropsychological and psychophysiological testing or treatment, neurofeedback therapy, remediation, post-acute transition services or community reintegration services as a result of and related to an acquired brain injury.

Diagnostic or surgical treatment of conditions affecting the temporomandibular joint (including the jaw and the craniomandibular joint) which is **medically necessary** as a result of:

- a) an accident;
- b) a trauma

- c) a congenital defect;
- d) a developmental defect; or
- e) a pathology.

Services provided through a **telemedicine medical service** or a **telehealth service** where the treating **doctor** or **health professional** who provides or facilitates the use of **telemedicine medical service** or **telehealth service** ensures that: a. the appropriate informed consent is obtained before such services are provided; and b. confidentiality of the patient's medical information is maintained as required by Texas law.

**Health professional** includes: a) a **doctor**; b) an individual who is: 1) licensed or certified in Texas to perform health care services; and 2) authorized to assist a **doctor** providing **telemedicine medical services** that are delegated and supervised by the **doctor**; or c) a licensed or certified **health professional** acting within the scope of the licensed or certification who does not perform a **telemedicine** service.

**Telehealth service** means a health service, other than a **telemedicine medical service**, delivered by a licensed or certified **health professional** acting within the scope of the **health professional's** license or certification who does not perform a telemedicine medical service that requires the use of advanced telecommunications technology, other than by telephone or facsimile, including:

- a) compressed digital interactive video, audio, or data transmission;
- b) clinical data transmission using computer imaging by way of still-image capture and store and forward; and
- c) other technology that facilitates access to health care services or medical specialty expertise.

**Telemedicine medical service** means a health care service initiated by a **doctor** or provided by a **health professional** acting under **doctor** delegation and supervision for purposes of patient assessment by a **health professional**, diagnosis or consultation by a **doctor**, treatment, or the transfer of medical data, that requires the use of advanced telecommunications technology, other than by telephone or facsimile, including:

- a) compressed digital interactive video, audio, or data transmission;
- b) clinical data transmission using computer imaging by way of still-image capture; and
- c) other technology that facilitates access to health care services or medical specialty expertise.

Well child care, including childhood immunizations for a covered **dependent** child from birth through the date the child is 6 years of age for:

- a) immunization against:
  - 1) diphtheria;

- 2) haemophilus influenzae type b;
- 3) hepatitis B;
- 4) measles;
- 5) mumps;
- 6) pertussis
- 7) polio;
- 8) rubella;
- 9) tetanus; and
- 10) varicella; and

b) any other immunization that is required by law for the child.

The **deductible** or **coinsurance** will not apply to immunizations, but will apply to any other service provided at the same time as the immunizations.

Well child care also includes: a) a screening test for hearing loss from birth through the date the child is 30 days old; and b) **medically necessary** diagnostic follow-up care related to the screening test from birth through the date the child is 25 months old. This benefit will be paid without application of any **deductible**. Any copayment or **coinsurance** will apply.

For the purpose of this benefit Chapter 47 of the Texas Health and Safety Code defines hearing loss as a hearing loss of 30 dB HL or greater in the frequency region important for speech recognition and comprehension in one or both ears, approximately 500 through 4,000 Hz. As technological advances permit the detection of less severe hearing loss, this definition may be modified.

A physical examination for the detection of prostate cancer and a prostate-specific antigen test used for the detection of prostate cancer for each male **covered person** who is;

- a) at least 50 years of age and asymptomatic; or at least 40 years of age with a family history of prostate cancer or another prostate cancer risk factor.

Screening medical procedures for the detection of colorectal cancer for **covered persons** 50 years of age or older and at normal risk for developing colon cancer for expenses incurred. Minimum benefits must :

a) include:

- 1) a fecal occult blood test performed annually; and
- 2) a flexible sigmoidoscopy performed every 5 years;

or

b) include a colonoscopy performed every 10 years.

Reconstructive surgery for craniofacial abnormalities of a covered **dependent** under 18 years of age. Reconstructive surgery for craniofacial abnormalities is surgery to improve the function of, or to attempt to create a normal appearance of, an abnormal structure caused by congenital defects, developmental deformities, trauma, tumors, infections or disease.

Diabetes equipment, diabetes supplies, diabetic self-management training programs for each qualified **covered person**.

a) Diabetes equipment and supplies for the treatment of diabetes for which a **doctor** has written an order includes:

- 1) blood glucose monitors, including those designed to be used by or adapted for the legally blind;
- 2) test strips specified for use with a corresponding glucose monitor;
- 3) lancets and lancet devices;
- 4) visual reading strips and urine testing strips and tablets which test for glucose, ketones and protein;
- 5) insulin and insulin analog preparations;
- 6) injection aids, including devices used to assist with insulin injection and needleless systems;
- 7) insulin syringes;
- 8) biohazard disposal containers;
- 9) insulin pumps, both external and implantable, and associated appurtenances, which include:
  - (a) insulin infusion devices;
  - (b) batteries;
  - (c) skin preparation items;
  - (d) adhesive supplies;
  - (e) infusion sets;
  - (f) insulin cartridges;
  - (g) durable and disposable devices to assist in the injection of insulin; and
  - (h) other required disposable;
- 10) repairs and necessary maintenance of insulin pumps not otherwise provided for under a manufacturer's warranty or purchase agreement, and rental fees for pumps during the repair and necessary maintenance of insulin pumps, neither of which shall exceed the purchase price of a similar replacement pump;
- 11) prescription medications which bear the legend "Caution: Federal Law prohibits dispensing without a prescription" and medications available without a prescription for controlling the blood sugar level;
- 12) podiatric appliances, including up to two pairs of therapeutic footwear per year, for the prevention of complications associated with diabetes; and
- 13) glucagon emergency kits.

As new or improved treatment and monitoring equipment or supplies become available and are approved by the United States Food and Drug Administration, such equipment or supplies will be covered if determined to be **medically necessary** and appropriate by a treating **doctor** through a written order.

All supplies, including medications, and equipment for the control of diabetes must be dispensed as written, including brand name products, unless substitution is approved by the **doctor** who issues the written order for the supplies or equipment.

b) Diabetes self-management training for which a **doctor** has written an order for the **covered person** or the caretaker of the **covered person** from:

- 1) a diabetes self-management training program recognized by the American Diabetes Association;
- 2) a multidisciplinary team coordinated by a Certified Diabetes Educator (CDE) who is certified by the National Certification Board for Diabetes Educators. The team shall consist of at least a dietitian and a nurse educator, other team members may include a pharmacist and a social worker. Other than a social worker, all team-members must have recent didactic and experiential preparation in diabetes clinical and educational issues;
- 3) a Certified Diabetes Educator (CDE); or
- 4) a licensed health care professional, including a physician, a physician assistant, a registered nurse, a licensed or registered dietitian, or a pharmacist, who has been determined by his licensing board to have recent didactic and experiential preparation in diabetes clinical and educational issues.

All individuals providing self-management training must be licensed, registered, or certified in Texas to provide appropriate health care services.

Self-management training shall include the development of an individualized management plan that this is created for and in collaboration with the Covered Person and that meets the requirements relating to the Texas Minimum Standards for Benefits for Persons with Diabetes.

Medical nutritional counseling and instructions counseling and instructions on the proper use of diabetes equipment and supplies shall be provided or covered as part of the training.

Coverage for diabetes self-management training shall be provided to a **covered person** or a caretaker, upon the following occurrences relating to a **covered person**, provided that any training involving the administration of medications must comply with the applicable delegation rules from the appropriate licensing agency:

- 1) the initial diagnosis of diabetes;
- 2) the written order of a **doctor** indicating that a significant change in the symptoms or condition of

the **covered person** requires changes in the **covered person's** self-management regime;

- 3) the written order of a **doctor** that periodic or episodic continuing education is warranted by the development of new techniques and treatment for diabetes.

“Qualified **covered person**” is a **covered person** who has been diagnosed with: a) insulin dependent or noninsulin dependent diabetes; b) elevated blood glucose levels induced by pregnancy; or c) another medical condition associated with elevated blood glucose levels.

Dietary formulas for treatment of phenylketonuria or other heritable diseases to the same extent as drugs requiring a written prescription of a **doctor**.

Contraceptive drugs & devices – Prescription drug benefits include:

- a. oral contraceptives;
- b. a prescription contraceptive drug or device approved by the United States Food and Drug Administration;
- c. any outpatient contraceptive services, which include consultation, examination, procedure or medical service that is provided on an outpatient basis and is related to the use of a drug or device intended to prevent pregnancy.

No coverage is provided for abortifacients or any other drug or device that terminates a pregnancy.

**Gynecological Care:** Covered Expenses include benefits for one annual well-patient visit to an obstetrician or gynecologist. Coverage under this provision is not subject to any deductible, copayment or coinsurance requirement.

## EXCLUSIONS & LIMITATIONS

This policy does not cover loss nor provide benefits for:

1. Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or **doctors** who work for the participating institution;
2. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of **sickness** or **injury**, except as specifically provided in the policy;
3. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a **covered expense** associated with an **injury** covered by the policy;
4. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a **covered expense** associated with an **injury** covered by the policy;
5. Dental treatment, except as specifically provided for in the schedule;

6. War or any act of war, declared or undeclared, or while in the armed forces of any country;
7. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
8. Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline;
9. Treatment in a military or Veterans **Hospital** or a **hospital** contracted for or operated by a national government or its agency unless; The services are rendered on an **medical emergency** basis and a legal liability exists for the charges made on behalf of a **covered person** for the services given in the absence of insurance;
10. Elective surgery and elective treatment, except as required to correct an **injury** for which benefits are otherwise payable under the policy;
11. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act;
12. Congenital conditions;
13. The part of medical expense payable by any automobile insurance policy without regard to fault;
14. Any **accident** where the **covered person** is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
15. Preventative medicines, serums, vaccines;
16. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
17. Skeletal irregularities of one or both jaws; including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction;
18. Immunization services and supplies related to immunizations, except as specifically provided in the policy; preventative medicines or vaccines, except where required for treatment of a covered **injury** or **sickness**;
19. Expenses for a deviated septum, nasal or sinus surgery unless as the result of an **accident**;
20. For international students, expenses incurred within your home country or country of regular domicile;
21. Expense for knee orthotic devices unless prescribed for use during post-surgical physical therapy;
22. Services, supplies and/or treatment for acne; acupuncture; hypnotherapy; allergy, including allergy testing;
23. Travel in or upon: a snowmobile, any two-or three wheeled motor vehicle, or any off-road-motorized vehicle not requiring licensing as a motor vehicle;
24. **Injury** of any **covered person** sustained while: participating in any practice or conditioning program, professional or intercollegiate sports contest or competition, unless specifically listed in the schedule; includes traveling to or from such sporting events as a participant;
25. Addiction and Codependency- services and supplies related to: (a) nicotine addiction, smoking cessation products or services, caffeine addiction and non-chemical addictions such as gambling, sexual, spending, shopping, working and religious; and (b) treatment for codependency;
26. Replacement or removal of hair growth, alopecia;
27. Nonmalignant warts;
28. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproduction ability; premarital examinations; impotence, organic or otherwise; sterilization operations, tubal ligation, vasectomy; sexual reassignment surgery;
29. Services and Supplies for conditions related to learning disabilities;
30. Sleep disorders, supplies, treatment or testing relating to sleep disorders;
31. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
32. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat;
33. **Injury** caused by, contributed to or resulting from use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage for the purpose prescribed by the person's **doctor**;
34. Intentionally self-inflicted **injury**, except suicide or suicide attempt.

## LIMITATIONS

Benefits payable under this plan will be reduced by 50% under the following circumstances:

**For surgical benefits:** if the **covered person** has coverage under an HMO, PPO or similar arrangement; and the **covered person** does not use the facilities of the HMO, PPO or similar arrangement for provision of benefits.

**For outpatient benefits:** if the **covered person** does not attempt to obtain an out-of-network authorization or a referral from their managed care provider to obtain treatment.

The 50% reduction in benefits will not apply to emergency treatment required within 24 hours following an **accident** or emergency medical condition, which occurred outside the

geographic area serviced by the HMO, PPO or similar arrangement.

## SCHOLASTIC EMERGENCY SERVICES GLOBAL EMERGENCY ASSISTANCE SERVICES

Enrollment in the **Student Accident & Sickness Plan** also provides you with a unique array of global emergency assistance when faced with a **medical emergency** while traveling. Any time you are at least **100 miles from your permanent address**, campus address or in another country, the Scholastic Emergency Services program ensures that you have access to appropriate medical care.

Some of the many services offered include: medical consultations, prescription assistance, medical evacuation, medical repatriation, return of mortal remains, **hospital admission guarantee**, emergency trauma counseling, and pre-trip information. Should you experience a **medical emergency** while traveling, call Scholastic Emergency Services and speak with trained crisis management counselors and medical personnel 24 hours a day, 365 days a year.

Scholastic Emergency Services does not replace your medical insurance. All medical costs incurred should be submitted to your medical insurance plan and are subject to the policy limits of your health insurance. **All assistance services must be arranged and provided by Scholastic Emergency Services. Claims for reimbursement of assistance services will not be accepted.**

This benefit applies only to students eligible students who have paid for this coverage and did not waive the coverage. Services are subject to verification of coverage. Once you are enrolled in the **Student Accident & Sickness** plan, you may obtain an identification card and further information regarding the services provided by Scholastic Emergency Services from [www.eiia.org/southwestern](http://www.eiia.org/southwestern).

**If you require assistance and are more than 100 miles from your permanent residence, campus, or abroad, call SES Operations Center at 1-877-488-9833** (toll free inside the U.S.A.) or 609-452-8570 (outside the U.S.A., precede number by U.S. access code). Please use Reference Number 01AA-EIA-05044.

*The Scholastic Emergency Services program is solely provided by Scholastic Emergency Services and is not affiliated with United States Fire Insurance Company. Scholastic Emergency Services is a registered service mark of Assist America Inc.*

## CLAIM PROCEDURES

### HOW TO FILE A CLAIM:

- 1) Report your **accident** or **sickness** to the Student Health Center. A **REFERRAL** must be secured from the Student Health Center for outpatient treatment, **except:** a) In case of an emergency; b) When the Student Health Center is closed or between semester breaks; c) or for mental illness services.
- 2) File all charges with your primary insurance carrier first. If you are insured by an HMO/PPO, you must obtain pre-authorization for all services rendered or benefits will be reduced by 50%.
- 3) If your primary insurance carrier does not pay the entire bill:
  - If your claim is for an **ACCIDENT** you are required to file a claim form. The claim form and instructions are available at [www.eiia.org/southwestern](http://www.eiia.org/southwestern) or from the Student Health Center, complete the necessary information on the claim form, attach the itemized insurance bills along with the explanation of benefits from your primary carrier (if you have other insurance) and mail them to the address on the claim form or the claims administrator below. (Please do not submit duplicate claim forms.)
  - If your claim is for a **SICKNESS**, one claim form per year is required. All itemized insurance bills along with the explanation of benefits from your primary carrier (if you have other insurance) will need to be submitted to NAHGA Claim Services (address below).
  - All subsequent claim information regarding your claim should be identified with your name, the institution name and the initial date of your **accident** or **sickness**.
  - All claim information should be submitted to:

**NAHGA Claim Services**

**PO Box 189**

**Bridgton, ME 04009**

**Phone: 877-497-4980 Fax: 207-647-4569**

**E-mail: [eiia@nahga.com](mailto:eiia@nahga.com)**



### IMPORTANT!

- Claims forms must be submitted within 180 days from the date of **injury**.
- All **covered expenses** must be submitted within 12 months from date of service or charges will be denied.

**Claim forms and instructions are also available at [www.eiia.org/southwestern](http://www.eiia.org/southwestern). If you are unable to download or print this brochure please feel free to contact:**

**NAHGA at 877-497-4980 or  
EIIA at 888-255-4029**

## FAIRMONT SPECIALTY PRIVACY PRACTICES

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect your personal information. We do not use or disclose your information for any fundraising, marketing or research activities.

We use and disclose your information to determine your eligibility for plan benefits, to facilitate payment for treatment and services provided to you, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claim inquiry. We may also disclose your information to law or government agencies when required by law.

Under the privacy laws, you have unlimited access to your information. You may limit how we use and disclose your information and get a listing of instances where it was disclosed. You may request that we correct inaccurate information or add missing information.

If you have any questions about your rights, our Privacy Practices or you want to file a complaint, please contact our Privacy Officer at: 1 (800) 926-3441.

Underwritten by:

United States Fire Insurance Company,  
By Fairmont Specialty, a Division of Crum & Forster



This summary of coverage is intended only for quick reference and does not limit or amplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file with the Institution.