

# STUDENT ACCIDENT & SICKNESS INSURANCE PLAN

Designed for Students of

**Bowie State University**

**Bowie, Maryland**

**2002-2003**

*please keep this outline of coverage for future reference*

Policy No. CUH200318

The following is a brief description of the Student Accident and Sickness Insurance Plan for the students of Bowie State University. The exact provisions governing this insurance are contained in the Master Policy issued to Bowie State University. The Master Policy shall control in the event of any conflict between this brochure and the Policy. This Plan is underwritten by Combined Insurance Company of America, administered by The Allen J. Flood Companies, Larchmont, NY and serviced locally by NJ&C Insurance Services, Columbia, MD.

## POLICY TERM

The insurance under Bowie State University's Student Accident and Sickness Coverage becomes effective at 12:01 a.m. on August 30, 2002. An Insured Person's coverage becomes effective on that date or the date that the application and full premium are received by the Company or Plan Administrator, whichever is later. The annual policy terminates at 12:01 a.m. August 30, 2003 or the end of the period for which premiums have been paid. The Spring Semester is effective at 12:01 on January 23, 2003 and will terminate at 12:01 on August 30, 2003.

## ELIGIBILITY

**All Full-Time Undergraduate Students** are automatically enrolled in the Accident & Sickness Insurance Plan.

**All Graduate and Part-Time Students** may enroll in the Plan by completing the enrollment form at the back of this brochure and returning it to the Plan Administrator. The deadline for enrolling in the fall is October 15, 2002. The deadline for enrolling for the Spring Semester is March 15, 2003.

## LATE ENROLLMENT

Students will be able to enroll after the enrollment deadline if they lose coverage under their parent's plan or employer plan. The student will have to enroll within 63 days in order to avoid a break in coverage (see Pre-existing Condition Limitation). The Insured Student will be covered from the date after the application and premium are received by the Plan Administrator. Premiums will not be pro-rated.

## IDENTIFICATION CARDS

The Student Identification Card is located on the inside back cover of this brochure. Please detach and retain this card in a safe place.

## PREMIUM REFUND POLICY

Insured Students, who enter the Armed Forces of any country or withdraw from school within 31 days, will not be covered under this Plan as of the date of such event. Those students will be entitled to a pro rata refund of premium upon written request. Premium received by the Company is fully earned upon receipt.

## DEFINITIONS

**Doctor** as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state or residence of such practitioner; or (c) a certified nurse midwife while acting within the scope of that certification.

**Elective Treatment** means medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Insured Person's Effective Date of coverage.

**Expense or Covered Charge** as used herein means those charges for any treatment, services or supplies: (a) not in excess of the charges of the Reasonable and Customary Expenses therefore; and (b) not in excess of the charges that would have been made in the absence of this insurance; and (c) incurred while this Policy is in force as to the Insured Person except with respect to any expense payable under the Extension of Benefits Provision. However, item (b) does not apply to treatment received in a hospital or other institution of the state or of a county or municipal corporation of the state, whether or not the hospital or other institution is deemed charitable.

**Injury** means bodily injury caused by an accident, which is the sole cause of the Loss. All injuries due to the same or related cause are considered one Injury.

**Insured Person** means an Insured Student while insured under this Plan.

**Insured Student** means a student of the Policyholder who is eligible and insured for coverage under this Plan.

**Loss** means medical expense covered by this Plan as a result of Injury or Sickness as defined in this Plan.

**Medical Emergency** means an Injury or Sickness which arises out of a medical or behavioral condition which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson could reasonably expect the absence of immediate medical attention to result in (a) placing the health of the person afflicted with such condition in serious jeopardy; or in the case of a behavioral condition placing the health of such person or others in serious jeopardy, or (b) serious impairment to such person's bodily functions; (c) serious dysfunction of any bodily organ or part of such person; or (d) serious disfigurement of such person. A Medical Emergency does not include elective or routine care.

**Medically Necessary** means that a service, Drug or supply is needed for the diagnosis or treatment of an Injury or Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, Drug or supply is provided. A service, Drug or supply shall be considered "needed" if it: a) is ordered by a licensed Doctor; and b) is commonly and customarily recognized through the medical profession as appropriate for the particular Injury or Sickness for which it was ordered. A service, Drug or supply shall not be considered as Medically Necessary if it is investigational, experimental, or educational.

**Per Condition Aggregate Maximum** means the total amount of benefits payable for each Injury or Sickness under the Student Health Insurance Policy or Policies issued to the Policyholder immediately before this Plan.

**Reasonable and Customary Expense** means fees and prices generally charged within the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature.

**Sickness** means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

**We, Us or Our** means Combined Insurance Company of America.

**You, Your or Yours** means the Insured Student.

### **PREFERRED PROVIDER NETWORK**

Utilizing the Beech Street Nationwide Preferred Provider Network will decrease your out of pocket costs under this Accident and Sickness Insurance Plan. The Beech Street Network consists of hospitals, physicians and other health care providers, which are organized into a network for the purpose of delivering quality health care at a preferred fee. You are not required to utilize a Beech Street Provider. In order to use the services of a participating provider you must present your Combined Insurance Company of America Medical Identification Card found at the back of this brochure. An Insured Person may contact Beech Street at 1-800-432-1776, toll free number available Monday through Friday, 8:00 a.m. to 8:00 p.m. to receive information on participants in their area, or visit their web site at [www.beechstreet.com](http://www.beechstreet.com).

### **DESCRIPTION OF BENEFITS**

#### **PART I**

#### **ACCIDENT MEDICAL EXPENSE BENEFITS**

If as a result of an Injury, an Insured Person incurs covered medical Expenses, We will pay, after a \$50.00 deductible per Injury, 80% of the Covered Charges incurred within 52 weeks from the date of the accident up to an Aggregate Maximum of \$5,000 per Injury. The most We will pay for any one Injury is \$5,000. The following Expenses will be paid: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient Doctor visits; (e) inpatient and outpatient consultant; (f) ambulance; and (g) other expenses incurred for the treatment of an Injury. The first Expense must be incurred within 180 days from the date of the accident.

#### **PART II**

#### **SICKNESS MEDICAL EXPENSE BENEFITS**

If as the result of Sickness, an Insured Person incurs covered medical Expenses, We will pay the Covered Percentage of the Covered Charges incurred, as allocated below, within 52 weeks from the date of the first medical treatment of the Sickness up to an Aggregate Maximum of \$5,000 per Sickness. The most We will pay for any one Sickness is \$5,000.

**Hospital Room and Board Expense:** If an Insured Person requires confinement in a hospital, We will pay the hospital's semi-private rate beginning with the first day up to a maximum of 30 days.

**Hospital Miscellaneous Expense:** If an Insured Person incurs Expenses during a hospital confinement for: anesthesia, operating room, laboratory tests, x-rays, oxygen tent, drugs or medicines, dressing, and other necessary non-room and board expenses, We will pay the Covered Charges incurred up to a maximum of \$750.00 per Sickness.

**Outpatient Expense:** If an Insured Person incurs Expenses for outpatient treatment for emergency room, diagnostic x-rays or laboratory expenses, We will pay the Covered Charges incurred up to a maximum of \$300.00 per Sickness. The treatment must be authorized by the Student Health and Wellness Program when school is in session or by a physician when school is not in session.

**Surgeon Expense (Inpatient & Outpatient):** If an Insured Person requires surgery, We will pay the Covered Charges incurred up to a maximum of \$1,000 per Sickness for surgery performed by a licensed Doctor (In or Out of the Hospital). Out of network benefits will be paid in accordance with the PHCS (Prevailing Healthcare Charges System) Schedule at the 80th percentile for Reasonable and Customary Expense.

**In-Hospital Doctor's Fees Expense:** If an Insured Person, who is confined as a resident bed-patient in a hospital, requires the services of a Doctor, who may or may not have the surgery of the Insured Person, We will pay the Covered Charges incurred up to \$50.00 per visit, limited to one visit per day.

**Outpatient Doctor Visit Expense:** If an Insured Person requires the services of a Doctor, We will pay the Covered Charges incurred up to \$50.00 per visit, limited to one visit per day, up to a maximum of 8 visits per Sickness.

**Consultant Expense (Inpatient or Outpatient):** If an Insured Person requires the service of a Consultant or a Specialist, when they are deemed necessary and ordered by an attending physician for the purpose of confirming or determining a diagnosis, We will pay the Covered Charges incurred up to a maximum of \$50.00 per visit up to a maximum of two visits per Sickness.

**Ambulance Expense:** If an Insured Person requires the use of an ambulance, We will pay the Covered Charges incurred up to a maximum of \$100.00.

**Outpatient Prescription Drug Expense:** If an Insured Person requires a prescription medicine prescribed by a Doctor, We will pay, after a \$10.00 deductible, the Covered Charges incurred up to a maximum of \$50.00 per Sickness.

**Mental and Nervous Conditions and Alcohol and Drug Abuse Expense:** If an Insured Person requires treatment for mental and nervous conditions and alcohol and alcohol abuse, benefits will be limited to the following: (a) hospital inpatient or partial hospitalization shall be paid as any other sickness up to a maximum of 120 days at a rate of 75% of the per diem rate up to \$30.00 per day; (b) outpatient benefits will be paid beginning with the second visit as follows: 80% for the first 5 visits in any one calendar year, then 65% for the 6<sup>th</sup> through 30<sup>th</sup> visit, then 50% for the 31<sup>st</sup> visit and any other visit thereafter.

Office visits for the purpose of medication management shall not be counted against the number of visits outlined above and shall be paid under the same terms and conditions as office visits for physical sickness.

**Mammography Examination Expense:** If an Insured Person requires a mammography exam, We will pay for the following: (a) one baseline mammogram for any woman thirty-five through thirty-nine years of age, inclusive; (b) a mammogram every other year for any woman forty through forty-nine years of age, inclusive, or more frequently upon recommendation of a Doctor; or (c) a mammogram every year for any woman fifty years of age or older. This benefit is not subject to the deductible.

**Temporomandibular Joint Dysfunction Expense:** Benefits for diagnosis and surgery for TMJ syndrome will be paid as for any other illness.

**Prostate Screening Expense:** Benefits for medically recognized diagnostic examination which will include a digital rectal exam and a blood test called the prostate-specific antigen (PSA) test for the following Insured Persons: (a) male who are between the 40 and 75 years of age; (b) when used for the purpose of guiding patient management in monitoring the response to prostate cancer treatment; (c) when used for staging in determining the need for a bone scan in patients with prostate cancer; or (d) when used for male patients who are at high risk for prostate cancer.

**Annual Chlamydia Screening Expense:** Benefits for an annual routine chlamydia screening test for: (a) women who are: (1) under the age of 20 years if they are sexually active; and (2) at least 20 years old if they have multiple risk factors; and (b) men who have multiple risk factors.

**Diabetes Expense:** We will pay for all Medically Necessary and appropriate diabetes equipment and supplies for: (a) insulin-using diabetes; (b) non-insulin using diabetes; or (c) elevated blood glucose levels induced by pregnancy. Coverage will also include diabetes outpatient self-management training and educational services, including medical nutrition therapy as indicated in the Policy.

**Other State Mandated Benefits:** Please refer to the policy for a complete description of the benefits and limitations of the following: (a) home health care; (b) medical food and low protein food products for the treatment of inherited metabolic diseases; (c) osteoporosis bone mass measurement; (d) reconstructive breast surgery for a person who has undergone a mastectomy; (e) general anesthesia and hospital facility expenses related to dental care for eligible persons; (f) hair prosthesis for loss of hair as a result of chemotherapy or radiation treatment; (g) second surgical opinions; (h) medical clinical trials; (i) in-vitro fertilization procedures; (l) off label use of prescription drugs; (m) contraceptive drugs or devices.

### EXCLUSIONS

This Policy does not cover nor provide benefits for:

1. Services normally provided without charge by this Policyholder's health service, infirmary, or Hospital, or by Health Care Providers employed by this Policyholder.
2. Pre-existing Conditions as defined in this Policy.
3. Expenses resulting from a motor vehicle accident if the Insured Person is not properly licensed to operate the motor vehicle within the jurisdiction in which the accident takes place (This exclusion does not apply to passengers if they are Insured under this Policy).
4. Illness, accident, treatment or medical condition arising out of the play or practice of intercollegiate sports.
5. Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect.
6. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
7. Services incurred prior to the Insured Person's Effective Date or during Hospital Confinement in one or more facilities which began prior to the Insured Person's Effective Date.
8. Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to sound, natural teeth.
9. Experimental or Investigative charges.
10. Injury or Sickness resulting from declared or undeclared war; or any act thereof.
11. For expenses as a result of participation in a felony.
12. Injury due to participation in a riot.
13. Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage.
14. For services, supplies or treatment, including any period of Hospital Confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses non-medical in nature.
15. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process.
16. Expense incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, and contact lenses (except when required after cataract surgery), other vision or hearing aids, except as required for repair caused by a covered Injury.
17. Well baby care, including routine exams and immunizations, except as specifically provided.
18. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
19. An amount of a charge in excess of the Reasonable and Customary Expense.
20. Elective Treatment or elective surgery, except as specifically provided.
21. Services not Medically Necessary.
22. Injuries resulting from acts of aggression when the Insured Person is the aggressor.
23. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
24. For International Students, expenses incurred within the Insured Person's Home Country or Country of regular domicile.
25. Suicide, attempted suicide, or intentionally self-inflicted injury.
26. Injuries incurred by the Insured Person while intoxicated or under the influence of any drug unless taken as prescribed by a Doctor.
27. Voluntary or elective abortion.

### EXTENSION OF BENEFITS

If a Student is totally disabled on the Policy Termination date, coverage will continue for such condition until the earlier of: 1) the date the Total Disability ends; or 2) 12 months after the date coverage terminates. Proof of Total Disability must be provided to the Company prior to the termination date of coverage. Certain restrictions apply. Please refer to the policy for complete details and eligibility requirements.

### PRE-EXISTING CONDITIONS LIMITATION

A "Pre-existing Condition" is a Sickness, Injury, or related condition for which medical advice, diagnosis, care or treatment was recommended or received by a Doctor during the 6 consecutive months prior to the effective date of the Insured Person's coverage under this Plan.

The Pre-existing Condition Waiting Period is 12 months. Coverage will not be provided for a Pre-existing Condition until the Waiting Period has elapsed. The Pre-existing Condition Waiting Period applies to all persons covered under this Plan and begins on the Insured Person's effective date. If the Insured Person receives treatment for a service for a Pre-existing Condition: (a) We will not pay benefits for a such condition until: the day after a 12 consecutive month period has passed from the Insured Person's effective date; (b) with respect to a pregnancy, the day after a 10 consecutive month period has passed from the Insured Person's effective date; and (c) We will pay only for

Loss or Expense incurred after such 12 consecutive month period. A period of Creditable Coverage will be credited if the previous Creditable Coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage. Payment will be in accordance with the provisions of this Plan.

**Creditable Coverage:** This term means the following coverage an Insured Person had prior to the Effective Date under this Policy: (a) a group health plan; (b) health insurance or Health Maintenance Organization coverage; (c) Medicare; (d) Medicaid; (e) Military health care; (f) a medical care program of the Indian Health Services or of a tribal organization; (g) a state health benefits risk pool; (h) a health plan offered under the Federal Employee Health Benefits Program; (i) a public health plan as defined under Federal regulations; (j) a health benefit plan under Section 5(e) of the Peace Corps Act; or (k) any other similar coverage permitted under State/Federal law or regulations.

**Exceptions:** The Pre-existing Conditions exclusion does not apply to any of the following: (a) genetic information, in the absence of a diagnosis of a condition related to such information; (b) a covered newborn dependent child who, as of the last day of the 30-day period beginning with the date of birth, is covered under Creditable Coverage; or (c) a covered adopted dependent child under the age of 18, who, as of the last day of the 30-day period beginning on the date of adoption or placement for adoption, is covered under Creditable Coverage.

#### **CONTINUOUSLY INSURED**

This Plan may be replacing a Prior Plan with another insurer. Prior Plan means (a) the Student Health Insurance policy or policies issued to Bowie State University immediately before the current Plan; and (b) other policies providing Creditable Coverage as defined in this Plan. Injury or Sickness shall include an Injury sustained, or a Sickness first manifesting itself, while the Insured Person is continuously insured under the Prior Plan and became insured under this Plan without a break in coverage. But no benefits shall be payable for such Injury or Sickness to the extent that such benefits are payable under the Prior Plan for the same expenses. This will apply even though the Prior Plan provided that it will not duplicate the benefits under another Plan. Also, the total amount of benefits payable for Injury or Sickness under this Plan and the Prior Plan cannot exceed the Per Condition Aggregate Maximum.

#### **CLAIM PROCEDURES**

In the event of an Injury or Sickness the Insured Person should:

1. **In the event of a life threatening Injury or Sickness go immediately to the hospital.** If at Bowie State University report to the Student Health and Wellness Center at once so proper treatment can be prescribed or approved, and obtain a Claim Form. If away from Bowie State University, or if the Student Health and Wellness Center is closed, consult a Doctor and follow his/her advice.
2. Notify the Plan Administrator within 30 days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
3. The completed and signed Claim Form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to the Plan Administrator, The Allen J. Flood Companies, Inc., at the address below.
4. Itemized medical bills must be attached to the Claim Form at the time of submission. Claims cannot be processed from "Balance Due" statements. Subsequent medical bills should be mailed promptly to the Plan Administrator at the address below. No additional Claim Forms are needed as long as the Insured Student's name and identification number are included on the bill.
5. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to the Plan Administrator, The Allen J. Flood Companies, Inc. at the address below. Office hours are 8:30 a.m. to 4:30 p.m. (EST) Monday through Friday.

#### **REMEMBER THAT EACH INJURY OR SICKNESS IS A SEPARATE CONDITION AND REQUIRES A SEPARATE CLAIM FORM.**

Conformity with State Statutes means any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy is written is hereby amended to conform to the minimum requirement of such statutes.

#### **RIGHT TO APPEAL**

An Insured Person has a right to file an appeal or grievance on any coverage decision or adverse decision rendered while insured under this policy. A complete description of the procedure, as well as information on assistance in filing an appeal or grievance, will be provided at the time of enrollment. You may contact the Plan Administrator for a copy of these procedures.

#### **RIGHT TO RECOVERY**

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on medical necessity.

**The Plan is Underwritten By:**  
Combined Insurance Company of America  
Policy Number: CUH200318

**Serviced Locally by:**  
NJ&C Insurance Services  
9650 Santiago Road - Suite 6  
Columbia, MD 21045  
410-740-7290

**Plan Administrator:**  
The Allen J. Flood Companies, Inc.  
2 Madison Avenue  
Larchmont, NY 10538  
1 (914) 834-9326  
*for claims inquiries only*  
1 (800) 972-7629

If you have any questions about this insurance plan please contact:  
BOWIE STATE UNIVERSITY  
STUDENT HEALTH & WELLNESS  
CENTER..... (301) 860-4170  
FAX: (301) 860-4179