

A photograph of a diverse group of approximately ten young adults, likely students, smiling and looking towards the camera. They are arranged in a circle, with some leaning in. The photo is framed with a dark red border that has rounded corners.

2012-13 Student Accident & Sickness Insurance Plan

Please keep this summary of coverage for future reference.

*A Non-Renewable Term Policy
for students attending:*

The logo for Augustana College, consisting of the words "AUGUSTANA" and "COLLEGE" in a white, serif, all-caps font, centered within a dark blue rectangular box with a thin white border.

**AUGUSTANA
COLLEGE**

Policy Number: US058670

The effective date of this Plan is prior to the July 1st compliance requirement of the March 16, 2012 HHS ruling pertaining to Student Health Insurance. This Plan is not PPACA compliant.





SCOPE OF COVERAGE

This brochure is a brief description of the benefits provided through **Augustana College** for full-time enrolled undergraduate students for the 2012-2013 academic year.

Augustana College 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 enrolled in a **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 **Student Accident & Sickness Plan** is required unless an online waiver, identifying primary health insurance coverage is completed by September 1, 2012.

Students insured by a plan with a large deductible HMO or a PPO plan that excludes all out-of-network services should seriously consider purchasing the **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 \$310 per year. The Plan will cover enrolled students who purchase this coverage from the first date they are required to be on campus and end on June 19, 2013.

OPTIONAL SUMMER COVERAGE

Students who wish to purchase this coverage for the summer may enroll on a voluntary basis by completing an enrollment form available at www.eiastudent.org/augie. Summer coverage will begin 6/20/13 and end on 8/19/13 for a cost of \$110. The deadline to enroll in summer coverage is June 10, 2013.

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.

FULL EXCESS MEDICAL COVERAGE

Benefits are payable for **covered expenses** not otherwise covered and payable by any other plan providing medical 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.

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 **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.

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:

- Placing one's health (for a pregnant woman this includes the health of the newborn) in serious jeopardy;
- Serious impairment to bodily functions; or
- 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 **injury**;
- Provided for the diagnosis, or the direct care and treatment of the **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

If a **covered person** is **hospital** confined and under the care and treatment of a **doctor**, benefits will continue to be paid for that condition for a period of up to 30 days following the end of the term of coverage, or until there has been paid the maximum benefit, whichever occurs first, provided the **covered person** remains **hospital** confined.

MEDICAL EXPENSE

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 30% for the third surgical procedure;
3. Services of an assistant surgeon are included up to 30% 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 30% 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** are 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.

SCHEDULE OF BENEFITS

ACCIDENT MEDICAL LIMIT: **\$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 \$10,000 within the **URC**. This benefit includes coverage for treatment of **injury** to **natural teeth**.

- The covered percentage is 100% of **URC** for the first \$1,000, then 80% thereafter to the maximum;
- **Dental Accident Expense:** \$1,000 maximum benefit for treatment of an accidental **injury** (injury must be to **natural teeth** as defined.);
- **Motor Vehicle Injury Expense:** Considered the same as any **injury**, up to a maximum benefit of \$500.

Initial medical treatment must be received by a doctor within 90 days after the date of the accident causing injury.

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 \$1,000, then 80% thereafter to the maximum;
- Mental Illness and Chemical Substance Abuse Expense are considered the same as any other **sickness**.

SICKNESS OUTPATIENT BENEFITS:

EMERGENCY ROOM BENEFIT: **\$1,000**

If you have a life threatening emergency, call 911 or your school's emergency number.

There is a \$100 **co-payment** per condition. In the case of a true **medical emergency**, (please refer to the definition of **medical emergency** in the Definitions section of this plan

summary), covered services would include those rendered during the time of the emergency room visit. Services would include diagnostic x-ray or laboratory services, the services of an emergency room **doctor**, and therapeutic services or supplies. We will consider the expenses up to the maximum limit of \$1,000 of **URC** per **sickness** after a **\$100 co-payment**.

If you are admitted to the hospital, the \$100 co-payment will be waived.

SICKNESS OUTPATIENT SURGEON EXPENSE BENEFIT: **\$1,200**

If while not confined to a **hospital**, your **sickness** requires outpatient surgery, we will consider the services of the surgeon up to the maximum limit of \$1,200 per **sickness**.

- The covered percentage is 100% of **URC** to the maximum benefit;
- Surgical /Ambulatory Center charges are considered under a separate benefit.

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

SICKNESS OUTPATIENT SURGICAL/AMBULATORY CENTER BENEFIT: **\$2,500**

If, while not confined to a **hospital**, your **sickness** requires out-patient surgery, we will consider the services incurred during the time of your outpatient surgery for the Surgical/Ambulatory Center up to the maximum limit of \$2,500 at 100% if **URC** per **sickness**.

Services of an anesthetist are paid up to 30% of the amount payable for the surgery.

DOCTOR OFFICE VISITS BENEFIT: **\$250**

Benefits are paid at 100% of the **URC**, per **sickness** up to a **maximum benefit of \$250**. There is a \$20 co-payment per **Doctor** office visit.

DIAGNOSTIC X-RAY & LAB BENEFIT: **\$250**

If, while not confined to a **hospital**, your **sickness** requires diagnostic x-ray, including ultrasound, Magnetic Resonance Imaging (MRI) and Computerized Axial Tomography (CAT Scan) or laboratory services, under the direction of a **doctor**, we will consider the covered expense up to the combined maximum limit of \$250 per **sickness**.

PRESCRIPTION EXPENSE BENEFIT: **\$250**

When your **sickness** requires prescribed medicines, this plan provides a maximum benefit of \$250 per **sickness**. Please note: Oral contraceptives are covered at 50%.

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

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

EXCLUSIONS

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**;
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 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 the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage of for the purpose prescribed by the person's **doctor**.

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** which occurred outside the geographic area serviced by the HMO, PPO or similar arrangement.

CLAIM PROCEDURES

HOW TO FILE A CLAIM:

1. Report your **accident** or **sickness** to the Student Health Center.
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/auqie 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



IMPORTANT!

- Claims forms must be submitted within 6 months 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, filing instructions and ID cards are also available at www.eiiastudent.org/auqie.

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.