



## **STUDENT INJURY & SICKNESS INSURANCE PLAN 2012-2013**

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**Your student health insurance coverage, offered by Monumental Life Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are \$100,000 for policy years beginning on or after July 1, 2012 but before September 23, 2012, and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage has a per occurrence limit of \$25,000 with internal limits thereunder. If you have any questions or concerns about this notice, contact Bollinger Insurance Services, Short Hills, NJ, 1-866-267-0092. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.**

Please Note: Students attending Appalachian Bible College are automatically covered by the insurance described in this brochure unless coverage is specifically waived. If you DO NOT want the insurance, you must return the enclosed waiver card to the College Business Office no later than September 7, 2012.

This outline of coverage contains the essential provisions of the Plan and should be retained for reference because no Individual certificate will be issued. The Master Policy is maintained by the College.

Policy# CWV3051

Policy Form MLSH5100GBP.WV



## TO STUDENTS AND PARENTS:

Appalachian Bible College is vitally concerned with the promotion of good health among its Students, and the provision of prompt and adequate care for those Students experiencing Sickness or Injury. A coordinated medical program providing for such care is therefore required of all full-time Students.

### **ABC 3-PART STUDENT HEALTH PROGRAM**

- A. Basic Health Program (Compulsory) (Not Insurance)
- B. Basic Injury & Sickness Insurance (Compulsory)
- C. Additional Injury & Sickness Insurance (Waiver permitted if comparable coverage in force)

### **ABC 3-PART STUDENT HEALTH PROGRAM**

**ELIGIBILITY AND COST**—All Students attending Appalachian Bible College on a full-time (7 or more credit hours) basis and all resident hall Students regardless of credit hours will be automatically covered by Parts A and B of this Program. The cost of this coverage is included in the Health Fee. In addition, all full-time Students are eligible for and will be included in (and be automatically billed for) Part C, the Additional Injury and Sickness Insurance portion of the Program, unless such coverage is waived by the return of a completed waiver card to the Business Office by September 7, 2012. The annual cost of \$398 for Part C of the Program is paid separately by the Student on an annual basis. Part C coverage for eligible dependent family members is also available at an additional cost, and may be applied for in the Business Office using the enclosed Enrollment Form.

**COVERAGE**—This Program, subject to the benefits and exclusions outlined in this brochure, protects the insured Student at home, at school, or while traveling—24 hours a day—anywhere in the world. Coverage becomes effective June 30, 2012 at 12:01 am and continues during the period for which the premium has been paid. The Master Policy expires at 12:01 a.m. on August 15, 2013. Protection is in effect during all interim vacation periods. If an insured Student ceases to be a Student at the College, coverage remains in effect for the period for which premium has been paid; however, upon an insured Student entering the armed forces of any country, coverage will automatically terminate and pro-rata return of premium will be made upon request. **NO OTHER REFUNDS WILL BE MADE.**

Except in the case of medical withdrawal due to Sickness or Injury, any Student withdrawing from school during the first thirty-one (31) days of

the period for which Coverage is purchased, will not be covered under this Policy and a full refund of Premium will be made. Students withdrawing after such thirty-one (31) days will remain covered under the Policy for the term purchased and no refund will be allowed.

For insured Persons entering the Armed Forces of any country, such person will not be covered under the Policy as of the date of his/her entry into the service. A pro-rata refund of premium will be made for such person upon written request received by Wells Fargo Insurance Services or Bollinger, Inc. within ninety (90) days of withdrawal from school.

For International Students, Scholars, Visiting faculty members and/or their covered Dependents, we will refund a pro-rata portion of the premium actually paid for an individual who withdraws from School during his/her first semester and returns to his/her Home Country. A written request must be sent to Wells Fargo Insurance Services within sixty (60) days of such departure.

Students not meeting the eligibility or needing coverage beyond their termination may obtain short term medical coverage by contacting Wells Fargo Insurance Services at 800-228-6768.

**PART A**  
**BASIC HEALTH PROGRAM**  
(Compulsory for all Students)  
(Not Insurance)

Part A of the ABC 3-Part Health Program is the "Basic Health Program." A Nurse maintains regular hours at the College Clinic to render treatment for minor sicknesses or injuries, and to give clinical advice. In addition, the College has also contracted with a local Clinic to provide Students with basic health care. A charge for this Basic Health Program is included in the Health Fee.

**PARTS B AND C**  
**INJURY & SICKNESS INSURANCE**

The College's Student Injury and Sickness Insurance Plan supplements the services of the College Clinic and the Basic Health Program by helping to protect the Student from the expense of more costly sicknesses and injuries. The Student Insurance Plan pays benefits up to the specified limits described herein on a primary basis.

## **INSURANCE PLAN GENERAL INFORMATION**

When medical care is needed because of a covered Injury received or a covered Sickness contracted while the insured person's coverage is in force, the expenses actually incurred, during a period of continuous coverage for each Injury or Sickness, will be paid, subject to the provisions and conditions that follow.

### **DEFINITIONS**

When used in this Policy the following words and phrases have the meaning given. The use of any personal pronoun includes both genders.

**DEDUCTIBLE** means the dollar amount of Covered Medical Expenses that must be paid as an out-of-pocket expense by each Covered Person per Injury or Sickness each Policy Year before benefits are payable under this Policy. The Deductible Amount is shown on the Schedule. Under certain conditions, the Deductible Amount may be lowered or waived by the Company.

**ELECTIVE SURGERY AND ELECTIVE TREATMENT** means any surgery or treatment that is not Medically Necessary, including any service, treatment, or supply that is deemed by us to be research or experimental; or is not recognized as generally accepted medical practice in the United States. Elective Surgery and Elective Treatment do not include any procedures deemed a Medical Necessity. Elective Surgery does not mean a Cosmetic Procedure required to correct an Injury for which benefits are otherwise payable under this Policy.

Elective Surgery and Elective Treatment includes but is not limited to surgery and/or treatment for acne; acupuncture; allergy and allergy vials, including allergy testing; bio-feedback type services; birth control; breast implants; breast reduction; circumcision; corns, calluses and bunions; cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this Policy, and except for cosmetic surgery required to correct a covered Injury or infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered newborn child for which benefits are otherwise payable under this Policy; deviated nasal septum, including submucous resection and/or other surgical correction; family planning; fertility tests; hair growth or removal; impotence, organic or otherwise; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; nonmalignant warts, moles and lesions; obesity and any condition resulting therefrom (including hernia of any kind), except for the treatment of an underlying covered Sickness; premarital examinations; preventive medicines or vaccines, except where required for the

treatment of a covered Injury; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing; smoking cessation; temporomandibular joint dysfunction (TMJ); tubal ligation; vasectomy; and weight loss or reduction.

**INJURY** means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force under this Policy. A Covered Person must begin receiving services, supplies or treatment within 72 hours from the time of accident in order for it to be considered a covered Injury. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single covered Injury. The Injury must be the direct cause of loss and must be independent of all other causes. The Injury must not be caused by or contributed to by Sickness.

**MEDICALLY NECESSARY** means care which a Physician has determined to be certifiably essential for the diagnosis or treatment of a Sickness or Injury. This determination must be based on objective results produced by an examination of the Covered Person's demonstrable symptoms. The Physician's treatment plan may be reviewed by an impartial third party whose determination will be binding on us and the Insured.

**SICKNESS** means an illness, disease, or trauma related disorder due to Injury which first manifests or causes a loss while this Policy is in force and which results in Covered Medical Expenses. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness. It also includes Pregnancy and Complications of Pregnancy.

## **PART B**

### **BASIC INJURY & SICKNESS INSURANCE**

(Compulsory for all Students—Student Only)

#### **1. INJURY MEDICAL EXPENSE**

The Plan will pay benefits up to a maximum of \$2,000 per Injury for the following charges incurred for treatment of a covered Injury: treatment by a legally qualified physician, dentist or surgeon; hospital care and services; services of a registered graduate nurse; x-ray service; use of operating room; anesthesia; laboratory service; surgical dressings, medication or plaster casts; use of wheelchair, crutches or ambulance. Injury includes accidental Injury to sound natural teeth, and Injuries sustained while playing or practicing intercollegiate sports.

#### **2. SICKNESS MEDICAL EXPENSE (Outpatient)**

The Plan will pay benefits up to a maximum of \$200 per covered Sickness

for the following charges incurred for treatment rendered on an outpatient basis at a hospital, clinic or physician's office: x-rays; laboratory tests; prescribed medicine; dressings; heat treatments; and emergency room services. In addition, a benefit of up to \$35 per Sickness is payable for consultant's fees, when requested by the attending physician or the Student Health Service.

## **PART C**

### **ADDITIONAL INJURY & SICKNESS INSURANCE**

(Waiver permitted)

Part C coverage is available to all full-time Students enrolled at Appalachian Bible College, and their dependents. The charge for the coverage will appear on your first semester invoice. If you do not wish to be covered by Part C coverage, you must complete the enclosed Notification of Waiver and return it to the College Business Office no later than September 7, 2012.

#### **1. INJURY & SICKNESS MEDICAL EXPENSE**

Eligible charges for medical care provided for a covered Sickness or Injury are payable, up to the maximum benefit shown for the type of service provided, as described below on a per Injury or Sickness basis. Once the maximum benefit amounts have been paid under this part, eligible expenses in excess of those maximums will be paid under the Supplemental Medical Expense provision.

##### **a. HOSPITAL INPATIENT:**

- Room and Board Expense up to the Semi-private rate, but not more than \$200 per day, for the first five days.
- Hospital Miscellaneous Expenses (for example, operating room, anesthesia, drugs, medicines, tests & x-rays) are payable up to a maximum of \$400.

##### **b. IN-HOSPITAL PHYSICIAN VISITS:**

Non-surgical services of a legally qualified physician, not to exceed \$15 for the first visit, then \$10 per visit for the next 9 visits, limited to one visit per day.

##### **c. SURGERY (Inpatient or Outpatient)**

Benefits for surgeon's fees are payable in accordance with a schedule of surgical procedures providing benefits up to a maximum of \$400, depending on the nature of the operation. This schedule is on file at the College. Additional benefits, each equal to 25% of the surgery benefit, are payable for assistant surgeon and for anesthetist charges incurred in connection with the covered surgery.

##### **d. AMBULANCE**

The Plan will pay up to \$75 for professional ambulance service.

## **2. SUPPLEMENTAL MEDICAL EXPENSE**

After the Supplemental Medical deductible is met, the Plan will pay 80% of the additional Usual and Customary eligible medical expenses, including prescription drugs, incurred during a period of continuous coverage, up to the overall Aggregate Maximum Benefit.

The Supplemental Medical deductible includes:

- any benefits paid or payable under Part B and Part C-1 of the Program; plus
- a \$100 cash Deductible amount per covered Injury or Sickness (Limited to (1) Deductible per Policy Year.)

The overall Aggregate Benefit is \$25,000 per covered Injury or Sickness. This is the maximum amount the Plan will pay under all benefit provisions in both Parts B and C combined during a period of Continuous Coverage.

In addition to the Plan Exclusions, no benefits are payable under Supplemental Medical Expense for expenses incurred a) for or in connection with mental or nervous or emotional disorders; b) for or in connection with treatment of substance abuse.

## **MANDATED BENEFITS**

Your Student Accident and Sickness Insurance Plan includes, but is not limited to, benefits for the following coverages as mandated by the State of West Virginia: Clinical Trials; Colorectal Cancer Screening; Mammography; Mastectomy and Reconstructive Breast Surgery; Pap Smears; Postpartum Hospital Stays; Rehabilitation Therapy; Serious Mental Illness; Child Immunizations; Third Party Reimbursement for Kidney Disease Screening; Autism Spectrum Disorder Benefit; Dental Anesthesia Service.

## **EXCLUSIONS AND LIMITATIONS**

Benefits will not be paid under the Policy and attached riders for any expenses which result from:

1. Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law;
2. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
3. Treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
4. 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 commercial scheduled airline. This exclusion does not apply to insured students while taking flight instructions for school credit;



5. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
6. Services and supplies not Medically Necessary for the diagnosis recommended by the attending Physician;
7. Cosmetic surgery, except for the correction of birth defects, correction of deformities resulting from cancer surgery, or surgery that is required as a result of an Injury which necessitates medical treatment within 24 hours of the accident. Correction of deviated nasal septum shall be considered as Cosmetic surgery for the purpose of this Policy;
8. Elective abortion;
9. Services that are provided normally without charge by the College's Health Center, infirmary or Hospital; or by any person employed by the College;
10. Committing or attempting to commit an assault or felony; or fighting, except in self defense;
11. Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;
12. Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted Injury;
13. Treatments, procedures, facilities, equipment, drugs, devices, supplies or services that are experimental or investigative.

### **PRE-EXISTING CONDITION LIMITATION**

No benefits will be payable for the Insured's Pre-existing Conditions. They are defined as an Injury sustained or a Sickness for which the Insured noticed symptoms or was medically diagnosed, treated (including medication), or advised by a Physician within the twelve months immediately prior to his Effective Date of Coverage under this Policy.

Covered Medical Expenses resulting from a Pre-existing Condition will not be covered unless:

- (1) twelve consecutive months have elapsed during which no medical treatment or advice is given by a Physician for such condition;  
or
- (2) the Insured has been insured under this Policy and the school's prior policies for 18 months; or
- (3) The Insured has been receiving benefits under the school's prior policies and has been continuously insured since the date of accident, Injury, or Sickness, whichever occurs first.

NOTE: The time you were covered under this Plan may count as creditable coverage under State and Federal Law, if you leave this Plan and go to an employers' plan within 63 days thereafter, you are eligible to receive a certification from the Company regarding the periods you were covered. Please contact Bollinger, Inc. at 866-267-0092 when you need such verification.

### **COVERAGE FOR DEPENDENTS**

Dependents (spouse and children) of an insured Student are also eligible to be enrolled for coverage under Part C of the Program, provided they are enrolled in the plan at the same time and for the same terms of coverage as the Student. For cost and enrollment of dependents, contact the Business Office.

### **CLAIM PROCEDURE**

The Student is responsible for initiating all insurance claim forms for the payment of medical bills. Claim forms and instructions on claim procedures are available at the College Clinic, or by visiting the plan website: [www.BollingerColleges.com/ABC](http://www.BollingerColleges.com/ABC).

In the event of an injury or sickness, the Student should:

1. If on Campus, report immediately to the College Clinic. If the Clinic is closed, consult a doctor and follow his/her instructions. Notify the College Clinic or the Claims Administrator as soon as possible.
2. If off Campus, consult a doctor and follow his/her instructions. Notify Claims Administrator by filing a Student Health Insurance Claim Form as soon as possible.

Written proof of loss must be submitted to the Claims Administrator, Bollinger, Inc. within 90 days after the date of loss, or as soon thereafter as reasonably possible. In any event, unless the insured person is legally incapacitated, proof must be provided within one year after the date of loss.

### **HOW TO FILE AN APPEAL**

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator listed below.



Claims Administered by:



PO Box 727  
Short Hills, NJ 07078  
866-267-0092 (Claims/Coverage)  
800-526-1379 (Other Questions)  
[www.BollingerColleges.com/ABC](http://www.BollingerColleges.com/ABC)

For Enrollment Questions:

Wells Fargo Insurance Services • P.O. Box 276  
Columbus, Ohio 43216-0276  
800-228-6768 • [wfis.wellsfargo.com/colleges](http://wfis.wellsfargo.com/colleges)

Network Provider:



[www.MyFirstHealth.com](http://www.MyFirstHealth.com)  
800-226-5116

Underwritten by:

MONUMENTAL LIFE INSURANCE COMPANY  
Cedar Rapids, Iowa  
a Transamerica company

*Representations of this plan  
must be approved by the Company.*

This is not the Policy. Rather it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Policy# CWV305I

Policy Form SH5000GPM.WV

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