

# **Baldwin Wallace University**

## **International Student Health Plan**

**2012-2013**

**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, \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage has a \$2,000 per Injury and \$2,500 per Sickness maximum benefit with internal limits thereunder. After the base plan has been exhausted the policy pays 80% of expenses incurred up to a total of \$50,000 per Injury or Sickness. If you have any questions or concerns about this notice, contact Bollinger Inc., 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.**

**THIS PLAN UNDERWRITTEN BY:  
Monumental Life Insurance Company  
Cedar Rapids, Iowa  
a Transamerica company**

**Visit us on the web: [www.BollingerColleges.com/BWU](http://www.BollingerColleges.com/BWU)**



## **BALDWIN WALLACE UNIVERSITY BEREA, OHIO**

To Our International Students:

Through its Student Health Center, Baldwin Wallace University provides most day-to-day medical services for all currently enrolled students at no charge.

The Health Center serves as the primary resource for health and illness needs for students on the campus, providing care for a broad range of health problems and many preventative services as well. However, unexpected accidents and illnesses can be of a nature that is beyond the scope of the Health Center and result in additional costs to the student. These typically involve fees of surgeons and anesthesiologists, operating room and other hospitalization costs, during the school year as well as during vacation periods.

Because of the significant cost of these medical services, the benefits described in this brochure are available to all International Students attending Baldwin Wallace University. Not only does this Plan supplement the Student Health Program offered through the Student Health Center but can alleviate the burden of most unexpected medical expenses.

All full-time International Students enrolling at Baldwin Wallace University are automatically covered under this Medical Plan. The cost of the Plan will be included in your initial billing.

We of Baldwin Wallace University are happy to make this fine coverage available to all International Students at an affordable cost.

Sincerely,

Robert C. Helmer  
President

### **YOUR STUDENT HEALTH SERVICES**

The University maintains a comprehensive health program for its students including dispensary, medical and psychological care.

The staff of the Health Center does not make calls at the residence halls or students' homes. University nurses are on duty at the Health Center to care for students who have relatively minor illnesses and injuries.

Most Health Center services are offered without charge to students. Students are charged for medications, for lab work, injections, physicals and GYN exams, some tests, and equipment not returned. Payment for charges may be paid in cash, Jack-et Express, or will be added to the student account.

In order to further insure adequate medical and surgical care for its students in the event of serious Sickness or Injury, Baldwin Wallace University offers an Insurance Health Plan designed to meet some of the expense of hospitalization, medical and surgical fees and other costs. Details of the Health Plan benefits are outlined below and you should familiarize yourself with the extent of the coverage.

## **STUDENT INJURY AND SICKNESS HEALTH PLAN ELIGIBILITY AND COST**

All International Students enrolled at Baldwin Wallace University are eligible for and included in the Student Health Insurance Plan. The annual premium for the Plan includes the cost for medical benefits and the management of the program. Coverage extends for the entire period beginning June 30, 2012 and continuing until August 1, 2013 -- 24 hours a day--at school, or while traveling, including all school year vacations such as Christmas and Spring and Summer Breaks. **Medical expenses incurred in the home country of the Insured Student are not eligible under the Policy.** If you leave Baldwin Wallace University for any reason, your coverage under the Plan will terminate and a pro-rata premium will be returned.

Those students entering at the beginning of Spring Semester or Summer Term may enroll in the Plan at a pro-rata cost and should contact the Office of Bursar for details. The effective date of coverage for students entering at other than the Fall Semester will be the first official day of classes or the date of enrollment and payment, whichever is later.

Students who enroll in this Plan may also provide coverage on an optional basis for their dependents (spouse and children up to age 26 (28 if the dependent is an Ohio Resident, unmarried and a full-time student), by the payment of an additional premium. This coverage may be applied for through the Office of Bursar.

**Enrollment and Alternative Coverage** - If you have any questions regarding enrollment in this Plan or if you do not meet the eligibility requirements of this Plan, please call Wells Fargo Insurance Services at 1-800-228-6768 or visit us at our website at <http://wfis.wellsfargo.com/colleges> for information.

## **GENERAL PROVISIONS**

The Policy is underwritten by Monumental Life Insurance Company hereafter referred to as the Company. Benefits under this Plan will be paid regardless of any benefits to which a Student may be entitled under any personal policy (other than automobile) or membership in any hospital association. This Plan should be considered primary.

## **BASIC PLAN BENEFITS**

This Plan covers expense incurred for accidental bodily Injuries and Sickness, while you're covered, as provided in the Policy. Following is a summary of the benefits:

## **BASIC PLAN INJURY BENEFITS**

For each Injury occurring while coverage is in force, the Plan will pay up to \$2,000.00. This will be an unallocated amount which may be used as necessary to pay for hospital room and board, miscellaneous hospital expense, physicians' and surgeons' fees, services of registered graduate nurses, surgical dressings, X-rays, ambulance fee, use of operating room, anesthesia, laboratory service, medicines, casts, and use of wheelchair or crutches. Treatment of Injuries to sound, natural teeth is included, but not to exceed \$500.00 for each such disability.

## **BASIC PLAN SICKNESS BENEFITS**

For each Sickness contracted and treated while coverage is in force, the Company will pay up to \$2,500. This Plan will provide the following benefits:

### **Hospital Room and Board:**

(Inpatient Only) For accommodations in a hospital, benefits are limited to the semi-private room rate for the first 3 days, then \$100 per day for the next 15. For treatment of Mental or Nervous Conditions and/or Substance Abuse, benefits are limited to \$100 per day not to exceed 10 days.

### **Hospital Miscellaneous Expense:**

(Inpatient Only) For Hospital services while confined as an Inpatient in the Hospital, benefits for any one Sickness are paid at 100% of the first \$300 of covered charges and 80% of the next \$875 of covered charges, for a maximum total benefit of \$1,000 per Sickness.

### **Surgical Expense:**

The expense actually incurred is allowed not to exceed the Usual and Customary Charge, or \$1,000 in total for all surgical operation(s) performed for any one Sickness. Includes coverage for extraction of wisdom teeth if Medically Necessary.

### **Physicians' Visits On Nonsurgical Cases:**

(Inpatient Only) For one visit per day by a physician other than an operating surgeon, benefits are limited to \$50 per visit, up to 10 visits for treatment of a Mental or Nervous Condition, up to 10 visits for treatment of Substance Abuse, or for up to 30 visits for treatment of any other Sickness.

### **Outpatient Services:**

(Outpatient Only) For services performed by a radiologist or laboratory for diagnosis of a Sickness, and emergency services of a Hospital emergency room or Urgent Care Facility, benefits are limited to \$300 per Sickness.

### **Ambulance:**

For professional ambulance service when needed to transport an Insured Person to or from a Hospital, benefits are limited to \$400 per Sickness.

### **Consultant:**

(Inpatient or Outpatient) For Consultant services for diagnosis of a Sickness, when certified as Medically Necessary by the attending physician, or Student Health Center Staff, benefits are limited to \$100 per Sickness.

## MAJOR MEDICAL BENEFITS FOR INJURY AND SICKNESS

Major Medical expenses are defined to include treatment by a legally qualified physician or licensed psychologist, hospital room and board up to the average semi-private room rate of the hospital confined in, the services of a registered graduate nurse not related to the covered student by blood or marriage, X-rays, use of operating room, anesthetics, laboratory services, surgical dressings, medicines, plaster casts, ambulance and use of wheelchair or crutches.

When the student incurs medical expenses which exceed \$2,000 as the result of a covered Injury or \$2,500 as the result of a covered Sickness, the Major Medical portion of the plan will pay 80% of the Usual and Customary Charges until a total of \$50,000 has been paid. **Note: No Major Medical benefits are paid until the above thresholds of \$2,000 for Injury and \$2,500 for Sickness have been incurred.**

Payments for inpatient Mental Health are limited to \$5,000. No benefit is available for Outpatient Mental Health and Substance Abuse. (See Outpatient Treatment of Mental Health and Substance Abuse).

## MANDATED BENEFITS

The plan will pay benefits for the following mandated benefits and any other applicable mandate in accordance with Ohio Insurance Laws; Alcoholism; Child Health Supervision Services; Maternity Length of Stay; Mastectomy Reconstruction; Mental and Emotional Disorder; Emergency Services; and Nurse Midwife Services.

## DEFINITIONS

**ELECTIVE SURGERY** 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 the 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 the Policy, and except for cosmetic surgery required to correct a covered Injury or infection or other diseases of the involved part and 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. 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

**SICKNESS** means an illness, or disease , or trauma related disorder due to Injury causes a loss while the 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.

**USUAL AND CUSTOMARY CHARGE** means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered.

### **OUTPATIENT TREATMENT FOR MENTAL HEALTH AND SUBSTANCE ABUSE**

The Plan will pay, after \$25 deductible, 50% of covered charges, to a maximum payment of \$1,000.

Covered charges include Outpatient treatment for Mental Health and Substance Abuse, when performed by or under the clinical supervision of a physician or licensed psychologist in accordance with a treatment plan which is reviewed and approved every three months by a physician. Treatment must be rendered in a physician's or psychologist's office, Community Mental Health Facility, Alcoholism or Drug Abuse Treatment Facility, or the Outpatient Department of a Hospital.

## **NEWBORN CHILDREN**

Newborn children of any insured shall be covered automatically at birth for 31 days for the same benefits as are provided the Insured. Sickness or Injury shall include medically diagnosed congenital defects, birth abnormalities and premature births. NOTE: Well baby care is not a covered expense. The Insured shall have the right, upon application, within 31 days from the date of birth, to continue coverage for the newborn child.

## **MEDICAL EVACUATION**

Upon receipt of due proof that a Covered Person incurred expenses for Physician ordered Emergency Medical Evacuation, including medically appropriate transportation and Medically Necessary Care, en route to the nearest suitable Hospital or to the Covered Person's home country, when the Covered Person is critically ill or Injured and has been hospital confined for at least 5 days, and appropriate local care is not available, we will pay the allowable charges incurred not to exceed \$10,000, subject to the prior approval of the Plan Administrator for the Policy and the attending Physician.

Insurance for the Covered Person ends upon the evacuation.

## **REPATRIATION**

Upon receipt of due proof of a Covered Person's death, we will pay the allowable charges for the preparation of the deceased's body for burial or cremation in the home country including the cost of embalming and coffin; and transportation of the deceased's body to his or her home country. The benefit payable is not to exceed \$7,500, and is subject to the following condition: Approval of the Plan Administrator of the Policy.

## **ACCIDENTAL DEATH BENEFIT**

Upon receipt of due proof that a Covered Person suffers a loss shown in the Table below, we will pay a \$1,000 benefit. The benefit payable is subject to the following conditions:

- (1) the loss must occur as a direct result of an Injury; and
- (2) the loss must occur within 100 days of the accident causing the Injury.

## **TABLE OF LOSSES AND BENEFITS**

Loss:	Benefit:
Life	\$1,000

## EXCLUSIONS

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

1. Declared or undeclared war, riot, civil disorder, or civil commotion;
2. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
3. Suicide, or attempted suicide while sane or insane, including drug overdose; or intentionally self inflicted Injury;
4. Cosmetic surgery, or other reconstructive procedures or services except as the result of an Injury occurring while coverage is in effect as to the Covered Person;
5. Services that are provided normally without charge by the University's health center, infirmary or hospital; or by any person employed by the University.
6. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
7. Elective Surgery or Elective Treatment;
8. Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;
9. Injury sustained or Sickness contracted while in the service of the armed forces of any country. When an Insured enters the armed forces, we will refund any unearned pro-rata premium with respect to such person;
10. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
11. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate contest or competition sponsored by the University, any professional sport, or Injury sustained while traveling to or from such sport, contest or competition as a participant;
12. Routine physical examinations, preventive testing or treatment, screening exams or testing in the absence of Sickness or Injury, pre-marital examinations, pre-employment examinations, health examinations or pre-school physical examinations including routine care of a newborn infant, well-baby nursery and related physician charges, other than hospital nursery expense of a new-born baby, and any associated laboratory work, including mammograms and routine Papanicolaou cytology test;
13. Expenses for preventative medicines, vaccines, or prescription drugs or injections administered during an outpatient visit, except an injection given by a Physician in private practice who will certify that a Medical Emergency as required for the condition;
14. Services or supplies which are experimental or investigative in nature: including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice and any such items requiring federal or other governmental agency approval not received at the time services were rendered;
15. Services rendered or supplied furnished after the coverage expiration date;

16. Expenses resulting from a motor vehicle accident for which benefits are payable from Other Valid Insurance;
17. Expenses incurred after the termination date except as provided under the Extension of Benefits;
18. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as 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 University credit;
19. Taking of any drug, medication, narcotic or hallucinogen, unless as prescribed by a physician;
20. Committing or attempting to commit an assault or felony; or fighting, except in self defense; and
21. Expenses or supplies related to sex changes, sexual dysfunctions or inadequacies with the exception of penile prosthesis required for physiological impotence.

### **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 six months immediately prior to his Effective Date of Coverage under the 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 the Policy and the University's prior policies for the immediately prior year; or
- (3) the Insured has been receiving benefits under the University's prior policies and has been continuously insured since the date of accident, Injury, or Sickness, whichever occurs first.

### **EXTENSION OF BENEFITS AFTER TERMINATION**

The coverage provided under the Policy ceases on the termination date. However, if under the care and treatment of a physician for a condition for which covered expenses were incurred within the 60 day period prior to the expiration date, benefits will be provided for an Insured for up to 90 days past the expiration date of the Insured's coverage under the Policy.

If the Insured is also an Insured under the succeeding policy issued to the Policyholder, this "Extension of Benefits" provision will not apply. After the "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

The total payments made in respect of the Insured for each condition both before and after the termination date will never exceed the maximum benefit.

## **STUDENT ASSISTANCE SERVICES** **(Administered by On Call International)**

**Nurse Helpline:** On Call shall provide Students enrolled in this Plan with clinical assessment, education and general health information. This service shall be performed by a registered Nurse counselor to assist in identifying the appropriate level and source(s) of care for Students (based on symptoms reported and/or health care questions asked by or on behalf of Students). Nurses shall not diagnose a Student's ailments.

**Travel Assistance Services:** Each Insured Student and his/her enrolled Dependents are eligible for travel assistance services when traveling 100 miles or more away from their home and campus address. Travel Services are only available for medical claims that are covered under the University's Student Accident and Sickness Insurance Plan. Services provided include: Emergency Medical Transportation (Evacuation/Repatriation); Medical Monitoring; Medical, Dental, & Pharmacy Referrals; Deposit, Advance, & Payment Guarantees; Dispatch of Medicine, Physician, or Nurse; Return of Deceased Remains; Return of Minor Children Assistance; Pre-Trip Information; 24/7 Emergency Travel Arrangements; Translation Assistance; Emergency Travel Funds Assistance; Worldwide Legal Assistance; Lost/Stolen Travel Documents Assistance; Emergency Message Forwarding; and Lost Luggage Assistance.

**Bedside Visit:** In the event that a covered student will be hospitalized 7 days or longer, On Call International will provide a benefit of up to \$2,500 for a parent or family member to join the hospitalized student. The benefit can go towards transportation and accommodations. In all cases On Call International must make and pay for the travel and accommodations arrangements. There is no reimbursement for transportation or accommodations if made by the family or school.

**Emergency Return Home:** If a parent or sibling of a covered student dies or is hospitalized for a life threatening illness while the student is away at school (100 miles or more), On Call International will provide a benefit of up to \$2,500 for the student to return home. In all cases On Call International must make and pay for the travel arrangements. There is no reimbursement for transportation if made by the student, family or school.

**U.S. & Canada Toll Free: 866-525-1955/International Collect: 603-328-1955**

Note: The On Call related services listed above are not insurance and are not connected with or provided by Monumental Life Insurance Company.

## CLAIM PROCEDURE

In the event of Injury or Sickness, the student should:

- (1) Secure a claim form from the claims administrator named below or from the school. Claim forms are also available on the web at:

**[www.BollingerColleges.com/bwu](http://www.BollingerColleges.com/bwu)**

No claim will be processed without a completed claim form.

- (2) Follow the instructions on the front of the claim form.
- (3) Bills must be received by the claims administrator within 90 days of service or as soon as reasonably possible to be considered for payment.

Proofs of loss must be submitted within 90 days following the date of Injury or start of Sickness.

Claim forms are available at the Student Services Office, or may be obtained from our website: **[www.BollingerColleges.com/BWU](http://www.BollingerColleges.com/BWU)**

Notification of Injury or Sickness must be provided to:



P.O. Box 727

Short Hills, NJ 07078-0857

1-866-267-0092 (Claims/ Coverage)

1-800-526-1379 (Other Questions)

**Local Broker:**

**Wells Fargo Insurance Services**

**P.O. Box 276, Columbus, Ohio 43216-0276**

**800-228-6768**

**<http://wfis.wellsfargo.com/colleges>**

## PREFERRED PROVIDER NETWORK:



PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF INSURANCE. The Master Policy on file at the University contains all of the policy limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. If any discrepancy exists between the Brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.

This Brochure is based on Policy COH7211