

Student **Health** Insurance Plan

*designed especially
for the students of*

KING'S

COLLEGE
WILKES-BARRE, PENNSYLVANIA



2011-2012

PLEASE RETAIN THIS BROCHURE FOR REFERENCE PURPOSES

STUDENTS' MEDICAL EXPENSE INSURANCE PROGRAM

All full-time students enrolled in the plan will be insured for covered eligible expenses the period for which premium has been paid, including interim vacations coverage, beginning at 12:01 AM on August 14, 2011 or the date of enrollment in the Plan, whichever is later, and continues until 11:59 PM on August 13, 2012.

The following are the essential provisions of this Plan which will be incorporated in a Master Policy held by the College.

DEFINITIONS

(Whenever used in the Policy)

INJURY means bodily injury caused by an accident occurring while the Policy is in force and which results directly and independently of all other causes in loss covered by the Policy.

SICKNESS means illness, disease or complications of pregnancy diagnosed while the Covered Person's coverage is in force.

MEDICALLY NECESSARY means those services or supplies provided or prescribed by a hospital or doctor:

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

COVERED PERSON means the student only covered under this Policy. The proper premium payment must be made to be covered under the Policy.

USUAL, REASONABLE & CUSTOMARY (URC) EXPENSES MEANS:

- charges and fees for medical services or supplies that are lesser of: (i) the usual charge by the provider for the service or supply given; or (ii) the average charged for the service or supply in the area where the 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.

NEWBORN CHILDREN of any Insured shall be covered automatically at birth for 31 days for the same benefits as are provided the Insured. Coverage applies to any injury sustained or sickness commencing during the 31-day period from the date of birth including medically diagnosed congenital defects, birth abnormalities, prematurity, routine nursery care, and immunizations.

BENEFITS FOR CHILDHOOD IMMUNIZATIONS

Benefits will be provided for the Usual, Reasonable, and Customary Charges incurred for those childhood immunizations, including the immunizing agents, which as determined by the Department of Health, conform with the standards of the (Advisory Committee on Immunization Practices of the Center for Disease Control) U.S. Department of Health and Human Services. Such benefits are exclusive of any deductible or dollar limitation requirements of this policy. Maternity Expense: Maternity expenses are covered as any other sickness is covered under policy benefits.

WOMEN'S HEALTH BENEFIT

The policy will provide payment for the usual reasonable and customary expense for a mammogram when recommended by a physician. Insureds age 40 and over will be covered for one mammogram every year whether or not recommended by a physician.

ACCIDENT MEDICAL EXPENSE

For each accident occurring while the policy is in force as to the Insured, and treatment is required within 30 days, payment will be made for the usual, reasonable and customary expenses actually incurred within 52 weeks from the date of injury, not to exceed \$2,500.00. Applies only to accidents not covered by the Policyholder's mandatory accident plan and incurred while this insurance is force.

SICKNESS MEDICAL EXPENSES

For Sickness initially diagnosed, treated, or recommended for treatment after the effective date of coverage, we will pay the Usual, Reasonable and Customary charges for the services, procedures and supplies listed below that are Medically Necessary. Treatment and services must begin while the coverage is in force. Benefits will end on the earlier of (a) 52 weeks from the beginning of care; or (b) when a maximum benefit of \$2,500.00 has been reached.

- Daily Room and Board** when hospital confined, semi-private room per day \$750.00
- Miscellaneous Hospital Charges** for use of Operating room (in or out of hospital), anesthesia, x-ray examination (not treatment), laboratory tests, drugs or medicines, therapeutic services or supplies when hospital confined and while receiving Room and Board Benefits above, under Major Medical portion up to a maximum of \$1,000.00
- Hospital Emergency Room Expenses** for treatment of symptoms or pain of severity requiring immediate attention at the Emergency Room of a hospital, the Company will pay the expense actually incurred for such treatment, not to exceed \$500.00
- Surgical Operation** performed by a licensed physician in accordance with the 1974 Calif. relative Value Schedule, Fifth Edition, having a conversion factor of \$160 per unit, up to a maximum of \$1,250.00
- Physician's Visits** beginning with the first visit when hospital confined, one visit per day, per visit \$60.00
Not to exceed for each sickness, a maximum of \$270.00
Or beginning with the 2nd visit when not hospital confined, one visit per day, per visit \$40.00
Not to exceed a maximum of \$480.00
- Physiotherapy** or similar treatment including diathermy, ultrasonic, microtherm, manipulation or massage, when not hospital confined, not to exceed per visit \$35.00
maximum of \$420.00
- Drugs and Medications** when prescribed by a physician, maximum of \$150.00
- Anesthetist Services** when undergoing a surgical operation, based upon the surgeon's fee allowance for the operation 30%
not to exceed a maximum of \$375.00
- Consultant** when requested and approved by the attending physician for a diagnosed illness up to a maximum of \$100.00
- Assistant Surgeon** based on the Surgery fee 30%
not to exceed a maximum of \$375.00
- Diagnostic X-ray and Laboratory Procedures (outpatient)** followed by medical treatment prescribed by the attending physician for a diagnosed illness up to a maximum of \$200.00
- Professional Local Ambulance Service** to the hospital for confinement therein and from the hospital immediately following such confinement, up to a maximum for each sickness of \$200.00
- Mental and Nervous Disease or Disorders** for psychiatric care, consultations or medication, the usual customary expenses incurred (outpatient) \$300.00
(inpatient) all charges combined \$500.00

14. \$100 for treatment of injuries sustained in a motor vehicle accident occurring outside the jurisdiction of the Pennsylvania Motor Vehicle Financial Responsibility Act which expenses are paid or payable by any other valid and collective insurance plan. Benefits for expenses incurred as a result of injuries sustained in a motor vehicle accident occurring within the jurisdiction of the Act will be reduced by the amount of any first party medical benefits under the Act.
15. **Dental** injury to natural teeth only _____ \$250.00max

MAJOR MEDICAL SUPPLEMENT

When covered expenses exceed \$2,500 the Company will pay 80% of such expenses in excess of \$2,500 which are incurred during the benefit period for all benefits under both the Basic Plan and this Major Medical Plan, up to a maximum payment of \$20,000 in the aggregate. Hospital room and board benefits shall always be limited to the semi-private rate and the benefit period shall end 52 weeks from the date of injury or the commencement of sickness.

EXCLUSIONS AND LIMITATIONS

1. Injury of the primary insured covered under any student accident insurance policy underwritten by us.
2. Any Sickness, as defined, that was initially diagnosed, treated or recommended for treatment prior to the Term of Coverage for a Covered Person, unless continuous coverage is applied.
3. Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution.
4. Services covered or provided by the student health fee.
5. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of injury.
6. 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 a sickness or injury covered by the policy.
7. 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.
8. War or any act of war, declared or undeclared, or while in the armed forces of any country.
9. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
10. Intentionally self-inflicted injury, suicide or any attempt thereat.
11. Injury of any covered person sustained while:
 - a. Participating in any school, professional or organized sports contest or competition, unless specifically listed in the Schedule;
 - b. Traveling to or from such sport, contest or competition as a participant; or
 - c. During participation in any practice or conditioning program for such sport, contest or competition.
12. 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.
13. Treatment in a military or Veterans Hospital or a hospital contracted for or operated by a national government or its agency unless: a. The services are rendered on a medical emergency basis; and b. A legal liability exists for the charges made on behalf of a covered person for the services given in the absence of insurance.
14. Injury caused by, or resulting from, the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person's doctor.
15. Elective surgery and elective treatment, except as required to correct an injury for which benefits are otherwise payable under the policy.
16. Any loss covered by state or federal workers compensation law, employers' liability law, occupational disease law, or similar laws or act.
17. Replacement braces and appliances.
18. Expense incurred within your home country or country of regular domicile (international students).
19. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.
20. That part of medical expense payable by any automobile insurance policy without regard to fault.
21. Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
 - (i) The loss was caused by fire, heat, explosion or other physical trauma

which was a result of the release of nuclear energy; and (ii) The covered person is within a 25-mile radius of the site of the release either:

- At the time of the release; or
- Within 24 hours of the start of the release.

22. Travel in or upon:
 - a. A snowmobile;
 - b. Any two-or three-wheeled motor vehicle; or
 - c. Any off-road motorized vehicle not requiring licensing as a motor vehicle.
23. 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, except while in a Driver's Education Program.
24. Preventive medicines, serums, vaccines.
25. Blood or blood plasma, except for charges by a hospital for the processing or administration of blood;
26. Rest cures or custodial care.
27. Personal services such as television and telephone or transportation.

CONTINUOUS COVERAGE

If a Covered Person is continuously covered under the Policy offered through your participating institution they will be covered for any sickness diagnosed or injury sustained while so covered. If a covered person is enrolled for coverage offered through your participating institution within 90 days of the end of any preceding company's policy you will be considered to have maintained continuous coverage, except for expenses that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 30 days occurs

CLAIM INFORMATION

Written Notice of Injury or Sickness must be given to the Company within thirty (30) days after the date of the accident (or sickness), or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Insured Person or the beneficiary to the Company or any authorized representative of the Company, with information sufficient to identify the Insured Person shall be deemed notice to the Company. Written proof of loss must be furnished to the Company at its said office in case of claim for loss as soon as reasonably possible.

BENEFIT PROCEDURE

In the event of injury (or sickness), the student should:

- If at the College, report to the Student Health Center.
- If away from school, secure treatment at the nearest doctor or treatment facility, pay the bill and obtain a receipt. The Infirmary will instruct you in filing for benefits.

CLAIM FORMS ARE AVAILABLE AT THE STUDENT HEALTH CENTER

SERVICED LOCALLY BY:
Eastern Insurance Group
E. Mountain Corporate Center
613 Baltimore Drive
Wilkes-Barre, PA 18702-7980
570-819-2000

CLAIMS ADMINISTERED BY:

A-G Administrators, Inc.
P. O. Box 979
Valley Forge, PA 19482
1-800-752-2008

**Please print out this page and
mail in with your check or money order**

**APPLICATION FOR STUDENT HEALTH INSURANCE
(UNDERWRITTEN BY UNITED STATES FIRE INSURANCE COMPANY)**

PLEASE PRINT

Student's Name _____ Soc. Sec. #. _____

Street _____ Date of Birth _____

City _____ State _____ Zip _____ Phone # _____

Date _____ Signature X _____

NOTE: THERE IS NO OBLIGATION TO PURCHASE THIS INSURANCE

Wish to Enroll

Student Only

ANNUAL

\$525.00

PREMIUMS

SPRING SEMESTER (Beginning 1/18/11)

\$400.00

Make check payable and return to: Eastern Insurance Group • East Mountain Corporate Center
613 Baltimore Drive • Wilkes-Barre, PA 18702-7980

Open enrollment period for participation in this plan ends: A. Fall Semester - October 15, 2011
B. Spring Semester - February 28, 2012

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

KING'S COLLEGE AHU-27261

CUT HERE

(NAME) _____
IS PARTICIPATING IN THE 2011-2012
KING'S COLLEGE
STUDENT HEALTH INSURANCE PLAN
374005 1
FOR VERIFICATION OF COVERAGE, CALL:
1-800-752-2008
UNDERWRITTEN BY: UNITED STATES FIRE
INSURANCE COMPANY

PLEASE RETAIN THIS CARD
THIS IS TO CERTIFY THAT

CLAIM PROCEDURE

- Go to www.agadministrators.com and print out claim form.
- Attach receipts and bills to the completed claim form and mail to:

A-G Administrators
P.O. Box 979
Valley Forge, PA 19482

For information regarding a claim in process call:

1-800-752-2008



Plan administered by AG Administrators, Inc.
P.O. Box 979 • Valley Forge, PA 19482

Toll Free: 800-752-2008 • Phone: 610-933-0800 • Fax: 610-933-4122 • Email: info@agadm.com • www.agadministrators.com