Dear Elon Law Students:

Elon University is pleased to make available an Injury and Sickness Insurance Plan to our Law Students. Insured Students may cover their dependents. The details of all coverages and instructions for enrollment are within this brochure. Please take a few moments to review the following information. Action must be taken by a certain date as stated below.

Important enrollment requirements:

A. All registered Law Students are automatically enrolled in the injury and sickness plan. The fee listed below will be billed to each student’s account:

- Full Year: $2,668
- Fall Semester Only: $1,151
- Spring / Summer Semester Only: $1,549

These rates include an administrative fee.

B. THE COVERAGE AND FEE MAY ONLY BE WAIVED BY GOING ONLINE AT www.collegiaterisk.com BY AUGUST 15, 2014 AND SHOWING PROOF OF ADEQUATE AND COMPARABLE COVERAGE UNDER ANOTHER INSURANCE PLAN.

If you have comparable coverage and want to be exempt, go online at www.collegiaterisk.com and fill out the waiver by August 15, 2014. Please review your coverage and network providers against the brochure to be sure that your coverage is comparable before waiving this coverage. Please note that many HMO’s and PPO’s will not cover you away from home. Also, please note that you must provide proof of comparable coverage each academic year to waive this coverage.

C. TO ENROLL, GO ONLINE AT www.collegiaterisk.com AND COMPLETE THE ONLINE ENROLLMENT PROCESS. AT THE END OF YOUR ENROLLMENT PROCESS, YOU WILL BE ABLE TO PRINT YOUR IDENTIFICATION CARD FOR IMMEDIATE USE.

This policy includes a prescription program. Prescriptions co-pays are listed below:

- $15 for generic
- $50 for a brand name drug when generic is not available
- $80 for a brand named drug when generic is available

If you want insurance for your dependent(s), fill in all blank items on the enrollment form and mail with a check or money order for the correct premium to our agent, Collegiate Risk Management. NOTE: Coverage will begin August 1, 2014 or the day it is received by Collegiate Risk Management, whichever is later. We urge you to make your decision early. The insurance cannot become effective until the premium is received by our Agent.

Review the enclosed information carefully. Please read the information about the insurance carefully. It is important that you understand the coverage you have and how to properly enroll in the plan. This will insure that you will use the policy properly and benefit from its coverage. We hope this plan provides you the opportunity to secure quality health insurance at a reasonable cost.

Ask questions. If you have any questions, please call our agent, Collegiate Risk Management, toll-free at 1-800-922-3420. They will be glad to help you with any questions you may have.

We look forward to your return in August and wish you a healthy and challenging academic year.

Sincerely,

Alexis Martinez-Fedrizzi
Assistant Dean for Student Affairs
ELON UNIVERSITY
SCHOOL OF LAW

2014-2015

IMPORTANT NOTICE:

Elon University requires that all law students have health insurance prior to beginning classes. Law students may provide proof of insurance coverage of their choice or enroll in the University arranged insurance policy with Collegiate Risk Management. Your student account has been charged with the student insurance premium. If you have comparable insurance, please follow the procedures below to waive the University coverage. To waive the coverage, please go to www.collegiaterisk.com and select elonuniversity click on “Waiver”. Once we have reviewed the information and determined that your coverage is adequate, the student insurance charge will be removed from your account.

Please review your coverage and network providers against the brochure to be sure that your coverage is comparable before waiving. Many HMO’s and PPO’s will not cover you away from home.

If you choose to be enrolled in the program, please go to www.collegiaterisk.com and select elonuniversity click on “Enroll”. Complete the enrollment process and print your identification card. The student insurance premium will be charged to your student account.

The deadlines for waiving coverage are listed below:

Annual: 08/15/2014  SPRING/SUMMER: 12/15/2014

Please note that we must have proof of your insurance before we can remove the charge from your account.

If you have any questions, please contact Alexis Martinez-Fedrizzi, Assistant Dean for Student Affairs, at amartinez5@elon.edu.
**Elon University – School of Law: BCS Insurance Company**  
Coverage Period: 8/1/2014 – 8/1/2015  
**Summary of Benefits and Coverage:** What this Plan Covers & What it Costs  
Coverage for: Insured Student + Dependent | Plan Type: POS

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**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.collegiaterisk.com](http://www.collegiaterisk.com) or by calling 1-800-922-3420.

<table>
<thead>
<tr>
<th>Important Questions</th>
<th>Answers</th>
<th>Why this Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>$ 100 Annual Deductible</td>
<td>You must pay all the costs up to the <strong>deductible</strong> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <strong>deductible</strong> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <strong>deductible</strong>.</td>
</tr>
<tr>
<td>Are there other <strong>deductibles</strong> for specific services?</td>
<td>No</td>
<td>You don’t have to meet <strong>deductibles</strong> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</td>
</tr>
<tr>
<td>Is there an <strong>out-of-pocket limit</strong> on my expenses?</td>
<td>Yes, $5,000</td>
<td>The <strong>out-of-pocket limit</strong> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</td>
</tr>
<tr>
<td>What is not included in the <strong>out-of-pocket limit</strong>?</td>
<td>Premiums, balance-billed charges, and health care this plan doesn’t cover.</td>
<td>Even though you pay these expenses, they don’t count toward the <strong>out-of-pocket limit</strong>.</td>
</tr>
<tr>
<td>Is there an overall annual limit on what the plan pays?</td>
<td>No</td>
<td>The plan will pay for covered services only up to the limit during each coverage period, even if your own need is greater. You’re responsible for all expenses above the limit. The chart starting on page 2 describes specific coverage limits, such as limits on the number of office visits.</td>
</tr>
<tr>
<td>Does this plan use a network of providers?</td>
<td>No</td>
<td>This plan treats <strong>providers</strong> the same in determining payment for the same services.</td>
</tr>
<tr>
<td>Do I need a referral to see a specialist?</td>
<td>No</td>
<td>You can see the <strong>specialist</strong> you choose without permission from the plan.</td>
</tr>
<tr>
<td>Are there services this plan doesn’t cover?</td>
<td>Yes</td>
<td>Some of the services this plan doesn’t cover are listed on page 5. See your policy or plan document for additional information about <strong>excluded services</strong>.</td>
</tr>
</tbody>
</table>

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**Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.

**Questions:** Call 1-800-922-3420 or visit us at [www.collegiaterisk.com](http://www.collegiaterisk.com)
If you aren’t clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.eccio.cms.gov](http://www.eccio.cms.gov) or call 1-800-922-3420 to request a copy.
- **Coinsurance** is your share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan’s **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven’t met your **deductible**.

- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)

- This plan may encourage you to use **preferred providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>Your Cost If You Use an In-network Provider</th>
<th>Your Cost If You Use an Out-of-network Provider</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you visit a health care provider’s office or clinic</td>
<td>Primary care visit to treat an injury or illness</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Other practitioner office visit</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None.</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>No charge</td>
<td>No charge</td>
<td></td>
</tr>
<tr>
<td>If you have a test</td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td>Generic drugs</td>
<td>$15 copay/prescription</td>
<td>Not covered</td>
<td>None.</td>
</tr>
<tr>
<td></td>
<td>Preferred brand drugs</td>
<td>$50 copay/prescription</td>
<td>Not covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand drugs</td>
<td>Not covered</td>
<td>Not covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Specialty drugs</td>
<td>Generic drugs $15 copay/prescription Preferred brand drugs $50 copay/prescription</td>
<td>Not covered</td>
<td>Specialty drugs can be Generic, Preferred Brand, or Non-Preferred Brand. Covers up to a 30 day supply retail. Not all specialty drugs are covered. Visit <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a complete list.</td>
</tr>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td>If you need</td>
<td>Emergency room services</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
</tbody>
</table>

**Questions:** Call 1-800-922-3420 or visit us at [www.collegiaterrisk.com](http://www.collegiaterrisk.com)

If you aren’t clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-800-922-3420 to request a copy.
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>Your Cost If You Use an In-network Provider</th>
<th>Your Cost If You Use an Out-of-network Provider</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>immediate medical attention</td>
<td>Emergency medical transportation</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fee</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td>If you have mental health, behavioral health, or substance abuse needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental/Behavioral health outpatient services</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Mental/Behavioral health inpatient services</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Substance use disorder outpatient services</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Substance use disorder inpatient services</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Prenatal and postnatal care</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Delivery and all inpatient services</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Home health care</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>Not covered</td>
<td>Not covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Durable medical care</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Hospice service</td>
<td>Not covered</td>
<td>Not covered</td>
<td>None</td>
</tr>
<tr>
<td>If your child needs dental or eye care</td>
<td>Eye exam</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Glasses</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Dental check-up</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>None</td>
</tr>
</tbody>
</table>

Questions: Call 1-800-922-3420 or visit us at www.collegiatetrisk.com
If you aren’t clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-922-3420 to request a copy.
Excluded Services & Other Covered Services:

**Services Your Plan Does NOT Cover** (This isn’t a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids
- Infertility treatment
- Long-term care
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

**Other Covered Services** (This isn’t a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care
- Non-emergency care when traveling outside the U.S.
- Private-duty Nursing

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-922-3420. You may also contact your state insurance department, the Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

**Questions:** Call 1-800-922-3420 or visit us at www.collegiatrisk.com
If you aren’t clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-922-3420 to request a copy.
If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact:

Administrative Concepts, Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802
1-888-293-9229

www.visit-aci.com

Does this Coverage Provide Minimum Essential Coverage?
The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” This plan or policy does provide minimum essential coverage.

Does this Coverage Meet the Minimum Value Standard?
The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefits it provides.

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al 1-800-922-3420.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.
About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans. These examples are based on In-Network provider claims.

This is not a cost estimator.

Don’t use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

<table>
<thead>
<tr>
<th>Having a baby (normal delivery)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amount owed to providers:</strong> $7,540</td>
</tr>
<tr>
<td><strong>Plan pays:</strong> $4,761.60</td>
</tr>
<tr>
<td><strong>Patient pays:</strong> $1,290.40</td>
</tr>
</tbody>
</table>

**Sample care costs:**
- Hospital charges (mother): $2,700
- Routine obstetric care: $2,100
- Hospital charges (baby): $900
- Anesthesia: $900
- Laboratory tests: $500
- Prescriptions: $200
- Radiology: $200
- Vaccines, other preventive: $40
- **Total:** $7,540

**Patient pays:**
- Deductibles: $100
- Copays: $
- Coinsurance: $1,190.40
- Limits or exclusions: $
- **Total:** $1,290.40

<table>
<thead>
<tr>
<th>Managing type 2 diabetes (routine maintenance of a well-controlled condition)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amount owed to providers:</strong> $5,400</td>
</tr>
<tr>
<td><strong>Plan pays:</strong> $3,392</td>
</tr>
<tr>
<td><strong>Patient pays:</strong> $948</td>
</tr>
</tbody>
</table>

**Sample care costs:**
- Prescriptions: $2,900
- Medical Equipment and Supplies: $1,300
- Office Visits and Procedures: $700
- Education: $300
- Laboratory tests: $100
- Vaccines, other preventive: $100
- **Total:** $5,400

**Patient pays:**
- Deductibles: $100
- Copays: $
- Coinsurance: $848
- Limits or exclusions: $
- **Total:** $948

Questions: Call 1-800-922-3420 or visit us at www.collegiaterisk.com
If you aren’t clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-922-3420 to request a copy.
Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don’t include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren’t specific to a particular geographic area or health plan.
- The patient’s condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn’t covered or payment is limited.

Does the Coverage Example predict my own care needs?

☒ No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor’s advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

☒ No. Coverage Examples are not cost estimators. You can’t use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

☑ Yes. When you look at the Summary of Benefits and Coverage for other plans, you’ll find the same Coverage Examples. When you compare plans, check the “Patient Pays” box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

☑ Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you’ll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.
The Master Policy is on file at the school. Coverage becomes effective at 12:01 a.m. on August 1, 2014. Coverage terminates on August 1, 2015 or at the end of the period through which premium is paid, whichever is earlier. For new students entering the second or third term, coverage is effective January 1, 2015 or June 1, 2015, respectively. Dependent coverage becomes effective on the applicable date identified above or the date application and full premium are received by the Company (or its authorized representative), whichever is later. Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the insured student. Refunds of premiums are allowed only upon entry into the armed forces.

**Eligibility**

All full-time students enrolled in the Elon University School of Law are required to take the Injury and Sickness Plan for a fee of $2,668.00. To be exempt from this coverage and cost, you are required to show proof of comparable coverage by completing the waiver form at www.collegiatelink.com. IF THE WAIVER IS NOT SUBMITTED BY August 15, 2014, IT WILL REMAIN AS AN ADDITIONAL CHARGE ON YOUR BILL. Home study, correspondence and television courses do not fulfill these eligibility requirements. The Company maintains the right to investigate student status and attendance records to verify that the policy eligibility requirements have been met. If and whenever the Company discovers that the policy eligibility requirements have not been met, its only obligation is refund of premium.

**Dependent Coverage**

Eligible Students who enroll may also enroll their dependents. Eligible dependents are the spouse (husband or wife) and children under 26 years of age. Coverage shall not terminate if the dependent is incapable of self-sustaining employment by reason of mental retardation or physical handicap provided notice is given 31 days before reaching the limiting age. Dependent eligibility and coverage expires concurrently with that of the insured student. Dependent coverage must be applied for by filling out the Insurance Enrollment Card and by paying the required premium.

**Newborn Children**

A newborn child will be covered from the moment of birth for 31 days. We will pay for the Eligible Expenses incurred for Injury or Sickness from the moment of birth including: 1) necessary Treatment for congenital defects, birth abnormalities, or premature care; and 2) necessary care and Treatment of cleft lip and cleft palate. If dependent coverage had not been previously elected, written notice of birth must be provided to the Company within thirty-one (31) days after the date of birth to continue coverage beyond the 31 days. Coverage will continue only for a period of thirty-one (31) days after birth unless notice is received and the additional required premium is paid. If dependent coverage is already in-force, we should be notified of the child’s birth to facilitate administration of coverage.

**Temporomandibular Joint Dysfunction**

Benefits will be provided on the same basis as for any other sickness or injury for the Treatment of temporomandibular joint dysfunction (TMJ) caused by congenital deformity, disease or accident. Treatment may include splitting and use of intraoral prosthetic appliances to reposition the bones. Coverage will not be provided for orthodontic braces, crowns, bridges, dentures, Treatment for periodontal disease, denial root form implants, root canals, or routine dental Treatment.

**Adopted and Foster Children**

A minor child who comes under the care of the Covered Person will be covered to the same extent as other Dependent family members while coverage is in force. Coverage for such child will begin on the date of placement in the Covered Person’s home. Coverage will begin at the moment of birth, provided application for coverage and payment of premium occurs within 31 days after the child’s birth. Coverage for such child will terminate when such child is removed from the Covered Person’s home.

Foster Child means a minor over whom a guardian has been appointed by a clerk of superior court of any county; the primary or sole custody of whom has been assigned by a court of competent jurisdiction. Placement in the foster home means physically residing with a person appointed as guardian or custodian or a foster child as long as that guardian or custodian has assumed the legal obligation for total or partial support of the foster child with the intent that the foster child reside with the guardian or custodian on more than a temporary basis. Coverage for an adopted child, child placed for adoption or foster children shall be payable without the application of any provision concerning Pre-Existing Conditions.
Definitions

**Accident:** means a sudden, unexpected and unintended incident. “Covered Accident” means an accident that results in injury or loss covered by this policy.

**Affordable Care Act:** means the Patient Protection and Affordable Care Act (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act (Public Law 111-152).

**Covered Person:** means any Eligible Person and Eligible Dependents who makes application for, or for whom application is made and who is approved to participate in the benefit plans issued under this policy, provided the required premium for such Person’s and Dependent’s insurance is paid when due.

**Essential Health Benefits:** means benefits covered under the policy, in at least the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care. Such benefits shall be consistent with those set forth under the PPACA and any regulations issued pursuant thereto.

**Hospital:** means a legally constituted institution having organized facilities for the care and treatment of sick or injured persons on a registered Inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff of one or more licensed Physicians and provides 24-hour nursing service by Registered Nurses on duty or call. Hospital shall also include duly licensed tax supported institutions which specialize in the treatment of one particular type of illness. Such facilities are not required to have an operating room and related equipment for the purpose of surgery.

**Injury:** means accidental bodily harm sustained by the Covered Person that resulted directly and independently of all other causes from an Accident and occurs while coverage under this policy is in force.

**Inpatient:** means confinement for which the Covered Person is charged at least one full day’s room and board.

**Intensive Care Unit:** means a section, ward, or wing within a Hospital which is separate from other Hospital facilities and (1) is operated exclusively for the purpose of providing professional Treatment for critically ill patients; (2) has special supplies and equipment necessary for such Treatment which are available on a standby basis for immediate use; (3) provides room and board, and constant observation by registered graduate nurses or other specially trained Hospital personnel; and (4) is not maintained for the purpose of providing normal post-operative recovery Treatment or service.

**Medically Necessary or Medical Necessity:** means the services or supplies that are (1) provided for the diagnosis, Treatment, cure or relief of a health condition, illness, injury or disease and not for experimental, investigational, or cosmetic purposes; (2) necessary for and appropriate to the diagnosis, Treatment, cure, or relief of a health condition, illness, injury, disease or its symptoms; (3) within generally accepted standards of medical care in the community; and (4) not solely for the convenience of the Covered Person, the Covered Person’s family or the Physician or Hospital.

**Nurse:** means a person who has been registered or licensed to practice by the State Board of Nurse Examiners or other state authority in the state where he works, and who is practicing within the scope and limitation of that license. The term Nurse will not include the Covered Person or his spouse, children, brothers, sisters, or parents, or any person residing in his household.

**Outpatient Surgical Facility:** means a surgical or medical center, which has (1) permanent facilities for surgery; (2) organized medical staff of Physicians and registered graduate nurses; and (3) is authorized by law in the jurisdiction in which it is located to perform surgical services and is licensed (if no license is required, officially approved) under the law.

**Physician:** means a practitioner of the healing arts who is duly licensed in the state where he is practicing and who is treating within the scope of that license. The term Physician will not include the Covered Person or his spouse, children, brothers, sisters, or parents, or any person residing in his household.

**Sickness:** means illness or disease contracted and causing loss as to the Covered Person whose Sickness is the basis of the claim. Any complications or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

**Treatment:** means a specific in-office or Hospital physical examination of, or care rendered to, the Covered Person.

**Usual and Customary and Reasonable Charges:** “Usual” means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury or Sickness; “Customary” means those charges made by the majority of providers in the area for the same or similar services or supplies; “Reasonable” means those charges that do not exceed the majority of prevailing fees in the area for the same or similar services or supplies. Area means a county or larger geographically significant area as determined by the Company.
The policy provides benefits for the usual, customary and reasonable medically necessary eligible expenses for medical treatment as a result of injury or sickness incurred by a covered person while insured under this policy up to the maximum limits as indicated. In addition, the plan covers preventive services without copayments, co-insurance or deductible as required under Federal law and regulation. Covered Preventive Services for adults and children, including pregnant women includes, but is not limited to blood pressure, cholesterol and colorectal screening, autism screening for children, contraception, gestational diabetes, well women visits and immunizations.

**MEDICAL EXPENSE BENEFITS**

The plan will have a $100 per person per policy year deductible, then will pay at 100% for covered Injuries and 80% for covered Sicknesses until $5,000 has been paid “out of pocket” by the insured. The deductible is the dollar amount of eligible Medical Expenses which must be incurred as an out-of-pocket expense by each Covered Person per policy year before certain benefits are payable under the policy. Out-of-Pocket expenses are the deductible and co-insurance amounts that the Insured is responsible to pay. It will then pay at 100% to Usual, Customary and Reasonable Charges of eligible medical expenses for the policy year thereafter.

### INPATIENT ELIGIBLE EXPENSES

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<thead>
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<th>INJURY</th>
<th>SICKNESS</th>
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<td>100% of UCR</td>
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### INTENSIVE CARE

- Hospital Miscellaneous Expenses including the operating room, laboratory tests, x-rays, anesthesia, drugs (excluding take home drugs) or medicines, pre-admission testing, therapeutic services and supplies
- Surgeon’s Fees: If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed the benefit for the one of such procedures for which the largest benefit is payable.
- Anesthetist/Assistant Surgeon
- Registered Nurses Services for private duty nursing care
- Physician Visits, limited to one visit per day and does not apply when related to surgery
- Second Surgical Opinion
- Mental or Nervous Benefits

### OUTPATIENT ELIGIBLE EXPENSES

<table>
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<th>INJURY</th>
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<td>100% of UCR</td>
<td>80% of UCR</td>
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- Surgeon’s Fees: If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed the benefit for the one of such procedures for which the largest benefit is payable.
- Day Surgery Miscellaneous, related to scheduled surgery, including the operating room, laboratory tests, x-rays, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services and supplies. Charges are determined in accordance with data provided by PVCS (Prevailing Healthcare Charges System)
- Anesthetist/Assistant Surgeon
- Outpatient Miscellaneous, including physician’s visits (one visit per day), emergency room supplies and services for a medical emergency, x-rays, laboratory tests, braces and appliances, consultant fees
- Ambulance Service for emergency care from the place where the Injury or Sickness occurred to the nearest Hospital
- Injections, when administered in the physician’s office
- Prescription Drugs, Please see the Express Scripts Outpatient Prescription Plan section
- Dental Treatment for injury to sound natural teeth

### Mental or Nervous Benefits

- No Benefit
- 80% of UCR
- 100% of UCR
- 80% of UCR
- 80% of UCR
- 80% of UCR
- 80% of UCR
- 80% of UCR
- 80% of UCR

- a) is primarily and customarily used to serve a medical purpose; b) can withstand repeated use; and c) generally is not useful to the person in the absence of Injury or Sickness.
Continuation Coverage

A student of the Policyholder who has been continuously insured under the Policy and no longer meets the eligibility requirements of the Policy may elect to continue coverage himself and any covered dependents for up to 6 months.

Coverage will be identical in scope to the coverage provided in this Policy. Within 14 days of becoming no longer eligible for coverage under the Policy, the student must make application and pay premiums directly to the Company or its designated representative. Evidence of insurability is not required for this continuation of coverage.

A student who exercises this option will not have his coverage interrupted or cancelled or otherwise terminated until the date on which,

a) there is a failure to make a premium payment in the time required to make such payment; or
b) the required period for continued coverage ends; or
c) the Policy is terminated.

State Mandated Benefits

The following is a list of North Carolina State Mandated Benefits. The Insurance Company will comply with all state statutes. Please refer to the master policy on file at the Student Health Center for further details.

Mammography Benefit
Cervical Cancer Screening Benefit
Ovarian Cancer Screening Benefit
Home Health Care Benefit
Preventative and Primary Care Benefit
Chemical Dependency Treatment Benefit
Diabetes Treatment Benefit
Mastectomy/Reconstructive Breast Surgery Benefit
Ancillary Dental Care Expense Benefit
Maternity and Newborn Care Benefit
Osteoporosis Diagnosis and Treatment Benefit
Prescription Contraceptives
Prostate Cancer Screening Benefit
Colon/rectal Cancer Screening Benefit
Lymphodema Benefit
Hearing Aid Benefit

Certificate of Creditable Coverage

When your coverage terminates, you are eligible to receive a certification of Creditable Coverage regarding your coverage under this plan. If you want such a certification after your coverage terminates, please make your request, in writing, to Collegiate Risk Management, 110 Athens Street, Tarpon Springs, FL 34689. Be sure to include your full name, the name of your school, your social security number and current address.

Extension of Medical Expense Benefits after Termination

If a Covered Person's coverage under the Policy terminates, (Medical Expense) coverage will be extended if such person is Totally Disabled on the date coverage ended. Coverage under this provision is provided only for Covered Expenses for the condition causing the Total Disability.

The extension of benefits terminates at the earliest of:
1. (90) days from the date the Policy was terminated; or
2. the date the Total Disability ends; or
3. when the Maximum Benefit amount under the Medical Expense Benefit has been paid to the Covered Person.

Except as stated above, coverage is not provided for any expense incurred after the date the Policy was terminated.
Travel Assistance

The following TRAVEL ASSISTANCE, EMERGENCY MEDICAL EVACUATION/REPATRIATION, BEDSIDE VISIT BY FAMILY MEMBER OR FRIEND and REPATRIATION OF MORTAL REMAINS benefits are not insured by BCS Insurance Company and are provided by Europ Assistance USA, Inc. (EA-USA) through a reputable insurance carrier.

WHAT IS TRAVEL ASSISTANCE?
Your travel assistance program is designed to help you along the way before and during your travels. If you encounter a medical or other emergency during your trip when you are at least 100 miles away from home, emergency assistance is available to you any time of day. Information services (such as “Cultural Information”) – details about a location you are planning to visit, visa or passport information, etc. are available at any time, even if you don’t travel.

ABOUT THE SERVICE PROVIDER
Founded in 1963, Europ Assistance (EA) was the first company to offer assistance services to travelers. Now, EA provides help to customers throughout the world utilizing 36 assistance centers operating around the clock. Further support comes from an extensive international provider network and local agents in over 200 countries and territories allowing EA to offer local support in virtually any location. Headquartered in Bethesda, Maryland just outside of Washington, DC, EA-USA’s International Assistance Coordinators, Case Managers, doctors and nurses are available 24 hours a day to take care of virtually any assistance need. EA-USA may be reached by phone at 877-319-4387 (toll free) or 240-330-1536 (local/collect) or at their website, www.europassistance-usa.com.

EMERGENCY MEDICAL TRANSPORTS
Should the patient’s conditions require a medical transport based on the evaluation and recommendation of one of EA-USA’s physicians, EA-USA will take care of all required arrangements to either move the patient to the needed level of medical care (“evacuation”) or return him/her to his/her place of residence for the purpose of recuperation, rehabilitation or further care (“repatriation”). EA-USA will pay up to $1,000,000 CSL (“Combined Single Limit” for all transport related eligible expenses).
All services must be arranged by EA-USA.

REPATRIATION OF MORTAL REMAINS
In the event a Covered Person dies, EA-USA will arrange for the deceased to be returned to their place of residence for the purpose of burial or cremation. EA-USA will also take care of ancillary requirements such as government authorization, death certificates and so forth as governed by the policy. EA-USA will pay up to $1,000,000 CSL for eligible transport expenses and ancillary services.
All services must be arranged by EA-USA.

BEDSIDE VISIT BY FAMILY MEMBER OR FRIEND
Should the Covered Person be hospitalized for seven or more consecutive days, be likely to be hospitalized for seven or more days or is in critical condition, EA-USA will arrange and pay for the economy class round-trip transportation of one family member or friend from his/her home to the place where the covered person is hospitalized. EA-USA will pay for eligible expenses up to $1,000,000 CSL.
The benefit includes meals and accommodations reimbursement for up to 5 days with a maximum benefit of $150 per day while visiting the hospitalized Covered Person.
All services must be arranged or approved by EA-USA.

ADDITIONAL BENEFITS:
- Medical Provider Search and Referral
- Medical Monitoring
- Return of Travel Companion Assistance
- Dependent Child Return Assistance
- Emergency Cash Advance (credit card guarantee required)
- Legal Assistance/Bail (credit card guarantee required)
- Prescription Transfer/Shipment of Medication
- Emergency Travel Arrangements (credit card guarantee required)
Express Scripts Outpatient Prescription Plan

After a co-payment of $15 for generic, $50 for a brand name drug when generic is not available and $80 brand name drug when generic is available (per prescription), the cost of prescription drugs is payable in full, up to the maximum for the policy year. Prescriptions must be filled at an Express Scripts Participating Pharmacy. Insured Persons will be given an insurance ID card to show to the pharmacy as proof of coverage. A list of participating pharmacies is available by calling 1-800-400-0136.

Before you receive your insurance ID card, if you need to have a prescription filled, go to any pharmacy, pay for the medication in full and save the receipt. Reimbursement will be at the Express Scripts contracted discount rate and will be less than the rate charged by the pharmacy. Not all medications are covered. Before you receive your insurance ID Card you may contact 1-800-400-0136 or www.express-scripts.com for a list of covered medications or exclusions.

After you receive your insurance ID card, no claim forms need be completed. After you receive the card you may call toll-free 1-800-400-0136 for assistance with pharmacy locations and for a list of exclusions and covered medications. This number is effective for enrolled members only. You will need the Group Number and Member ID Number printed on your ID card. Not all medications are payable. Following is a partial list of those excluded: fertility medications, acne treatments, vitamins.

Exclusions

Benefits are not payable under this Policy for any of the following or loss that results there from:

1. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; eyeglasses, contact lenses or other Treatment for visual defects and problems, except as required as a result of a covered Injury. “Visual defects” means any physical defect of the eye that does or can impair normal vision.
2. Hearing examinations or hearing aids; or other Treatment for hearing defects and problems except as required as a result of a covered Injury, except as otherwise provided by the Policy. “Hearing defects” means any physical defect of the ear that does or can impair normal hearing.
3. Dental care or Treatment other than care of sound, natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy, and rendered within 12 months of the Accident.
4. War or any act of war, declared or undeclared, or while serving in the armed forces of any country (a pro-rata premium will be refunded for such period of service).
5. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony.
6. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
7. Injury, Sickness or death contributed to by the use of drugs or alcohol, unless administered by a Physician.
8. Operating any vehicle while under the influence of alcohol or without being properly licensed and insured to do so.
9. Participation in, practice for, or orthopedic equipment and appliances used for interscolastic, club or interscolastic, sports, semi-professional sports, or professional sports.
10. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly-scheduled airline.
11. Treatment, services or supplies provided by a Hospital or facility owned or run by the United States Government, unless a charge is made for such services in the absence of insurance, or in a Hospital which does not unconditionally require payment.
12. Cosmetic surgery, except cosmetic surgery which the Covered Person needs as the result of an Accident which happens while he is insured under this Policy or reconstructive surgery needed as a result of a congenital disease or abnormality of a covered newborn dependent child which has resulted in a functional defect.
13. Injury or Sickness covered by Worker’s Compensation or Employer’s Liability Laws.
14. Treatment or services provided by any member of the Covered Person’s immediate family, or for which no charge is normally made.
15. Treatment, services or supplies provided by the School’s infirmary or its employees, or Physicians who work for the School, except when the Covered Person is required to pay for such service.
16. Nasal or Sinus Surgery (unless required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy).
17. The diagnosis and treatment of acne.
18. The diagnosis and treatment of Infertility.
20. Routine foot care, including the treatment of corns, calluses and bunions
22. Impotence, whether organic or otherwise.
23. Nonmalignant warts, moles or lesions.
24. Patient controlled analgesia (PCA).
25. Elective Treatments and voluntary testing other than as specifically provided in the Policy.
Claim Procedure

1. In the event of a medical emergency, call 911 or go to the nearest facility equipped for treatment.
2. Secure an Insurance Company claim form from the Student Health Service or from Collegiate Risk Management. Read and follow the instructions on the back of the claim form. The completed and signed Claim Form should be mailed within 180 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 Claims Administrator, Administrative Concepts, Inc. at the address below.
3. Itemized medical bills must be attached to the Claim Form at the time of submission. Claims can not be processed from “Balance Due” statements. Subsequent medical bills should be mailed promptly to the Claims Administrator at the address below. No additional claim forms are needed as long as the Insured Person’s Student’s name and identification number are included on the bill.
4. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to the Claims Administrator, Administrative Concepts, Inc. at the address below. Office hours are 8:30 a.m. to 5:00 p.m. (EST) Monday through Friday.

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

Servicing Agent:

Collegiate Risk Management
1-800-922-3420
www.collegiaterrisk.com

This Plan is Insured by:

BCS Insurance Company, Oak Brook Terrace, IL

Claims Administrator
Administrative Concepts, Inc.
994 Old Eagle School Road, Suite 105
Wayne, PA 19087-1802
Phone: (888) 293-9229 Website: www.vistiaci.com

Important Notice: This information provides a brief description of the important features of this Insurance Program. It is not a contract. Terms and conditions of the coverage are set forth in policy number BSA000060. The master policy is on file at the school. Please keep this material with your important papers. A verbal explanation of eligible benefits does not guarantee payment of claims. If there is a discrepancy between this brochure and the Master Policy, the Master Policy will govern control.