

6. Intentionally self-inflicted Injury, attempted suicide, including drug overdose, or suicide, while sane or insane.
7. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Insurance Information Schedule.
8. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world;
9. Dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person's teeth.
10. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
11. Preventive medicines, serums or vaccines of any kind.
12. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.

Preexisting Condition Limitation—The Policy does not cover Preexisting Conditions for the first twelve (12) months following effective date of an Insured Person's coverage. However, the Company will waive this Limitation for an Insured who: 1. Has been Continuously Insured, as defined in the Policy, for at least 12 consecutive months under one or more student insurance policies issued to the Policyholder; or 2. Can provide satisfactory evidence of prior Creditable Coverage, as defined in the Policy. To qualify for this waiver, an Insured must fulfill all of the following requirements: a) He or she must not be covered under any other health insurance. b) He or she must have had health insurance for a total of 18 months, with no break in coverage longer than 63 days. c) His or her most recent coverage must meet the definition of Creditable Coverage shown in the policy.

In so far as this Limitation is concerned, **Continuously Insured** means that the Insured Person has

maintained continuous coverage under the Policy and/or prior student health insurance policies issued to the Policyholder. Previously Insured Persons who enroll for coverage within the time limits shown in the Insurance Information Schedule following expiration of coverage under a preceding student health insurance Policy will have maintained continuous insurance. An Insured Person who does not enroll within this time frame will have a break in continuous insurance. Any Injury sustained or any Sickness originating before or during such break will be considered a Preexisting Condition.

CLAIM PROCEDURE

In the event of an accident or sickness the Student should: If on or off campus, secure treatment at the nearest hospital or care provider. Send claim form along with itemized hospital and medical bills to Commercial Travelers Mutual Insurance Company.

Written notice of injury or sickness upon which claim may be based must be provided to Commercial Travelers Mutual Insurance Company within 30 days of the date of the commencement of the first loss for which benefits arising out of each injury or sickness may be claimed, or as soon thereafter as is reasonable possible. Bills for which benefit is to be paid must be submitted within 90 days of the treatment.

Claim forms and instructions on claim procedures are available at the Business Office or by visiting the website: www.studentplanscenter.com.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

HOW TO FILE AN APPEAL

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

Protecting Health Information—Commercial Travelers Mutual Insurance Company is committed to guarding the protected health information of those we insure. In the course of conducting our business, we create and maintain the confidentiality of protected health information as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and we will follow the terms of our Notice of Privacy Practices. A copy of this Notice is available from the College Business Office or on our website at www.commercialtravelers.com/privacy.html.

Underwritten and Claims Administered by
Commercial Travelers Mutual Insurance Company
70 Genesee Street, Utica, NY 13502
Toll Free: 800-756-3702
www.studentplanscenter.com

as Policy Form # CTBH-280 (Rev. 04) (GA)

For a copy of the Company's Privacy Notice, you may go to:
www.commercialtravelers.com/privacy.html

or

Request one from the Health office at your school

or

Request one from:
Commercial Travelers Mutual Insurance Company
c/o Privacy Officer
70 Genesee Street • Utica, NY 13502
(Please indicate the school you attend with your written request.)

Representative

Wells Fargo Insurance Services
P.O. Box 276 • Columbus, Ohio 43216-0276
800-228-6768 • wfs.wellsfargo.com/colleges

Representations of this plan must be approved by the Company.

This is not the Policy. Rather it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.

Student Accident and Sickness Insurance Plan

2009–2010

Designed Especially for the Students of
EMMANUEL COLLEGE
Franklin Springs, Georgia

Policy No. 2009B1A12

Please keep this description of coverage for future reference



2009-B1A12 (Bro)

TO STUDENTS AND PARENTS

Emmanuel College has always been vitally concerned with the promotion of good health for its students. We are pleased to announce that a STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN will be provided to all students who are enrolled for twelve (12) or more credit hours on a mandatory basis. The plan will cover eligible expense for Sickness or Injury, and will help relieve the parent or student of the financial strain which normally accompanies this type of unanticipated expense.

Any student withdrawing from the College will remain covered under the Policy, except students withdrawing to enter the Armed Forces. Those students will be issued a pro-rata refund. No other refunds will be issued.

The insurance covers eligible expenses arising from both covered Injury and Sickness, whether sustained at the College or elsewhere during the entire policy term. The policy also has limitations, which should be noted.

This brochure describes the main points of the Accident and Sickness Insurance Plan in force for Emmanuel College. A full description of the benefits and the full terms are found in the master policy issued to Emmanuel College by Commercial Travelers Mutual Insurance Company. It may be seen at the College during business hours. Payment of benefits will be made according to the terms of the policy. If any statement in this brochure and any provision in the Policy differ, the Policy will govern.

Benefits will be coordinated with any other insurance plan that is in effect for the student.

NOTICE: This is a primary plan which may function as secondary when other insurance is available to the insured student. If an insured person is covered by more than one health care plan, he or she may not be able to collect benefits from both plans. Each plan may require an insured to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. An insured should read all of the rules very carefully, including the coordination of benefits section and compare them with the rules of any other plan that covers an insured or his/her family.

GENERAL INFORMATION

The Policy is underwritten by Commercial Travelers Mutual Insurance Company in Utica, New York. The representative is Wells Fargo Insurance Services,

P.O. Box 276, Columbus, Ohio 43216-0276. All claims are paid by the Special Risk Claims Dept., Commercial Travelers Mutual Insurance Company, 70 Genesee St., Utica, NY 13502.

PERIOD OF COVERAGE

This Plan, subject to the benefits and exclusions outlined in this brochure, protects the Insured Student of Emmanuel College at home, at school, or while traveling—24 hours a day—anywhere in the world, during the term of the Student's Policy.

The Policy becomes effective at 12:01 a.m. on August 14, 2009 and continues during the period for which the premium had been paid. The Master Policy expires at 12:01 a.m. on August 14, 2010.

ACCIDENT BENEFITS

When a Covered Injury requires treatment, benefits will be paid up to a maximum of \$8,000 for Eligible Expenses Incurred for each accident occurring during the period of coverage. Eligible expenses include physician's and surgeon's fees, hospital confinement, X-rays, laboratory tests, nurse expenses, medicines, and other usual and reasonable medical expenses which result from the accident.

Dental expenses are paid up to a maximum of \$100 per tooth for Expenses Incurred from accidental injury to sound natural teeth.

SICKNESS BENEFITS

Payment will be made for eligible Expenses Incurred for each Sickness, not to exceed \$8,000 as allocated below.

HOSPITAL ROOM AND BOARD—Up to \$200 per day beginning with the first day.

HOSPITAL MISCELLANEOUS EXPENSE—Up to a maximum of \$500 for X-ray examinations, laboratory tests, anesthesia, medicines, use of operating room, or temporary surgical appliances, when an insured person is confined as a bed patient in a hospital.

SURGERY (in or out of hospital)—Benefits are payable in accordance with a graduated schedule ranging up to a maximum of \$500, depending on the nature of the operation. This surgical schedule is a part of the policy held by the College.

PHYSICIAN'S VISITS BENEFIT (in or out of hospital)—Up to \$50 per day for Sickness beginning with the first visit.

CONSULTANT PHYSICIAN SERVICES—When the insured person requires the services of a con-

sultant physician and such services are deemed necessary and ordered by the attending physician for the purpose of confirming or determining the diagnosis, the Expenses Incurred will be paid up to \$80 for any one Sickness.

AMBULANCE EXPENSE—Up to \$100 when the use of an ambulance is required for any one Sickness.

DIAGNOSTIC X-RAY AND LABORATORY EXPENSE: When X-ray and laboratory studies are necessary in the outpatient department of a hospital, the company will pay for such services up to a maximum of \$150 per Sickness.

PRESCRIPTION DRUGS: When prescribed by the attending Physician, up to \$100 per illness after a \$10 deductible (*Note: The student must pay for the prescription up front then file a claim for reimbursement.*)

MANDATED BENEFITS

The following benefits are mandated in the state of Georgia. They will be included in all plans issued under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and co-insurance conditions of the Policy as well as all other terms and conditions applicable to any other covered sickness.

Mandated benefits include, but are not limited to: Cancer Screening Tests; Mastectomy or Lymph Node Dissection; Diabetic Treatment and Supplies; Medical Nutrition Therapy; Hospital Dental Procedures for Certain Individuals; Off Label Prescription Drug Treatment; and Registered Nurse First Assistant Expense. See the Policy on file with the school for further details on these benefits.

DEFINITIONS

Covered Injury means a bodily Injury that is: 1. Sustained by an Insured Person while he/she is insured under the Policy or the School's prior policies; and 2. Caused by an accident directly and independently of all other causes.

Coverage under the School's policies must have remained continuously in force from the date of Injury until the date services or supplies are received for them to be considered as a Covered Medical Expense under the 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.

Covered Sickness means Sickness, disease or trauma related disorder due to Injury which 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. Sickness includes Complications of Pregnancy. Sickness will also include normal pregnancy.

Covered Medical Expense means those charges for any treatment, service or supplies that are: 1. Not in excess of the Usual and Customary charges therefor; 2. Not in excess of the charges that would have been made in the absence of this insurance; and 3. Incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.

EXCLUSIONS

The Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of the Policy and as shown in the Schedule of Benefits.

1. Medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as provided in the Schedule of Benefits.
2. Professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
3. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any intercollegiate or professional sports, except as provided in the Schedule of Benefits.
4. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury.
5. Expenses incurred for plastic or cosmetic surgery, unless they result directly from a Covered Injury that necessitates medical treatment within 24 hours of the Accident or results from reconstructive surgery. For the purposes of this provision, **reconstructive surgery** means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible. For the purposes of this provision, **cosmetic surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance.