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172 Bechtel Road, Collegeville, PA 19426

Phone.....800-322-9901

Fax.....610-489-9325

Website.....[www.cirstudenthealth.com/brynmawr](http://www.cirstudenthealth.com/brynmawr)

DIRECT CONTACT INFORMATION

▶ **BMC HEALTH CENTER**.....610-526-7360

▶ **CLAIM ADMINISTRATOR**

Claim and benefit questions, online claim status:

**Administrative Concepts, Inc. (ACI)**

994 Old Eagle School Road, Suite 1005

Wayne, PA 19087

Payor ID #: 22384

Phone.....888-293-9229

Website.....[www.visit-aci.com](http://www.visit-aci.com)

*HEALTH SERVICE REFERRAL REQUIRED!*

**UNDERGRADUATE  
STUDENT  
ACCIDENT AND SICKNESS  
INSURANCE PLAN**

**BRYN MAWR  
COLLEGE**



Bryn Mawr, PA

**PLEASE RETAIN FOR REFERENCE**

**2010 - 2011**

**POLICY: BSA-00032**

**POLICY UNDERWRITTEN AND OFFERED BY  
BCS INSURANCE COMPANY**

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## **INTRODUCTION**

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To supplement the benefits and service of the Bryn Mawr Health Center, the College provides for its full-time domestic and international undergraduate students and international graduate students, who reside in college provided housing, a college-year term health insurance plan underwritten by BCS Insurance Company. This is to supplement the student's private insurance. It is not a comprehensive health policy.

All full-time domestic and international undergraduate students, except for Study Away participants, will be insured for the semester for which they are attending classes for the college-year term, August 23, 2010 to June 1, 2011. Students are urged to extend this insurance for the remaining period, June 1, 2011 to August 23, 2011 for which enrollment is voluntary.

## **POLICY TERM**

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For the academic year, coverage under this Insurance Plan takes effect on August 23, 2010 the effective date of the policy and ends on June 1, 2011. Coverage terminates on January 21, 2011 for students not returning for Spring Semester. Coverage for the Summer Term begins on June 1, 2011 and terminates August 23, 2011.

Dependents will become effective the latest of the effective date of the Insurance Plan, the effective date of the student's coverage or the date of enrollment in the Insurance Plan.

## **ELIGIBILITY**

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You will become a Covered Student when you are enrolled at the College as a full-time domestic or international undergraduate student or international graduate student who resides in college provided housing.

Students participating in a Study Away Program are not automatically covered by this insurance program during the Study Away period. To enroll in this program or other programs designed for Study Away contact Collegiate Insurance Resources.

## **PREMIUMS**

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The premium for full-time domestic and international undergraduate students is paid for by the College to cover the collegiate year term.

Premiums for the Summer Term coverage for students (\$65) must be paid by the student by July 1, 2011 by filling out the summer enrollment form. **This coverage is voluntary.**

Premium for eligible dependents for whom an enrollment form is completed is to be paid by the Covered Student at the beginning of the first semester. **This coverage is voluntary.**

The enrollment form for either the Summer Term for students (\$65) or Annual Coverage for the Dependent spouse (\$320) and children under age 19 years (\$185), must be completed and mailed with a check payable to BCS Insurance Company.

## **DEPENDENTS**

Your lawful spouse and unmarried dependent children under age 19 who are not self-supporting, may also become Covered Persons.

All newborn children of any Covered Person are automatically covered at birth for 31 days for the same benefits as provided to any other Covered Person. Coverage applies for any covered Injury or Sickness commencing during the 31 day period from the date of birth including medically diagnosed congenital defects, birth abnormalities, prematurity and routine nursery care. The Covered Person may continue coverage beyond 31 days upon enrollment within the 31 day period from the date of birth. A child adopted by a Covered Person will be covered on the same basis as a newborn child from the date of placement for the purpose of adoption. Coverage will continue unless the placement is disrupted prior to legal adoption and the child is removed from placement.

You are under no obligation to enroll your dependents in this coverage. However, you must enroll them in this coverage and pay the required premium before their coverage will take effect. The last date for voluntary open enrollment is September 7, 2010 for Fall Semester and 30 days beyond the first day of classes for Spring and Summer Semesters.

## **TERMINATION**

Coverage under this Insurance Plan will terminate on the earliest of the following dates:

- The date the policy ceases to be in force; or the end of the period for which premium has been paid; or
- The date you begin full-time active duty in any Armed Forces. Send us proof of service and we will refund any premium paid for this time. This does not include Reserve or National Guard duty or training.
- For dependents - the date the Covered Student ceases to be insured under the policy; or the date the dependent ceases to be an eligible dependent.
- When coverage does terminate, termination will not affect a claim for a covered loss due to an accident or sickness which occurs while coverage was in effect.

## **LIMITATION**

The first \$100 of benefits under the policy will be paid without regard to whether you have other insurance. Benefits in excess of \$100 will be paid only after any other insurance to which you are entitled has paid. No benefits are payable for any expense incurred for Accident or Sickness which is paid or payable by other valid and collectible insurance or under an automobile insurance policy. This plan will cover unpaid balances, deductibles and pay those eligible expenses not covered by other insurance. Benefits will be adjusted so that the total amount paid or payable under two insurance policies combined does not exceed 100% of the expenses which are incurred.

## **PLAN SUMMARY**

### **I. ACCIDENT MEDICAL EXPENSE BENEFITS**

We will pay up to a total of \$1,000 for the expense of treating injuries resulting from any one covered accident. The initial expense must occur within 30 days of the accident which causes the Injury. Any new expense must be incurred within a 52 week period after the date of the accident. Covered Expenses include the cost of x-rays, hospital treatment, nursing care, necessary medical treatment, services and supplies. Expense in excess of \$1,000 will be considered for payment under the Supplemental Medical Expense Benefit.

### **II. SICKNESS MEDICAL EXPENSE BENEFITS**

We will pay the following benefits for the Covered Expenses incurred for treatment of a Sickness. The initial expense must be incurred within 30 days after the commencement of the Sickness. Any new Expenses must be incurred within a 52 week period following the date of first medical treatment for the Sickness. The total aggregate benefit payable is \$1,000 for the expense of treating any one Sickness, or \$2,000 if a surgical procedure is performed. Each benefit has its own limitations and maximums according to the following descriptions. Expenses must be actually incurred by you or by your covered Dependents, as applicable. Expenses in excess of \$1,000 (or in excess of \$2,000 if there is a surgery) are considered under the Supplemental Medical Expense Benefit.

Once total expenses exceed \$1,000, expenses for medical services that have aggregate limits, such as the x-ray, laboratory, emergency room and Prescription Drugs Expense Benefit, are also considered under the Supplemental Medical Expense Benefit.

- **Hospital Room and Board Benefit** - When you are confined as an inpatient in a hospital, We will pay the average semi-private room rate per day for room and board.
- **Miscellaneous Hospital Expense Benefit** - When you are confined in a hospital as an inpatient and treatment includes: x-ray examination, laboratory tests, medicines, surgical dressings, anesthetic, use of operating room or other necessary hospital treatment, we will pay up to a total of \$500 for any one sickness. Miscellaneous expenses do not include expenses for telephones, radio or television, extra beds or cots, meals for guests, take home items or other convenience items.
- **Hospital Outpatient Expense for Surgery** - When you require hospital out-patient treatment within 24 hours of a surgical operation, we will pay for any one sickness up to 25% of the maximum payable under the Hospital Service Expense Benefit. Covered treatment under this benefit does not include the surgeon's services or anesthetic administration.
- **Surgical Expense Benefit** - When you have a surgical operation, we will pay the surgeon's fee up to a maximum amount in the policy's schedule of benefits. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.

## **PLAN SUMMARY (continued)**

- **Reconstructive Breast Surgery Benefit** - Expenses incurred by a Covered Person for Reconstructive Breast Surgery are considered Covered Expenses and will be payable to the same extent as any other covered surgery, provided such Reconstructive Surgery is required as a result of a covered Sickness
- **Anesthetists Expense Benefit** - If, when you have a surgical operation, you are anesthetized and charges are not made by the hospital for the services of an anesthetist or anesthesiologist, we will pay for those services not to exceed 15% of the payment we make for the surgical operation.
- **Physician Visit Expense Benefit** - When you receive non-surgical medical treatment from a doctor while confined to a hospital, we will pay \$15 for each visit, up to a maximum of 20 visits for any one sickness. When surgery is performed, we will pay the larger amount of either the surgical operation fee or the total to be allowed of this benefit. When you are not hospital confined and referred for treatment by the College Health Center (Health Center referral is not required for Insured dependents), we will pay a Physician Visit Expense Benefit up to an aggregate of \$150.
- **Nurse Expense Benefit** - When you are hospital confined and require the full-time employment of a registered nurse, we will pay up to \$50 for each 24-hour nursing period. If you are confined in an intensive care unit, the benefit for Nurse Attendance will be applied to the cost of intensive care for up to 5 days. When this occurs, no payment will be made for Nurse Attendance.
- **Ambulance Expense Benefit** - When you require local ambulance transportation for treatment at a hospital, we will pay up to \$50 for any one sickness.
- **X-ray, Laboratory, Emergency Room and Prescription Drugs Expense Benefit** - When you are referred by the College Health Service for physician prescribed x-rays, lab tests, medicines or use of hospital emergency room for diagnosis or treatment, we will pay up to an aggregate of \$500 for the expense of treating any one sickness.
- \$500 limit for Therapeutic or Elective Abortion.

## **III. SUPPLEMENTAL MEDICAL EXPENSE BENEFIT**

When covered medical and hospital expenses exceed \$1,000 (\$2,000 if there is a surgery) we will pay 80% of those Covered Expenses incurred, not to exceed \$20,000 for any one Accident or Sickness. Eligible Expenses must be incurred within 52 weeks of the accident or first medical treatment for Sickness. Supplemental Expense Benefits are not paid for expenses: incurred after 52 weeks from the accident or first medical treatment for Sickness; which are in excess of the room and board benefit or surgical fees allowed in this Insurance Plan; or resulting from dental treatment; or resulting from injuries received in intercollegiate sports.

## **DESCRIPTION OF OTHER BENEFITS**

**Diabetes Expense** - If, by reason of Sickness, a Covered Person incurs Expenses for the following equipment and supplies for the treatment of diabetes, BCS will pay benefits on the same basis as any other Sickness. Such equipment and supplies must be recommended or prescribed by a Doctor.

The Covered Expense includes but is not limited to: lancets and automatic lancing devices; glucose test strips; blood glucose monitors; blood glucose monitors for the visually impaired; control solutions used in blood glucose monitors; diabetes data management systems for management of blood glucose; urine testing products for glucose; oral anti-diabetic agents used to reduce blood sugar levels; alcohol swabs; syringes; injection aids; cartridges for the visually impaired; disposal insulin cartridges and pen cartridges; insulin preparations; insulin pumps; insulin infusion devices; oral agents for treating hypoglycemia; glucagon for injection to increase blood glucose concentration. Coverage is provided for Medically Necessary diabetes self-management education and education relating to diet.

**Home Health Care Expense** - When by reason of sickness or injury, a Covered Person incurs expenses for covered home healthcare services, BCS Insurance Company will pay the Reasonable and Customary charges, subject to the following conditions: the service must be: (a) Medically Necessary; (b) furnished by, or under arrangements made by, a licensed Home Health Agency; (c) covered under a home care plan; (d) this plan must be established pursuant to the written order of a doctor and the doctor must renew that plan monthly; (e) delivered in the patient's place of residence on a part-time, intermittent, visiting basis while the patient is confined as a result of Injury or Sickness.

Benefits will be provided for no more than 60 home healthcare visits in any period of 12 consecutive months. The amount payable will not exceed the Hospital Room and Board Benefit rate for the first three visits or one-half the Hospital Room and Board Benefit rate for subsequent visits. Payment of this benefit is subject to all other terms and conditions of the Policy.

**Mammography** - The Policy will provide payment for the actual expenses incurred for a mammography when recommended by a physician.

**Maternity Benefit** - We will pay the same hospital and physician benefits for maternity as for any other covered sickness.

**Preventive and Primary Care Benefit** - Expenses incurred by Covered Dependent Children up to 18 years of age for preventive and primary care services, as described below, are considered Covered Expenses and will be payable under the Policy to the same extent as any other Covered Expenses incurred for the Treatment of a covered Injury or sickness.

"Preventive and Primary" care services include physical examinations, measurements, sensory screening, neuropsychiatric evaluation, and development screening. Services also include, as recommended by the physician, heredity and metabolic screening at birth, urinalysis, tuberculin tests, and hematocrit, hemoglobin, and other appropriate blood tests, including tests to screen for sickle

hemoglobinopathy. Coverage shall include unlimited visits for children up to the age of 12 years, and 3 visits per year for minor children ages 12 years up to 18 years of age.

- **Immunizations** - Benefits will be paid for the eligible expenses for childhood immunizations. This benefit is exempt from the deductible.

**Substance Abuse Benefit** - Expense incurred by a Covered Person for Substance Abuse are considered Covered Expenses and will be payable as for any other covered sickness. Benefits for inpatient treatment are subject to a lifetime limitation of 4 admissions, with a maximum limit of 7 days per admission. Non-hospital residential care is subject to an annual limitation of 30 days of treatment and a lifetime limitation of 90 days of treatment. Outpatient benefits are subject to an annual limitation of 30 visits and a lifetime limitation of 120 days.

**Women's Preventive Health Services Benefit** - Benefits will be paid for the actual expense incurred for annual cervical cytologic screening or more frequently when recommended by a physician.

## **DEFINITIONS**

**Covered Person** means any eligible person who makes application for (or for whom application is made), and who is approved to participate in the benefit plans issued under the Policy, provided the required premium for such person's insurance is paid when due.

**Injury** means accidental bodily harm sustained by the covered person which resulted directly and independently of all other causes from an accident.

**Sickness** means illness or disease contracted and causing loss as to the covered person whose sickness is the basis of 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, 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 which 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.

## **EXCLUSIONS**

Except as otherwise indicated, benefits are not payable under the Policy for any of the following or loss that results therefrom:

1. Routine physical examinations and routine testing; preventive testing or treatment; screening examinations or testing in the absence of injury or sickness;
2. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other Treatment for visual defects and problems, except as a result of a covered Injury or Sickness. "Visual defects" means any physical defect of the eye which does or can impair normal vision (eye examinations for eye disease are covered);
3. Dental care or treatment other than up to \$1,000 for the care of sound, natural teeth and gums required due to an injury resulting from an accident while the covered person is insured under the 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. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly scheduled airline;
8. Participation in, practice for, or orthopedic equipment and appliances used for intercollegiate sports; semi professional sports or professional sports;
9. 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;
10. Cosmetic surgery, except cosmetic surgery which the covered person needs as the result of an accident which happens while he is insured under the 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;
11. Elective treatments and voluntary testing except as specifically provided;

12. Injury or sickness covered by Worker's Compensation or Employer's Liability laws, or by any coverage provided or required by law (including, but not limited to group, group type, and individual automobile No Fault coverage);
13. Treatment, services or supplies provided by the school's infirmary or its employees, or physicians who work for the school for which the Covered Student is not specifically charged;
14. Rest cures or custodial care (whether or not prescribed by a physician), or transportation;
15. The diagnosis and treatment of infertility;
16. Hearing examinations or hearing aids; or other Treatment for hearing defects and problems, except as required as a result of a covered injury. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing;
17. Operating any vehicle while under the influence of alcohol or without being properly licensed and insured to do so;
18. Treatment or services provided by any member of the covered person's immediate family; or for which no charge is normally made;
19. Charges used to meet any deductible or Charges in excess of those considered Usual, Reasonable and Customary;
20. Allergy shots.

## **CLAIMS PROCEDURE**

When you go to Bryn Mawr Health Center for treatment of a reimbursable Injury or Sickness, a college insurance claim form must be filled out. If you are referred to a doctor, hospital, or other medical facility for further treatment, be sure to take with you the name and number of any group insurance under which you are covered; or, if you do not have group coverage, the address of the Claim Administrator, Administrative Concepts, Inc. (ACI).

1. The physicians and hospitals may submit itemized bills directly to ACI electronically using Payor # 22384 or mailing them to the address below.
2. Complete a claim form and mail it to ACI within 30 days of the date of the Injury or commencement of the Sickness, or as soon thereafter as possible. Mail the claim form to Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087-1802.
3. Claim forms are available online at [www.visit-aci.com](http://www.visit-aci.com) or by calling 888-293-9229. If the providers have given you bills, attach them to the claim form.
4. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to ACI. Online claim status is available at [www.visit-aci.com](http://www.visit-aci.com) or by calling 888-293-9229. Select option "2" for Customer Service.
5. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills received after the initial claim form has been submitted should be mailed promptly to ACI. No additional claim forms are needed as long as the Insured Person's name and identification number are included on the bill.

This information is a brief description of important features of this Insurance Plan. It is not a contract. Terms and conditions of coverage are set forth in policy number BSA-00032 issued in Pennsylvania to Bryn Mawr College, the Policyholder. The Policy is available for review at the College. Please keep this material with your important papers.

Under HIPAA's Privacy Rule We are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. A copy of this notice will be included with your insurance identification card.