

## IMPORTANT NUMBERS

THE SINGLE SOURCE FOR ALL OF YOUR INQUIRIES

### ▶ GENERAL INSURANCE QUESTIONS



172 Bechtel Road, Collegeville, PA 19426

Phone.....800-322-9901

Fax.....610-489-9325

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

### DIRECT CONTACT INFORMATION

#### ▶ HAVERFORD HEALTH SERVICE

Please notify Health Services as soon as possible after any Emergency treatment. Except in emergencies, referrals to specialists or hospitals, you will be responsible for the cost of the service.

Phone.....610-896-1089

Fax.....610-896-1090

Email.....[kcelesti@haverford.edu](mailto:kcelesti@haverford.edu)

#### ▶ PARTICIPATING PHARMACY.....Page 6


For pharmacy locations *after* you receive your ID card. (Number is effective for enrolled members only. You will need your insurance ID card.)

*medco* .....800-400-0136

Website.....[www.medco.com](http://www.medco.com)

#### ▶ PARTICIPATING PROVIDER.....Page 7

For a list of MultiPlan participants:

 PHCS .....800-672-2140

Website.....[www.multipan.com](http://www.multipan.com)

#### ▶ CLAIM ADMINISTRATOR.....Page 13

For claim and benefit questions and online claim status:

##### **Administrative Concepts, Inc.**

994 Old Eagle School Road, Suite 1005  
Wayne, PA 19087-1802

Phone.....610-293-9229

Fax.....610-293-7618

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

## STUDENT ACCIDENT & SICKNESS INSURANCE



### HAVERFORD

## 2009-2010

Policy Number BSA-00017

Policy Underwritten and Offered By  
BCS Insurance Company

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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.

## **INTRODUCTION**

This information provides 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-00017 issued in Pennsylvania to Haverford College, the Policyholder. The Policy is available for review at the College. Please keep this material with your important papers.

## **POLICY TERM**

Annual coverage begins at 12:01 a.m. on August 16, 2009, and continues until 12:01 a.m. on August 16, 2010. Spring semester coverage begins at 12:01 a.m. on January 1, 2010, and continues until 12:01 a.m. on August 16, 2010.

## **ELIGIBILITY**

All Haverford College students, while enrolled at the College, are required to have insurance comparable to, or enroll in the benefits described in this brochure.

Enrollment is available to all matriculating students. To enroll, complete the Enrollment Form online and make your payment with a credit card. Students wishing to purchase coverage must enroll during the open enrollment period.

### **► WAIVER**

Those who have comparable coverage under a family policy may waive enrollment in the plan by completing the online Insurance Waiver Form. Waiver Forms must be returned to the Haverford Health Service by August 16, 2009. Students who lose family coverage during the school year should contact the College Health Service.

## **LIMITATION**

The first \$100 of benefits under the policy will be paid without regard to whether you have other insurance. Benefits in excess of \$100.00 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.

## **PREMIUMS**

The annual premium is:

8/16/09 to 8/16/10

Student Only .....	\$ 1,330
Dependent Spouse - Additional .....	\$ 3,990
Dependent Child(ren) - Additional .....	\$ 2,660

## **DEPENDENTS**

An Insured Student's lawful spouse, or unmarried dependent children under age 19 who are not self-supporting, may also become Covered Persons. Dependents must be enrolled for the same coverage as the student. You are under no obligation to enroll dependents in this coverage. However, you must enroll for this coverage for your dependents and pay the required premium before their coverage will take effect. To enroll dependents, follow the instructions on the enrollment form.

### **Enrollment Period**

Students wishing to purchase coverage for dependents must enroll them during the open enrollment period at the beginning of the fall semester. The spring semester open enrollment period is available only for Dependents of new students first entering the College for the spring semester.

Late enrollment, after the voluntary open enrollment deadline date is considered only if a change has occurred in your insured status regarding coverage that was in force during the open enrollment period. Late enrollment must be completed within 30 days of the termination of other coverage.

### **Newborn Children**

All newborn children of any Covered Student are automatically covered at birth for 31 days for the same benefits as provided to Covered Persons. Coverage applies for any covered Injury or Sickness commencing during the 31-day period from the date of birth including abnormalities, prematurity and routine nursery care. The Covered Student may continue coverage beyond 31 days upon enrollment within the 31-day period from the date of birth. A child adopted by a Covered Student 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.

## **TERMINATION OF INSURANCE**

Benefits are payable under the policy for those covered expenses incurred while the policy is in effect as to the Insured Person. No benefits are payable for expenses incurred after the date the insurance terminates, except as may be provided under the Extension of Benefits provision shown below.

## **EXTENSION OF BENEFITS**

Because student health insurance is written for short periods of time, the Covered Person may have a condition which results in the payment of Eligible Expenses and continues after the normal expiration date of the Covered Person's insurance coverage. If the Covered Person is Totally Disabled on the date coverage ended, we will continue to pay for Eligible Expenses until: (1) the Disability ends; or (2) 90 days have elapsed from the date the Policy terminates; or (3) the policy maximum has been reached.

## **WITHDRAWAL & PREMIUM REFUND**

Except for medical withdrawal due to a covered injury or sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the policy for the full period for which premium has been paid and no refund will be available.

Insured Persons entering the Armed Forces of any country will not be covered under the policy as of the date of such entry. A pro-rata refund of premium will be made for such persons upon written request received by the Company within 90 days of withdrawal from school.

## **OTHER COVERAGE OPTIONS**

Students and their insured Dependents not eligible to re-enroll in the Student Insurance Plan after coverage under the Plan expires should contact Collegiate Insurance Resources for possible options prior to the expiration date of coverage under the College Plan.

Students in need of specialized coverage (International Travel or Long Term Major Medical) should contact Collegiate Insurance Resources for possible options.

## **DEFINITIONS**

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**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 that resulted directly and independently of all other causes from an Accident and occurs while coverage under the policy is in force.

**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.

**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 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.

## **OUTPATIENT PRESCRIPTION DRUGS**

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After a co-payment of \$10 for generic or \$30 for a brand name drug (per prescription), the cost of prescription drugs is payable in full, up to \$1,200 for the policy year.

Not all medications are payable. The following is a partial list of those excluded: birth control pills, fertility medications, smoking deterrents, acne treatments, Non-Federal Legend Drugs and vitamins.

Prescriptions must be filled at a Medco Participating Pharmacy. Insured Persons will be given an insurance ID card to show to the pharmacy as proof of coverage. A directory of participating pharmacies is available at the Haverford Health Service or by calling Collegiate Insurance Resources (800-322-9901).

**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. Your insurance ID card will include instructions on how to file for reimbursement for prescriptions filled before you received your card. Reimbursement will be at the Medco contracted discount rate and will be less than the rate charged by the pharmacy.

**After** you receive your insurance ID card, no claim forms need be completed. After you receive the card you may call the Medco toll-free customer service number (800-400-0136) listed on your card for exclusions, covered medications, and assistance with pharmacy locations. Have your ID card handy because you will need the group number and your fifteen digit member number that is printed on the card.

Home Delivery Pharmacy Service is available for medication taken to treat ongoing health conditions. Instructions on how to order will be included with your insurance ID card.



Persons insured under this plan may choose to be treated within or outside of the MultiPlan Network. MultiPlan consists of hospitals, physicians, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Reimbursement rates will vary according to the source of care as described under the Plan Summary.

In order to use the services of a participating provider, you must present an Identification Card which is mailed to all students insured under the Haverford College plan.

Assignment of a network physician does not guarantee eligibility or right to student health benefits. Providers may be periodically added or deleted as participants in the MultiPlan Network. Not all physicians practicing at a hospital elect to participate in the MultiPlan Network. Insured's are responsible to verify that a provider is a participant prior to services being rendered.

**For a list of participants contact MultiPlan (see page 14).**

**HEALTH SERVICE REFERRAL REQUIREMENT**

When at college, in the absence of a medical emergency, and during Haverford Health Services normal business hours, the student's first visit for an Injury or Sickness must be to the Haverford Health Service during the academic year in order to avoid a \$200 deductible.

Non-Emergency conditions treated without referral from the Haverford Health Service during regular business hours are subject to a \$200 deductible per condition, whether treatment is rendered within or outside of the MultiPlan Network.

The Haverford Health Service is open Monday through Thursday from 8:30 a.m. to 7:00 p.m and Friday 8:30 a.m. to 5:00 p.m. The Health Service is closed over fall, winter, spring, and summer breaks. No referral is needed when the Health Service is closed.

Dependents are not required to meet the Health Service referral requirement.

**PLAN SUMMARY**

<b>Coverage</b>		<b>Benefit In Multiplan Network</b>	<b>Benefit Out of Multiplan Network</b>	<b>Maximum Policy Benefit Per Accident Or Sickness</b>
When hospital or medical care is required for an injury or a sickness, payment will be made up to \$50,000 for such Injury or Sickness for covered medical expenses incurred while insured.				
<b>ACCIDENT &amp; SICKNESS MEDICAL EXPENSE BENEFITS</b>		80%	60%	\$50,000
Deductible	If referred by the Haverford Health Service .....	\$ 0	\$ 50	
OR				
Deductible	For non-emergency conditions treated without referral from the Haverford Health Service during regular business hours .....	\$200	\$200	
When an insured Person uses the services of a MultiPlan provider, the covered expenses incurred will be payable at 80% and no deductible will be required if referred by the Haverford Health Service.				
When treatment is rendered by providers outside the MultiPlan Network, expenses will be payable at 60% of the Usual, Customary, and Reasonable charges, subject to a \$50 deductible per condition, if referred by the Haverford Health Service.				
HPV vaccinations will be covered at 100%.				
<b>Please read HEALTH SERVICE REFERRAL REQUIREMENT above.</b>				

## **DESCRIPTION OF BENEFITS**

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Covered Medical Expenses consist of the following:

**Abortion Expense Benefit** - up to \$600 for the voluntary or elective termination of a pregnancy. No other policy benefits are payable for abortion.

**Ambulance Expense Benefit** - When you require local ambulance transportation for treatment at a hospital.

**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 25% of the payment we make for the surgical operation.

**Childhood Immunization Benefit** - Benefits will be paid for the eligible expenses incurred for child immunizations, including the immunization agents which are determined by the Department of Health, conform with the standards of the Advisory Committee on Immunization Practices of the Centers for Disease Control, U.S. Department of Health and Human Services. This benefit is exempt from the deductible and any dollar limits set forth under this Insurance Plan.

**Consultant Expense Benefit** - While you are covered by the policy and the attending physician of the college recommends a consulting physician solely for the purposes of diagnosis.

**Cytologic Screening Benefit** - Benefits will be paid for the usual and customary expense incurred for annual gynecological exams including a pelvic exam, a clinical breast exam and a routine pap smear in accordance with the recommendation of the American College of Obstetricians and Gynecologists. No deductible or dollar limit shall apply.

**Diagnostic X-ray and Laboratory Expense Benefit** - for outpatient x-rays or laboratory tests when referred by the health care provider. This benefit does not apply to emergency treatment.

**Emergency Hospital Outpatient Expense Benefit** - for emergency care in the outpatient department of a hospital when treatment is rendered within 72 hours from the date of accident or the commencement of the sickness.

**Home Health Care Expense** - When by reason of sickness or injury, a Covered Person incurs expenses for covered home health care 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 health care 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.

**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.

**Human Papillomavirus (HPV) Vaccination Benefit** - HPV vaccination will be payable at 100%.

**Mammography Benefit** - We will pay the actual expense incurred by a Covered Person for periodic mammography examinations on the following schedule: one baseline mammogram for women; an annual screening mammogram for women.

**Maternity Benefit** - We will pay the same hospital and physician benefits for maternity as for any other Covered Sickness. Services by a licensed mid-wife are included.

**Miscellaneous Hospital Expense Benefit** - When you are confined as a hospital inpatient and treatment includes: x-ray examination, laboratory tests, medicines, surgical dressings, anesthetic, use of operating room or other necessary hospital treatment. 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.

**Physician Visit Expense Benefit** - When you receive non-surgical medical treatment from a physician, both in and out of the hospital.

**Preventive and Primary Care Benefit** - Expenses incurred by Covered Dependent Children up to 18 years of age for Preventive and Primary Care services will be payable to the same extent as any other Covered Expenses incurred for the treatment of a covered Injury or Sickness.

**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 incident to a mastectomy.

**Surgical Expense Benefit** - When you have a surgical operation, we will pay the surgeon's fee.

## **MENTAL AND NERVOUS DISORDERS BENEFIT**

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### ▶ **Inpatient**

Payment will be made at 100% of the Usual, Customary, and Reasonable expenses incurred while hospital confined, up to \$600 per day, not to exceed 14 days per policy year. The Lifetime maximum is 4 hospital admissions.

### ▶ **Outpatient**

Payment will be made at 80% of the Usual, Customary, and Reasonable expenses incurred, for outpatient treatment, not to exceed 30 days per policy year, limited to one visit per day. This benefit includes treatment for eating disorders including anorexia nervosa and bulimia nervosa.

**Serious Mental Illness** - With respect to Biologically based conditions such as schizophrenia / psychotic disorder, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorder, bulimia and anorexia benefits, and autism spectrum disorders; benefits will be paid on the same basis as any other sickness up to 30 days inpatient and 60 days outpatient per policy year.

## **SUBSTANCE ABUSE BENEFIT**

### ▶ **Inpatient**

Payments are subject to a lifetime limit of four admissions for detoxification for up to 7 days of treatment or equivalent amount per admission. Non-hospital residential care subject to an annual limitation of 30 days of treatment and a lifetime limitation of 90 days of treatment.

### ▶ **Outpatient**

Treatment is covered for up to 30 full-session visits or equivalent partial visits per year and a lifetime maximum of 120 visits.

## **EUROP ASSISTANCE (EA)**

### **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 of 90 days or less 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 800-398-6922 (toll free) or 202-463-3979 (local/collect) or at their website, [www.europassistance-usa.com](http://www.europassistance-usa.com)

### ▶ **KEY SERVICES**

#### **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)

In all cases, the medical professionals, medical facilities or legal counsel suggested by EA-USA to provide direct services to the eligible person are not employees or agents of EA-USA or BCS Insurance Group, and the final selection of any such medical professional, medical facility, or legal counsel is your choice alone. Neither EA-USA nor BCS Insurance Group assumes any responsibility for the quality or content of any such medical or legal advice or services. Neither EA-USA nor BCS Insurance Group shall be liable for the negligence or other wrongful acts or omissions of any of the healthcare or legal professionals providing direct services pursuant to this Agreement. The Covered Person shall not have any recourse against EA-USA or BCS Insurance Group by reason of its suggestion of or contract with any medical professional or attorney.

The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, EA-USA may not be able to respond in the usual manner. EA-USA also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, Acts of God or refusal of authorities to permit EA-USA to fully provide services.

## **EXCLUSIONS**

Except as otherwise indicated, the Policy does not cover loss nor provide benefits for:

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. Visual defects means any physical defect of the eye which does or can impair normal vision;
3. Dental care or treatment other than 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. Participation in, practice for, or orthopedic equipment and appliances used for intercollegiate sports; semi-professional sports; or professional sports;
8. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly scheduled airline;
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;
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, normally without charge, by the school's infirmary or its employees, or physicians who work for the school;
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 a result of a covered Injury. Hearing defects means any physical defect of the ear which does or can impair normal hearing;
17. Treatment or services provided by any member of the covered person's immediate family; or for which no charge is normally made;
18. Charges used to meet any deductible, or in excess of the coinsurance, or in excess of those considered Usual, Customary and Reasonable Charges.
19. The diagnosis and treatment of TMJ dysfunction, or skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia;
20. Injury sustained as a result of riding in or on a two or three-wheeled motor vehicle, or riding in or on a snowmobile;
21. Birth Control, including surgical procedures and devices.

## **CLAIM PROCEDURE**

In the event of an accident or a sickness:

1. Report to the Health Service office at the College, if available, so that proper treatment can be prescribed or approved.
2. If the Health Service is not available, consult a health care provider and follow his / her instructions.
3. The physicians and hospitals may submit itemized bills directly to ACI electronically using Payor # 22384 or mailing them to the address below.
4. 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.
5. Written notice of claim must be given within 90 days after the occurrence or commencement of any loss covered by the Policy. Attach all available bills at that time. If they are not available, send them at a later date, properly identifying them with the name of the student and college insured. Bills for which benefit is to be paid must be submitted within 90 days of the date of treatment.
6. Claim forms are available on line 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.
7. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to ACI. On line 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.
8. 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.

**There is no obligation to purchase this insurance.  
Haverford College requires all students to have health insurance, although not limited to this plan.**

**HAVERFORD COLLEGE  
2009 - 2010**

**STUDENT HEALTH INSURANCE  
ENROLLMENT FORM**

*Please Print*

Student Name - Last \_\_\_\_\_ First \_\_\_\_\_ Student ID Number \_\_\_\_\_  
 Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Graduation Date (Month/Year) \_\_\_\_ / \_\_\_\_

	ANNUAL RATE 8/16/09 TO 8/16/10	SPRING/SUMMER 1/1/10 TO 8/16/10	DEPENDENT'S NAME	DATE OF BIRTH (MANDATORY)
Student Only .....	<input type="checkbox"/> \$1,330.00	<input type="checkbox"/> \$ 827.00	_____	____/____/____
Spouse Additional .....	<input type="checkbox"/> \$3,990.00	<input type="checkbox"/> \$2,481.00	_____	____/____/____
Child(ren) Additional .....	<input type="checkbox"/> \$2,660.00	<input type="checkbox"/> \$1,654.00	_____	____/____/____
TOTAL .....	\$ _____	\$ _____		

**INSTRUCTIONS**

- Read the brochure carefully.
- To enroll go online at [www.haverford.edu/healthservices](http://www.haverford.edu/healthservices) and click on the insurance link.
- Coverage becomes effective on August 16, 2009 for fall semester and on January 1, 2010 for spring semester (or the day after the postmark date of premium payment, whichever is later) and continues until August 16, 2010.
- The last date for voluntary open enrollment is October 09, 2009 for fall semester and January 29, 2010 for spring semester. The spring semester open enrollment period is available until January 29, 2010.
- **TO ENROLL DEPENDENTS** - The student must be enrolled in the student insurance plan to purchase coverage for dependents (spouse or unmarried children under age 19 and who are not self-supporting). Dependents must be enrolled for the same coverage as the student.
- An insurance Identification Card will be mailed to you.

I have read the coverage benefits provided by BCS Insurance Company and I fully understand that I am responsible for medical expenses not covered by this plan.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**HAVERFORD COLLEGE  
2009 - 2010**

**STUDENT HEALTH INSURANCE  
WAIVER FORM**

\_\_\_\_\_

Print Student's - Last Name	First Name	Class Year	Student's ID Number
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If you are not joining the student insurance plan offered through Haverford College because you have comparable coverage through another plan, please sign below. You fully understand that you are legally responsible for any medical expenses incurred during your enrollment at the College and that the College will not be responsible for any medical expense. You will notify the Health Service if you lose your medical protection.

Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**WAIVER FORM MUST BE RETURNED TO THE HAVERFORD HEALTH SERVICES BY AUGUST 16, 2009.**