

**STUDENT  
ACCIDENT & SICKNESS  
INSURANCE**



Grantham, PA 17027

**2010-2011**

**Policy Number BSA-00122**

**Policy Underwritten and Offered By  
BCS Insurance Company**

## **TABLE OF CONTENTS**

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Introduction .....	2
Policy Term .....	2
Eligibility .....	2
Cost of Insurance .....	2
Withdrawal and Premium Refund .....	3
Dependents .....	3
Other Coverage Options .....	3
Definitions .....	4
Outpatient Prescription Drugs .....	4-5
Beech Street Network .....	5
Provider Arrangements .....	5-6
College Health Center .....	6
Plan Summary .....	6-7
Description of Benefits .....	8-10
Travel Assistance .....	10-12
Exclusions .....	12-13
Claim Procedure .....	13
Important Numbers .....	14

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**

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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-00122 issued in Pennsylvania to Messiah College, the Policyholder. The Policy is available for review at the College. Please keep this material with your important papers.

## **POLICY TERM**

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Annual coverage begins at 12:01 a.m. on August 1, 2010, and continues until 12:01 a.m. on August 1, 2011.

## **ELIGIBILITY**

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All Messiah College full-time (taking 12 or more credit hours) students, while enrolled at the College, are required to have insurance comparable to, or enroll in the benefits described in this brochure. An eligible student's coverage becomes effective on August 1, 2010 for Fall Semester or January 1, 2011 for Spring Semester and terminates at 12:01 on August 1, 2011.

### **► WAIVER**

Those who have comparable coverage under a family policy may waive enrollment in the plan by going online to [www.cirstudenthealth.com/messiah](http://www.cirstudenthealth.com/messiah) and going through the waiver process. Waivers must be completed by September 23, 2010. Students who lose family coverage during the school year should contact the College Business Office.

## **COST OF INSURANCE**

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The annual charge for the Accident and Sickness Medical Expense Benefit is:

**Annual**  
**8/1/10 to 8/1/11**

Student.....	\$ 470
Spouse or Dependent Child.....	\$ 639
Spouse and Dependent Children.....	\$1,700

## **WITHDRAWAL AND 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.

## **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. The last date to enroll dependents is October 1, 2010. To enroll dependents, follow the instructions on the enrollment form. You are under no obligation to enroll them in this coverage. However, you must enroll for this coverage for your dependents and pay the required premium before their coverage will take effect. The last date for voluntary open enrollment is October 1, 2010 for Fall Semester and January 31, 2011 for Spring Semester.

## **OTHER COVERAGE OPTIONS**

Students 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.

### ■ **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.

## **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 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**

*medco*

After a copayment of \$10 for generic or \$30 for a brand name drug (per prescription), the cost of prescription drugs is payable in full, up to \$600 for the policy year, including oral contraceptives.

Not all medications are payable. The following is a partial list of those excluded: smoking deterrents, fertility medications, acne treatments, 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 Messiah College 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 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.

## **BEECH STREET NETWORK**



Please see Important Numbers on page 14.

Persons insured under this plan may choose to be treated within or outside of the Beech Street Network. Beech Street consists of hospitals, physicians, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. As part of the student health insurance program, an arrangement has been negotiated with the Beech Street Network to treat insured students for a reduced fee over the customary fees of Non-Network Providers. Reimbursement rates will vary according to the source of care as described under the Plan Summary herein.

In order to use the services of a participating provider, you must present an identification card which is provided to all students insured under the 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 provider organization. It is the insured's responsibility to verify that a provider is a Participating Provider prior to services being rendered.

A list of participants can be reviewed at the College Health Center or at: [www.BeechStreet.com](http://www.BeechStreet.com)

## **PROVIDER ARRANGEMENTS**

Persons insured under this plan may choose to be treated within or outside of the Beech Street Network. Beech Street consists of hospitals, physicians, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates.

Using facilities which are part of the Beech Street Network may provide savings to insured students.

You will be responsible for all out-of-pocket expenses in excess of the insurance policy benefits based on the limitations contained in the Plan Summary.

## **COLLEGE HEALTH CENTER**

When at College, in the absence of a medical emergency, and during Messiah College Health Center's normal business hours, the student's first visit should be to the College Health Center.

If away from College, secure treatment at the nearest medical facility. Obtain a copy of the bill.

Visits to nurse practitioners at the Messiah College Health Center will be covered at 100% up to \$20 per visit.

## **PLAN SUMMARY**

➤ **ACCIDENT MEDICAL EXPENSE BENEFITS**  
When hospital or medical care is medically necessary for treatment of Injury, payment will be made up to \$2,500 for such Injury. Dental Treatment of Injury to sound, natural teeth is covered up to \$250 per tooth.

Benefits will be paid for expenses incurred within 52 weeks from the date of the Accident, provided the first such Covered Expense is incurred within 90 days after the date of the Accident.

➤ **SICKNESS MEDICAL EXPENSE BENEFIT**  
When hospital or medical care is medically necessary for treatment of Sickness, payment will be made up to \$2,500 for such Sickness per policy year, according to the schedule below for Covered Expenses incurred while insured.

Benefits will be paid for expenses incurred within 52 weeks from the date of first treatment for Sickness, up to the allocations listed below, provided the first such Covered Expense is incurred within 90 days after the commencement of the Sickness.

Maximum Benefit Per Condition.....\$2,500

- Hospital Room and Board Expense.....\$400/day limited to.....30 days
- Miscellaneous Hospital Expense.....\$ 700
- Hospital Outpatient Expense.....\$ 400
- Surgical Expense.....\$2,500
- Assistant Surgeon Expense.....20% of payment We make for surgical operation, maximum benefit.....\$ 200

- Anesthesia Expense.....20% of payment We make for the surgical operation, maximum benefit.....\$ 200
- Physician Visit Expense (inpatient).....\$45/visit maximum benefit.....\$ 300
- Physician Visit Expense (outpatient) starting with 2nd visit (If referred by Messiah College Student Health Center, if the Center is closed, or if away from campus, starting with 1st visit).....\$60/visit maximum benefit.....\$ 180
- Consultant Expense.....\$ 75
- Diagnostic X-Ray and Laboratory Expense.....\$ 600
- Ambulance.....\$ 250
- Nurse Expense per visit.....\$ 50 maximum benefit.....\$ 500
- Physiotherapy Expense per visit.....\$ 60 maximum benefit.....\$ 240
- Mental and Nervous Disorders Expense, Outpatient when Insured is referred to A Psychiatric Consultant (for other than Serious Mental Illness) initial visit payable to.....\$ 200 subsequent visits.....\$ 50 maximum benefit.....\$ 500
- Mental and Nervous Disorders Expense, Inpatient when Insured is referred to A Psychiatric Consultant (for other than Serious Mental Illness).....70% of UCR maximum benefit.....\$3,000

➤ **SUPPLEMENTAL MEDICAL EXPENSE BENEFIT**

When an Insured Person incurs Covered Medical Expense in excess of \$2,500 per Injury or Sickness, We will pay, after a \$100 deductible, 80% of the Usual, Customary, and Reasonable Charges incurred up to an additional maximum of \$22,500 per Injury or Sickness. The Per Condition Aggregate Maximum is \$25,000 per Injury or Sickness.

The following Expenses will be paid under the Supplemental Accident and Sickness Expense Benefit: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient anesthetist; (e) assistant surgeon; (f) inpatient and outpatient Doctor visits; (g) consultant; (h) licensed nurse; (i) hospital outpatient department; (j) emergency room; (k) diagnostic x-ray and laboratory tests; (l) inpatient prescription drugs; (m) ambulance; and (n) other Covered Medical Expense incurred for the treatment of an Injury or Sickness. Hospital Room and Board Benefits are limited to the average semi-private room rate.

Benefits will be paid for expenses incurred within 52 weeks from the date of the Accident or date of first treatment for Sickness.

**DESCRIPTION OF BENEFITS**

Covered Medical Expenses consist of the following:

**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 20% 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 recommends a consulting physician solely for the purpose 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.

**Diabetes Expense Benefit** - 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.

**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 Miscellaneous 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.

**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.

**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 Expense 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.

**Nurse Expense Benefit** - When you are hospital confined and require the full-time employment of a registered graduate nurse.

**Nutritional Supplement Benefit** - Expenses incurred by a Covered Person for Medically Necessary nutritional supplements used in the therapeutic treatment of phenylketonuria, branched-chain ketonuria, galactosemia and homocystinuria, are considered Covered Expenses. Benefits payable for Medically Necessary nutritional supplements will be payable under this Policy to the same extent as any other Covered Expense incurred for the treatment of a Sickness covered under this Policy, except no deductible will be applied to expenses incurred for such supplements.

**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.

**Serious Mental Illness** - We will pay the Covered Percentage of the Covered Expenses incurred limited to 30 inpatient days annually and 60 days outpatient annually for diagnosis and Medically Necessary treatment of a Serious Mental Illness on an inpatient or outpatient basis as long as services are rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the state. Treatment of alcoholism or other drug dependencies, including through the diagnosis or treatment of one or more Serious Mental Illnesses, is not covered by this benefit. "Serious Mental Illness" means any of the following biologically based mental illnesses as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual (DSM): (a) Schizophrenia; (b) Bipolar disorders; (c) Obsessive-compulsive disorders; (d) Major depressive disorders; (e) Panic disorders; (f) Eating disorders including anorexia nervosa and bulimia nervosa; (g) Schizo-affective disorders; and (h) Delusional disorders. We cover such charges the same way We treat Covered Charges for any other Sickness.

**Substance Abuse Benefit** - We will pay Covered Medical Expenses for inpatient or outpatient services the same as any other Sickness.

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

## **TRAVEL ASSISTANCE**

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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 or stay 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](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 required 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. Participation in, practice for, or orthopedic equipment and appliances used for intercollegiate sports; semi-professional sports; or professional sports;
7. 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;
8. 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;
9. 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;
10. Elective treatments and voluntary testing;
11. 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);
12. 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;
13. Rest cures or custodial care (whether or not prescribed by a physician) or transportation;
14. The diagnosis and treatment of infertility;

15. 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;
16. Treatment or services provided by any member of the covered person's immediate family; or for which no charge is normally made;
17. Charges used to meet any deductible, or in excess of the coinsurance, or in excess of those considered Usual, Customary and Reasonable Charges;
18. The diagnosis and treatment of TMJ dysfunction, or skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia;
19. Injury sustained as a result of riding in or on a two or three-wheeled motor vehicle, or riding in or on a snowmobile;
20. Birth Control, including surgical procedures and devices, except as specifically provided within the Outpatient Prescription Drug Benefit;
21. Acne;
22. Acupuncture;
23. Allergies, including allergy testing;
24. Routine foot care, including the treatment of corns, calluses and bunions;
25. Circumcision;
26. Impotence, organic or otherwise;
27. Sleeping disorders, including testing thereof;
28. Breast reduction or breast augmentation except as specifically provided in the policy;
29. Nonmalignant warts, moles or lesions.

## **CLAIM PROCEDURE**

In the event of an accident or a sickness:

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.

## **IMPORTANT NUMBERS**

THE SINGLE SOURCE FOR ALL OF YOUR INQUIRIES

### ▶ **GENERAL INSURANCE QUESTIONS**

**USI** | **Collegiate**  
AFFINITY | **Insurance Resources**

172 Bechtel Road, Collegeville, PA 19426

Phone.....800-322-9901

Fax.....610-489-9325

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

### **DIRECT CONTACT INFORMATION**

#### ▶ **MESSIAH COLLEGE HEALTH CENTER**

Phone.....717-691-6035

Email.....[JGroop@messiah.edu](mailto:JGroop@messiah.edu)

#### ▶ **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

Payor ID #: 22384

Phone.....888-293-9229

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

#### ▶ **PARTICIPATING PHARMACY.....Page 4**

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

*medco*

Phone.....800-400-0136

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

#### ▶ **PARTICIPATING PROVIDER.....Page 5**

**Beech**  **Street.**  
A VIVANT NETWORK

Phone.....800-432-1776

Monday through Friday.....8:00 a.m. to 8:00 p.m.

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

#### ▶ **TRAVEL ASSISTANCE.....Page 10**

Europ Assistance.....877-319-4387

Website.....[www.europassistance-usa.com](http://www.europassistance-usa.com)