

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/nsu

DIRECT CONTACT INFORMATION

■ **NORFOLK STATE UNIVERSITY**

Spartan Health Center.....757-623-3090

■ **WELLS FARGO INSURANCE SERVICES**

For eligibility and enrollment information:

One Commercial Place, Suite 1350

Norfolk, VA 23510

Phone.....757-314-1207

■ **PARTICIPATING PROVIDER.....Page 4**



For a list of Beech Street participants:

Toll Free.....800-432-1776

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

Website.....www.beechstreet.com

■ **PARTICIPATING PHARMACY.....Page 5**



For pharmacy locations. (Number is effective for enrolled members only. An insurance ID card is required.)

Toll Free.....800-400-0136

Website.....www.medco.com

■ **CLAIM ADMINISTRATOR.....Page 8**

For claim and benefit questions:

Administrative Concepts, Inc.

994 Old Eagle School Road, Suite 1005

Wayne, PA 19087-1802

Toll Free.....888-293-9229

Website.....www.visit-aci.com

■ **EUROP ASSISTANCE.....Page 9**

Toll Free.....800-398-6922

Local.....202-463-3979

Website.....www.europassistance-usa.com

**STUDENT ACCIDENT, OUTPATIENT
PRESCRIPTION DRUG, AND
OPTIONAL SICKNESS INSURANCE**

STUDENT INSURANCE



700 Park Avenue
Norfolk, Virginia 23504

2009 - 2010

Underwritten By
BCS Insurance Company

Policy Number BSA00052

STUDENT ACCIDENT, OUTPATIENT PRESCRIPTION
DRUG, AND OPTIONAL SICKNESS INSURANCE



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INTRODUCTION

This brochure is a brief description of the Student Accident, Outpatient Prescription Drugs, and Optional Sickness Insurance Plan for students at Norfolk State University. The exact provisions governing this insurance are contained in the Master Policy issued to the University. The Master Policy shall control in the event of any conflict between the Policy and this brochure. Any provision of the Policy or the brochure which is in conflict with the statutes of the state in which the Policy is issued will be administered to conform with the requirements of such state statutes.

Under HIPAA's Privacy Rule We are required to provide Insureds with notice of our legal duties and privacy practices with respect to personal health information. A copy of this notice will be included with the insurance identification card if optional sickness benefits are purchased. An Insured may request a copy of the notice by contacting Wachovia Insurance Services.

POLICY TERM

The Norfolk State University Accident Medical Expense Benefit and Outpatient Prescription Drugs Benefit becomes effective at 12:01 a.m. on August 1, 2009 and continues until 12:01 a.m. on August 1, 2010. An eligible student's coverage becomes effective on that date or the day after the postmark date of the premium payment, whichever is later. Coverage terminates at 12:01 a.m., January 31, 2010, for students not returning for Spring Semester.

The insurance coverage under the Optional Sickness Medical Expense Benefit Plan becomes effective at 12:01 a.m. on August 1, 2009 and continues until 12:01 a.m. on August 1, 2010. An eligible student's coverage becomes effective on that date or the day after the postmark date of the premium payment, whichever is later.

ELIGIBILITY

■ **Accident ONLY Expense Benefit (Mandatory)**

All full-time undergraduate students (U.S. Citizens and permanent Residents) taking 12 credit hours and all international students, while enrolled at the University, are automatically enrolled in the Accident Medical Expense Benefit and the Outpatient Prescription Drug Benefit described under the Plan Summary - Page 5, Section I of this brochure.

This Plan is mandatory and no waivers will be allowed.

■ **Sickness Medical Expense Benefit (Optional)**

Students enrolled in the Accident Medical Expense Benefit and Outpatient Prescription Drug Benefit may add the Optional Sickness Medical Expense Benefit (Page 6, Section II) by paying an additional premium.

To add the optional Sickness Medical Expense Benefit, go to: <http://www.nsu.edu/studentaffairs/spartanhealthcenter.html> to enroll.

The last date to add the optional Sickness Medical Expense benefit is September 11, 2009, for Fall Semester and February 5, 2010 for Spring Semester. Late enrollment is considered only if a change has occurred in your insured status. Contact Wells Fargo Insurance Services within 31 days of losing other coverage (see page 12).

DEPENDENTS

An Insured Student enrolled in the Sickness Medical Expense Benefit may also enroll their spouse and unmarried children up to and including 19 years (or 25 if a full-time student) residing with the Insured Student. Follow the instructions online at <http://www.nsu.edu/studentaffairs/spartanhealthcenter.html>.

There is no obligation to enroll dependents in this coverage. However, dependents must be enrolled and the required premium must be paid for dependents before coverage will take effect. The last date for voluntary open enrollment is September 11, 2009, for Fall Semester or February 5, 2010 for Spring Semester.

■ **Newborn Children**

A child of the Covered Person born while coverage under this Policy is in force as to the Covered Person will automatically be insured from the moment of birth or placement for adoption. Such child will be insured, subject to the particular Coverages and amount of insurance as specified in the Schedule of Benefits. In order to continue coverage for the newborn child beyond the first 31 days, the Covered Person must, within 31 days after the date of birth, provide written notice of the birth to the Company and pay the required premium.

LIMITATION

If a Covered Person has other insurance, benefits under this plan will be paid on the unpaid balance after the other insurance 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. This Plan will cover unpaid balances, deductibles and other 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.

COST OF INSURANCE

The annual cost to add the optional Sickness Medical Expense Benefit Plan (Page 6, Section II).

8/1/09 to 8/1/10

| | |
|---|--------------|
| Full-time Undergraduate Student..... | \$ 421.00 |
| International Student | \$ 421.00 |
| Part-time Undergraduate Student | \$ 632.00* |
| Graduate Student (except International) | \$ 632.00* |
| Dependent Spouse - Additional..... | \$ 1,350.00* |
| Dependent Child(ren) - Additional | \$ 1,112.00* |

* Includes Accident and Outpatient Prescription Drug Benefits

Payment may be made in full or in two equal installments. Enrollment Forms must be completed online at <http://www.nsu.edu/studentaffairs/spartanhealthcenter.html> by September 11, 2009, for Fall Semester and February 5, 2010 for Spring Semester. Please make checks payable to BCS Insurance Company.

PREMIUM REFUND POLICY

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

Coverage for an Insured Person entering the Armed Forces of any country will terminate as of date of such entry. Those Insured Students withdrawing from the school to enter military service will be entitled to a pro-rata refund of premium upon written request within 90 days.

TERMINATION OF INSURANCE

Benefits are payable under this Plan only for those expenses incurred while this Plan is in effect as to the Insured Person. No benefits are payable for expenses incurred after the date the insurance terminates for the Insured Person, except as may be provided under Extension of Benefits.

EXTENSION OF BENEFITS

If a Covered Person's Accident and Sickness coverage terminates, medical expense coverage will be extended if the person is totally disabled on the date coverage ended. Coverage under this provision is provided only for the covered expenses for the condition causing total disability. This extension of benefits terminates at the earliest of: (1) 90 days from the date the policy terminates; (2) the date the total disability ends; or (3) when the maximum benefit has been paid. This extension does not apply to termination due to non-payment of premium or termination initiated by the Covered Person.

OTHER COVERAGE OPTIONS

Students (and their insured dependents) not eligible to re-enroll in the Student Insurance Plan after coverage under the Plan expires due to graduation or discontinuation of studies at the University may elect to purchase other coverage. This election should be made prior to the expiration of coverage. Contact Wachovia Insurance Services for options available.

PRE-EXISTING CONDITIONS

The Company will not pay benefits for a condition for which a Covered Person received medical treatment, care or advice within 6 months before being insured under this Plan. This does not apply if he/she has been insured under this policy for 12 months. Credit will be given towards the pre-existing condition limitation for the period of time an eligible person was previously covered under a similar health insurance plan or policy or employer-provided health benefit arrangement, if the previous coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage. If the eligible person was previously covered under a creditable coverage health insurance plan, any waiting period prior to that previous coverage becoming effective shall also be credited towards the pre-existing condition limitation.

**BEECH STREET
NETWORK**




See Important Numbers, page 12

Persons insured under this Plan may choose to be treated within or outside of the Beech Street Network. The Beech Street Network 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, the Identification Card which is mailed to all students insured under the Plan must be presented.

For a list of Beech Street Network participants contact the Spartan Health Center or the Beech Street Network. (see details on page 12). Assignment of a network physician does not guarantee eligibility or right to Injury or Sickness benefits under this Plan. Providers may be periodically added or deleted as participants in the Beech Street Network. Not all physicians practicing at a hospital elect to participate in the Beech Street Network. Insured's are responsible to verify that a provider is a participant prior to services being rendered.

PLAN SUMMARY

| COVERAGE | BENEFIT IN BEECH STREET NETWORK | BENEFIT OUT OF BEECH STREET NETWORK |
|--|--|--|
| BASIC ACCIDENT MEDICAL EXPENSE BENEFIT.....\$ 1,000 | | |
| MAXIMUM POLICY YEAR BENEFIT PER PERSON.....\$50,000 | | |
| I. ACCIDENT MEDICAL EXPENSE BENEFIT PLAN | | |
| BASIC BENEFITS..... | 100% | 100% |
| <ul style="list-style-type: none"> • Payment will be made for Covered Medical Expense incurred while insured up to a maximum of \$1,000 per Injury under the Basic Accident Medical Expense Benefit. • Covered Medical Expenses incurred will be payable at 100% of the Allowable Charge for in-network benefits and at 100% of the Usual, Customary, and Reasonable Charges for out-of-network benefits. • Intercollegiate Sports Injury..... | \$500 per Injury | \$500 per Injury |
| SUPPLEMENTAL BENEFITS..... | 80% | 80% |
| <ul style="list-style-type: none"> • Payment will be made for Covered Medical Expense incurred while insured up to an additional \$49,000 for Injury per Policy Year under the Supplemental Accident Medical Expense Benefit. • Deductible - Per Insured Person per policy year..... • (Maximum \$400 aggregate family deductible) • Covered Medical Expenses incurred will be payable at 80% of the Allowable Charge for in-network benefits and at 80% of the Usual, Customary, and Reasonable Charges for out-of-network benefits. | \$200 | \$200 |
|  OUTPATIENT PRESCRIPTION DRUGS See Important Numbers, page 12. | | |
| <p>After a co-payment of \$10 or 30% of the cost of the drug (per prescription), whichever is greater, the cost of prescription drugs is payable in full, up to \$400 for the policy year.</p> <p>Prescriptions must be filled at a Medco Participating Pharmacy. Insured Persons must show the pharmacy an insurance ID card obtained online at http://www.nsu.edu/studentaffairs/spartanhealthcenter.html. Prescriptions can not be paid under this benefit if the student does not have a Member Number.</p> <p>If a prescription needs to be filled, take your insurance ID card that was obtained online and go to any pharmacy, no claim forms need be completed. Call the Medco toll-free customer service number listed on the insurance ID card for exclusions, covered medications, and assistance with pharmacy locations. Have your ID card handy because the Group Number and the Member Number will be needed.</p> <p>Not all medications are payable. The following is a partial list of those excluded: birth control pills, acne treatments, and vitamins. A complete list of exclusions is shown in the master policy.</p> <p>If a prescription needs to be filled, prior to NSU enrolling a student, a claim form can be completed and reimbursement will be at the Medco contracted discount rate and will be less than the rate charged by the pharmacy.</p> <p>Home Delivery Pharmacy Service is available for medication taken to treat ongoing health conditions. Instructions on how to order may be requested from Spartan Health Center or Wells Fargo Insurance Services (see page 12).</p> | | |

DEFINITIONS

Accident means a sudden, unexpected and unintended incident. "Covered Accident" means an Accident that results in Injury or loss covered by this Policy.

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

Pre-existing Condition means a condition for which a Covered Person received medical treatment, care or advice within 6 months before being insured under the Policy.

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.

CLAIM PROCEDURE

In the event of an Injury or Sickness the Insured Person should:

- Report to the Spartan Health Center at the University, if available, so that proper treatment can be prescribed or approved. If the Spartan Health Center is not available, consult a Doctor and follow his/her instructions.
- The physicians and hospitals may submit itemized bills directly to ACI electronically using Payor # 22384 or mailing them to the address below.
- The insured should 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.
- Claim forms are available online at www.visit-aci.com or by calling 888-293-9229. If the providers have given you bills, attach them to the claim form.
- 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 or by calling 888-293-9229. Select option "2" for Customer Service
- 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.

TRAVEL ASSISTANCE

This benefit ONLY APPLIES to those students who purchase the Optional Sickness Medical Expense Plan.

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.

■ 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

The Plan 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. "Visual defects" means any physical defect of the eye which does or can impair normal vision;
3. Hearing examinations or hearing aids; or other Treatment for hearing defects and problems, except as required as a result

of a covered injury or as required for infant hearing screening under 38.2-3411.4 including all necessary audio logical exams and any follow-up audiological examinations as recommended by a physician or audiologist and performed by a licensed audiologist to confirm the existence or absence of hearing loss in newborn children. "Hearing defects" means any physical defect of the ear that does or can impair normal hearing;

4. Dental care or Treatment other than care of sound, natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy;
5. 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);
6. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; or commission of or attempt to commit a felony;
7. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane;
8. Participation in, practice for, or orthopedic equipment and appliances used for intercollegiate or semi-professional sports, after the \$500 per Injury maximum has been paid;
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 this Policy; or reconstructive surgery needed as a result of a congenital disease or abnormality of a covered newborn dependent child which has resulted in a functional defect;
11. Elective Treatments (including elective abortions) and voluntary testing;
12. Injury or Sickness covered by Worker's Compensation or Employer's Liability Laws;
13. Treatment or services provided by any member of the Covered Person's immediate family; or for which no charge is normally made;
14. Treatment, services or supplies provided by the University's infirmary or its employees, or Physicians who work for the University;
15. Rest cures or custodial care (whether or not prescribed by a Physician) or transportation;
16. Treatment, services or supplies provided or paid for by any governmental program or law, except Medicaid;
17. Surgery to correct a deviated nasal septum unless required due to an Injury resulting from an Accident while the Covered Person is insured under this policy.
18. Mental or nervous disorder, except as specifically provided;
19. Birth Control, including surgical procedures and devices;
20. Acupuncture;
21. Treatment of congenital anomalies and conditions arising or resulting directly therefrom;
22. The diagnosis and treatment of infertility;
23. For International Students only, Expenses incurred within the Covered Person's home country or country of regular domicile;
24. Treatment that is not incurred by an Insured Person while insured hereunder.