

# WHEATON COLLEGE 2008 -2009 ACCIDENT-ONLY INSURANCE PLAN

Dear Student or Parent:

Wheaton College offers an Accident-Only Insurance Plan for those students who waive enrollment in the Student Accident and Sickness Insurance Plan.

This Accident-Only Insurance Plan provides Accident protection up to an aggregate maximum payment of \$50,000 per Accident per policy year. It will also cover necessary medical services related to Accidents that may occur while students are away from campus during the academic year and during the summer months.

Student athletes are required to maintain insurance with a least a \$50,000 benefit maximum. They are encouraged to purchase this plan to help cover the cost for athletic related injuries and to supplement coverage they have as dependents under their parent's plan. For those student athletes who enroll in the Accident-Only Insurance Plan and who become injured while participating in varsity intercollegiate sports, the coinsurance payments and Deductibles will be waived. The waiver of coinsurance and Deductibles is not extended to students participating in recreational activities and/or intramural or club sports which are student organizations operating under the sponsorship of the Student Government Association.

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## STUDENT ACCIDENT INSURANCE PLAN

This brochure is a brief description of the Accident-Only Insurance Plan made available to students through Wheaton College. This plan is underwritten by Combined Insurance Company of America and serviced by Koster Insurance Agency, Inc. Claims are paid by Klais and Company, Inc.

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## ONLINE STUDENT ENROLLMENT MANAGEMENT PROCESS

Students must use the On-Line Enrollment Management Process to inform the college of their insurance selection. Students that want to enroll in the Accident-Only Insurance plan should go to [www.gallagherkoster.com](http://www.gallagherkoster.com) click on Student Access and select Wheaton College from the drop down box. You will have 2 options and must first waive the Accident and Sickness Plan to enroll in the Accident Only Plan. Follow the instructions to make your selection. Immediately upon submitting the Online Form, you will receive a confirmation number as documentation that the form has been submitted. Retain this confirmation number for your records. The On-Line Enrollment Management Process is the only accepted process for making your insurance selection.

The deadline for completing the online process is August 1, 2008 for students enrolling in the fall, and January 1, 2009 for students who are newly enrolled for the spring term.

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## POLICY TERM

The insurance under Wheaton College's Accident-Only Insurance Plan is effective 12:01 a.m. August 6, 2008 to 11:59 p.m. August 5, 2009. The Spring term is effective 12:01 a.m. January 15, 2009 to 11:59 p.m. August 5, 2009. An eligible student's coverage becomes effective on the effective date of the policy term for which the student enrolled.

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## PLAN COST

If You chose to enroll in the optional Accident-Only Insurance Plan, Your student account will be billed the annual premium of \$151.00 and \$109.00 for spring semester coverage.

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## PREFERRED PROVIDER NETWORK

The Wheaton College Accident-Only Insurance Plan provides access to Hospitals and health care providers locally and regionally through the First Health preferred provider network. Locally the First Health network includes Sturdy Memorial Hospital, the Norton Medical Center and the major Boston Hospitals.

The advantage to using a network provider is that these providers have agreed to accept a predetermined fee or Preferred Allowance as payment for their services. Consequently, when Insured students use network providers, out of pocket Expenses will be less because any applicable copayment will be based on a Preferred Allowance. The Insured student should be aware that network provider Hospitals may be staffed with non-network providers. Receiving services or care from a non-network provider does not guarantee that all charges will be paid at the network provider level of benefits. It is important that the Insured Person verify that his or her doctors are network providers when calling for an appointment or at the time of service.

The best way to determine if a provider participates in First Health, students can call First Health toll-free at 1-888-685-7774 or visit [www.firsthealth.com](http://www.firsthealth.com). It is important that Insured Students verify their Doctors are Network Providers when calling for an appointment or at the time of service.

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## DEFINITIONS

**Accident** means a specific unforeseen event, which happens while the Insured Person is covered under this Policy and which directly, and from no other cause results in an Injury.

**Covered Charge or Expense** as used herein means those charges for any treatment, services or supplies that are: (a) for Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Reasonable and Customary Expense; (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred while this Policy is in force as to the Insured Person except with respect to any expense payable under the Extension of Benefits.

**Deductible** means the amount of Expenses for covered services and supplies which must be incurred by the Insured Person before specified benefits become payable.

**Doctor** as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of residence of such practitioner; (c) a podiatrist or optometrist performing covered services a podiatrist or optometrist rendered within the scope of his or her license; (d) a nurse midwife when such services are within the lawful scope of practice for a certified nurse midwife; (e) a certified registered nurse anesthetist or nurse

practitioner designated as such by the board of registration in nursing, if: (i) the service rendered is within the scope of the certified registered nurse

anesthetist's license or the nurse practitioner's authorization to practice by the board of registration in nursing; and (ii) the policy or contract currently provides benefits for identical services rendered by a provider of health care licensed by the commonwealth; (f) a chiropractor when performing covered services rendered within the scope of his or her license; or (g) a dentist when performing covered services rendered within the scope of his or her license.

**Injury** means bodily injury caused by an Accident, which is the sole cause of the Loss. All injuries due to the same or a related cause are considered one injury.

**Insured Person** means an Insured Student and his or her covered Dependent(s) while insured under this Policy.

**Insured Student** means a student of the Policyholder who is eligible and insured for coverage under the Policy.

**Loss** means medical expense covered by this Policy as a result of Injury or Sickness as defined in this Policy.

**Medical Emergency** means a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of an Insured Person or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part, or, with respect to a pregnant woman, as further defined in 1867(e)(1)(B) of the Social Security Act.

**Medically Necessary** means that a service, drug or supply is needed for the diagnosis or treatment of an Injury or Sickness in accordance with generally accepted standards of medical practice in the United States at the time the Service, Drug or supply is provided as determined by whether: (a) it is the most appropriate available supply or level

of service for the Insured Person in question considering potential benefits and harms to the individual; (b) it is known to be effective, based on scientific evidence, professional standards and expert opinion, in improving health outcomes; or (c) for services and interventions not in widespread use, is based on scientific evidence. A service, drug or supply shall not be considered as Medically Necessary if it is investigational, experimental, or educational.

**Per Condition Aggregate Maximum** means for each Insured Person, the total amount of benefits payable for each Injury or Sickness under the Student Health Insurance Policy or Policies issued to this Policyholder before this Policy.

**Reasonable and Customary Expense** means fees and prices generally charged within the locality where performed for Medically Necessary services and

supplies required for treatment of cases of comparable severity and nature.

**We, Us and Our** mean the Combined Insurance Company of America.

**You, Your or Yours** means the Insured Student.

## ACCIDENT EXPENSE BENEFITS

The Company will pay 100% of Usual and Customary (U&C) Charges up to \$2,500 and then 80% of U&C Charges up to a maximum benefit for any one Accident up to \$50,000 per policy year for covered Expenses incurred as a result of an Injury sustained while coverage for the Insured Person is in force. Treatment must commence within 60 days of the date of Accident and Expense must actually be incurred within the policy term.

Covered Expenses include x-ray, laboratory tests, surgery, doctor's visits, nursing care, Hospital care and treatment, prescription drugs and other necessary treatment. The Expense for dental treatment of Injury to sound natural teeth is limited to a maximum of \$1,500 per Accident.

**These benefits are subject to all other terms, conditions and limitations of the plan.**

## EXCLUSIONS & LIMITATIONS

The plan does not cover nor provide benefits for:

1. Expenses incurred for dental treatment including Temporomandibular Joint Dysfunction (TMJ), except for treatment resulting from Injury to natural teeth;
2. Services normally provided without charge by the Policyholder's health service, infirmary, Hospital, or Your employees.
3. Routine physical examinations, preventive care, elective surgery and elective treatment; services solely to improve appearance, for personal hygiene; services specifically for dietary control, custodial, or sanitarium or rest care.
4. Cosmetic Surgery does not include reconstructive surgery which results from trauma, infection or other diseases of the involved part; reconstructive surgery because of congenital disease or deformity of a dependent child. Cosmetic surgery due to congenital defects will be covered for newborn children.
5. Skydiving, recreational parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
6. Injury resulting from any declared or undeclared war.
7. Injury due to participation in a riot; commission of or attempt to commit a felony.

8. Injury sustained while in the Armed Forces of any country. When an Insured enters such Armed Forces, we will refund the unearned pro-rata premium to the Insured.
9. Injury covered by any workers' compensation or occupational disease law.
10. Treatment provided in a governmental Hospital unless the Insured is legally obligated to pay such charges.
11. Pre-existing Conditions in excess of \$1,500 as defined in "Definitions".
12. Injury sustained by reason of a motor vehicle Accident to the extent that benefits are paid or payable by any other valid and collectible insurance.
13. Expenses covered by any other valid and collectible medical, health or Accident insurance.
14. Braces, appliances and supplies except as specifically provided in the policy.

## EXTENSION OF BENEFITS

If an Insured Person is confined to a Hospital on the day his or her insurance terminates, Expenses incurred after such termination date and during the continuance of that Hospital confinement shall be payable in accordance with this plan, but only while they are incurred during the 90 day period following such termination of insurance. The total payments per Insured Person will not exceed the maximum benefit allowed.

## CLAIM PROCEDURES

1. If at Wheaton College, either call Norton Medical Center for an appointment or seek treatment at the nearest medical facility and follow the prescribed treatment advice.
2. Notify the Claims Administrator, Klais and Company, Inc. within 30 days after the Accident.
3. A claim form is not required, however an itemized medical bill, HCFA 1500 or UB-92 should be used to submit Expenses. The Insured student's name, and identification number need to be included.
4. The form(s) should be mailed within 90 days from the date of the Accident. Retain a copy for Your records and mail a copy to the Claims Administrator, Klais and Company, Inc. at the address provided.
5. Direct all questions regarding claims procedures, status of a submitted claim or payment of a claim, or benefit eligibility to the Claims Administrator.

### **Klais and Company, Inc.**

1867 West Market Street  
Akron, OH 44313-6977  
1-800-331-1096  
Email: [klaisclaims@klais.com](mailto:klaisclaims@klais.com)

## Questions? Need More Information?

General information on Benefits, on how to Enroll, or Service Issues, please contact:

### **Gallagher Koster**

500 Victory Road  
Quincy, MA 02171  
1-800-406-4979 or 1-(617) 769-6065  
email: [WheatonStudent@kosterins.com](mailto:WheatonStudent@kosterins.com) or visit:  
[www.gallagherkoster.com](http://www.gallagherkoster.com)

For information on specific claims or to check the status of a claim, please contact:

### **Klais and Company, Inc.**

1867 West Market Street  
Akron, OH 44313-6977  
1-800-331-1096  
Email: [klaisclaims@klais.com](mailto:klaisclaims@klais.com)  
To review claims online go to [www.klais.com](http://www.klais.com) and register for StatusLink

CLAIM INFORMATION RECEIVED REGARDING MEDICAL TREATMENT IS STRICTLY CONFIDENTIAL

For information on finding participating providers, please contact:

### **First Health**

1-888-685-7774  
[www.FirstHealth.com](http://www.FirstHealth.com)

For additional information on the insurance plan and frequently asked questions, please view: [www.wheatoncollege.edu](http://www.wheatoncollege.edu)



**Wheaton**  
C O L L E G E

## ACCIDENT-ONLY INSURANCE PROGRAM

This plan is designed to provide additional coverage for athletic related injuries and students not insured under the Wheaton College Accident and Sickness Insurance Plan

**2008 – 2009**

Policy Number CUH201476  
Norton, Massachusetts