



**This is a summary of the St. Andrews Presbyterian College  
2009-2010 Accident & Sickness Student Insurance Plan.**

**Brochures will be available at a later date.**

**You may also contact the agent, Collegiate Risk Management  
at 866-931-9560 for a brochure or more information, or visit  
[www.collegiaterisk.com](http://www.collegiaterisk.com)**

**Benefit**

<b>Maximum Benefit</b>	\$25,000.00 (For each Injury or Sickness)
<b>Deductible</b>	\$50.00 (Per Policy Year)
<b>Coinsurance</b>	80% except as noted below.

**Inpatient**

<b>Room &amp; Board/Hosp Misc:</b>	\$950.00 Aggregate maximum per day
<b>Physiotherapy:</b>	Paid under Hospital Misc.
<b>Surgery:</b>	\$1,500.00 maximum
<b>Anesthetist:</b>	25% of Surgery allowance
<b>Registered Nurse:</b>	No Benefits
<b>Physician's Visits:</b>	\$30.00 per day
<b>Pre-admission Testing:</b>	Paid under Hospital Misc.
<b>Psychotherapy:</b>	Paid as any other Sickness

**Outpatient**

<b>Surgery:</b>	\$1,500.00 maximum
<b>Day Surgery Misc:</b>	\$950.00 maximum
<b>Anesthetist:</b>	25% of Surgery allowance
<b>Outpatient Misc. Benefit:</b>	\$500.00 maximum
<b>Physician's Visits:</b>	Paid under Outpatient Misc.
<b>Physiotherapy:</b>	Paid under Outpatient Misc.
<b>Medical Emergency:</b>	Paid under Outpatient Misc.
<b>X-Rays &amp; Laboratory:</b>	Paid under Outpatient Misc.
<b>Radiation &amp; Chemotherapy Therapy::</b>	No Benefits
<b>Tests &amp; Procedures:</b>	Paid under Outpatient Misc.
<b>Injections:</b>	No Benefits
<b>Prescription Drugs:</b>	50% of Usual & Customary Charges / \$200.00 maximum (Per Policy Year)
<b>Psychotherapy:</b>	\$500 maximum
<b>Other</b>	

<b>Ambulance:</b>	\$500.00 maximum
<b>Braces &amp; Appliances:</b>	No Benefits
<b>Consultant:</b>	\$100.00 maximum
<b>Dental:</b>	\$200.00 maximum for injury to sound natural teeth only
<b>Alcoholism/Drug Abuse:</b>	Paid as any other Sickness
<b>Maternity:</b>	Paid as any other Sickness
<b>Routine Well-Baby Care:</b>	Paid as any other Sickness
<b>Elective Abortion:</b>	No Benefits
<b>Complications of Pregnancy:</b>	Paid as any other Sickness
<b>Repatriation:</b>	Services provided by Europ Assistance USA, Inc (this is a service not a benefit)
<b>Medical Evacuation:</b>	Services provided by Europ Assistance USA, Inc (this is a service not a benefit)
<b>Accidental Death and Dismemberment (AD&amp;D):</b>	Loss of Life: \$5,000; Dismemberment of one member: \$2,500; Dismemberment of two or more members: \$5,000 (Member means hand, arm, foot, leg or eye)
<b>Optional Intercollegiate Sports Coverage/Medical treatment arising from participation in intercollegiate sports:</b>	Usual & Customary Charges up to \$10,000 per injury when optional athletic coverage is purchased in addition to Student Health Plan. Optional Coverage must be purchased simultaneously and in conjunction with the Student Accident and Sickness Plan.

## **EXCLUSIONS AND LIMITATIONS**

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Acne; acupuncture; allergy, including allergy testing;
2. Patient controlled analgesia (PCA);
3. Circumcision;
4. Cosmetic surgery, except cosmetic surgery which the Covered Person needs as the result of an Accident which happens while 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;
5. Rest cures or custodial care (whether or not prescribed by a Physician), or transportation;
6. Dental treatment, except for accidental Injury to sound, natural teeth and gums required due to an injury resulting from an Accident while the Covered Person is insured under this Policy, and rendered within 12 months of the Accident;
7. Elective Treatment or voluntary testing;
8. Elective Abortion;
9. 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 process;
10. Routine foot care, including the treatment of corns, calluses and bunions;
11. 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;
12. Injury or Sickness covered by Workers' Compensation or Employers Liability Laws or by any coverage provided or required by law;
13. Injury sustained while (a) participating in any interscholastic, club, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition; except as specified in the Coverage Descriptions;
14. Organ transplants;
15. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement; 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation from such hospital;
16. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting or brawling, except in self defense;
17. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months;
18. Impotence, whether organic or otherwise;
19. The diagnosis and treatment of Infertility;
20. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
21. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
22. Nasal or Sinus Surgery or 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);
23. Skydiving, 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 airline;
24. Sleep disorders;
25. Suicide or attempted suicide or intentionally self-inflicted Injury while sane or insane;
26. Supplies, except as specifically provided in the policy;
27. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, other than as specifically provided in the policy;
28. Injury sustained as a result of riding in or on a two- or three-wheeled motor vehicle, or riding in or on a snowmobile;
29. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
30. Non-malignant moles and lesions;
31. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon written request for such period not covered);

**Although this summary is not the contract of insurance, please make sure to retain this as it briefly describes many of the important provisions of the Master Policy, which is the GOVERING contract that provides Insured Student Health Benefits. The Master Policy is on file with the College.**