

2014-2015

**STUDENT  
ACCIDENT AND  
SICKNESS  
INSURANCE  
PROGRAM**

DESIGNED ESPECIALLY  
FOR THE STUDENTS OF

**Ball State University**

UNDERWRITTEN BY:  
**BCS Insurance Company**

SERVICING AGENT:



*Collegiate Risk Management*  
1-800-922-3420

Policy Number: BSA 00159

August 2014

Dear Student and Parent:

Ball State University's Health Center is staffed by licensed physicians and nurses, acts as an outpatient clinic for non-critical injuries and illnesses and reserves the right to charge for its services. The Health Center may refer a student to a medical facility off campus. The student is financially responsible for all medical services received.

Ball State University has contracted with BCS Insurance Co. to make available an optional insurance plan to students. Note that a student's unique medical history and condition may be better served by other coverage found in the commercial marketplace. Please keep in mind you pay for this plan directly. Read this brochure carefully and familiarize yourself with what is covered and not covered. Direct questions to Collegiate Risk Management at 1-800-922-3420. Pay special attention to sections dealing with Deductible, Eligibility, Effective and Termination Dates, and Claim Procedure.

#### Who's Eligible?

All students as described in the Eligibility Section may enroll in this plan. A student may enroll a spouse or children for an additional premium. Since dependents may not use the Health Center, a student desiring family coverage should consult with other insurance agents and companies to consider if alternative Insurance options are better suited to a family's medical needs.

#### How to Enroll

Follow the instructions on the enrollment form and mail that form with your payment to Collegiate Risk Management.

If you have general questions or need additional forms, feel free to contact me at 765-285-1109.

Sincerely,

Kimberly K. Miller  
Director of Risk Management, Insurance, and Safety

### COVERAGE RATES

	Annual 8-18-14 to 8-17-15
Student	\$2,712
Student & Spouse	\$8,826
Student & Child(ren)	\$8,895
Student, Spouse & Child(ren)	\$15,429

### ELIGIBILITY

All registered students in a degree-seeking program taking a minimum of 6 credit hours are eligible to enroll in this insurance plan.

Students must take classes for at least the first 31 days after the date for which coverage is purchased. Home study and correspondence do not fulfill the eligibility requirement that the student actively attend classes. The company maintains its right to investigate student status and attendance records to verify that the Policy requirements have been met. If and whenever the Company discovered that the Policy eligibility requirements have not been met, its only obligation is a refund of premium.

Eligible students who do enroll may also insure their dependents. Eligible dependents are the spouse (residing with the insured student) and children under 26 years of age. Dependent eligibility expires concurrently with that of the insured student.

### EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective at 12:01 a.m., August 18, 2014. Your coverage becomes effective on that date or the date your application and the full payment is received by the Company (or its authorized representative), whichever is later. Coverage under the Master Policy ends at 12:01 a.m., August 17, 2015 or at the end of the period through which the payment is paid, whichever is earlier.

Refunds are allowed only upon entry into the armed forces.

If paying rates by semester, coverage expires as follows:

Fall	01-05-15
Spring/Summer	08-17-15
Summer	08-17-15

You must meet the eligibility requirements listed above each time payment is due to continue insurance coverage. To avoid a lapse in coverage, your payment must be received within 14 days after the due date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

### PREFERRED PROVIDER INFORMATION

We are pleased to make the PHCS Network available to you and your eligible dependents under your Student Health Plan. PHCS offers you superior access to a choice of qualified physicians, hospitals, and other healthcare providers through the PHCS Network while reducing the costs of medical care with rates that are usually much lower than normal charges.

You can obtain the most recent provider information by visiting [www.multiplan.com](http://www.multiplan.com) or calling 1-866-680-7427. Participation of individual providers is subject to change without notice. It is the responsibility of the Covered Person to verify provider participation at the time services are rendered.

### STUDENT HEALTH CENTER (STUDENTS ONLY)

This is a supplemental plan. The student is advised to use the resources of the Health Center first where treatment will be administered, or referral issued.

### ACCIDENTAL DEATH AND DISMEMBERMENT EXPENSE BENEFIT

If, within 365 days of an Accident covered under this Policy, bodily Injury results in any of the following losses, the Company will pay the benefit amount shown opposite such loss in the Table of Benefits. If the Covered Person sustains more than one such loss as the result of any one Accident, the Company will pay only the one largest amount to which the Covered Person is entitled.

Table of Benefits:

Life .....	Principal Sum
Two hands .....	Principal Sum
Two feet.....	Principal Sum
Sight of two eyes.....	Principal Sum
One hand and one foot .....	Principal Sum
One hand and sight of one eye .....	Principal Sum
One foot and sight of one eye .....	Principal Sum
One hand or one foot or one eye.....	One-Half The Principal Sum
Loss of Speech.....	One-Half The Principal Sum
Loss of Hearing in Both Ears.....	One-Half The Principal Sum
Loss of Thumb and Index Finger of the Same Hand.....	One-Quarter The Principal Sum

Loss of hand or foot means complete Severance through or above the wrist or ankle joint.

Loss of Entire Sight means the total, permanent loss of sight of the eye. The loss of sight must be unrecoverable by natural, surgical or artificial means.

Loss of a thumb and index finger means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

"Severance" means the complete separation and dismemberment of the part from the body. This benefit will be payable in addition to any other benefit payable under this Policy, subject to all the terms and conditions of this Policy.

**MEDICAL EXPENSE BENEFITS - INJURY AND SICKNESS UNLIMITED**  
**\$5,000 Out of Pocket Maximum Per Person In Network & \$10,000 Out of Pocket Maximum Per Person Out of Network**  
**Deductible - \$250 Deductible In-Network/ \$500 Deductible Out-of-Network**

The Policy provides benefits for Usual, Customary and Reasonable charges incurred by an Insured Person for loss due to a covered injury or Sickness that are unlimited with \$5,000 Out of Pocket Maximum Per Person per policy year in Network & \$10,000 Out of Pocket Maximum Per Person per policy year Out of Network. After an Insured Person has paid \$5,000 or \$10,000 Out of Pocket (the amount paid by an Insured Person towards the deductible, co-payments and as coinsurance), The Company will pay 100% of the covered expenses. Out of Pocket expenses are the deductible, co-payment and coinsurance amounts that an Insured Person is responsible for. This plan will pay 80% of Usual, Customary and Reasonable in-network and 50% of Usual, Customary and Reasonable Out-of-network.  
 Covered medical expenses include:

**INPATIENT**

**IN NETWORK**

**OUT OF NETWORK**

Room & Board Expense, daily semi-private room rate; and general nursing care provided by the hospital.....	80% of UCR	50% of UCR
Hospital Miscellaneous Expenses, include expenses such as the cost of the operating room, laboratory tests, x-rays examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	\$50 copay per occurrence	\$50 copay per occurrence
Intensive Care	80% of UCR	50% of UCR
Surgeon's Fees	Paid under Hosp Misc	Paid under Hosp Misc
No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	80% of UCR	50% of UCR
Anesthetist	Paid under Hosp Misc	Paid under Hosp Misc
Registered Nurse's Services, private duty nursing care	Paid under Hosp Misc	Paid under Hosp Misc
Physician's Visits, benefits are limited to one visit per day and do not apply when related to surgery.	Paid under Hosp Misc	Paid under Hosp Misc
Pre-Admission Testing	Paid under Hosp Misc	Paid under Hosp Misc
Physiotherapy	80% of UCR	50% of UCR
Psychotherapy	80% of UCR	50% of UCR
Assistant Surgeon Fees	No Benefits	No Benefits

**OUTPATIENT**

Day Surgery Miscellaneous, related to scheduled surgery performed in a hospital, outpatient surgical facility or a Physicians office, the cost of the operating room; anesthesia; drugs or medicines; and supplies.	\$50 copay per visit	80% of UCR	\$50 copay per visit	50% of UCR
Surgeon's Fees	80% of UCR	50% of UCR		
No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.				
Anesthetist	\$50 copay per visit	80% of UCR	\$50 copay per visit	50% of UCR
Physician's Visits, benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when relating to surgery or physiotherapy.	\$20 copay per visit	80% of UCR	\$20 copay per visit	50% of UCR
Physiotherapy, benefits are limited to one visit per day	\$50 copay per visit	80% of UCR	\$50 copay per visit	50% of UCR
Medical Emergency Expense, use of the emergency room and supplies	\$200 copay	80% of UCR	\$200 copay	80% of UCR
Psychotherapy	80% of UCR	50% of UCR		
Prescription Drugs	50% of actual charge	50% of actual charge		
(Contraception covered at 100% without coinsurance, co-pays or deductibles.)				
Assistant Surgeon Fees	No Benefits	No Benefits		
Outpatient Laboratory and X-Rays	\$50 copay per visit	80% of UCR	\$50 copay per visit	50% of UCR
Urgent Care	\$50 copay per visit	80% of UCR	\$50 copay per visit	50% of UCR

The plan pays for preventive services for adults, women (including pregnant women) and children health care cost as required by the Affordable Care Act without deductible, coinsurance or co-pays. If Out of Network, coinsurance, co-pays and/or deductibles apply. This care includes, but is not limited to: Immunizations, Mammography, Autism screening for children, Colorectal Cancer Screening and Tobacco use screening and interventions.

**OTHER**

Ambulance Services	\$50 copay	80% of UCR	\$50 copay	50% of UCR
Braces and Appliances, a written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered.	\$50 copay	80% of UCR	\$50 copay	50% of UCR
Elective Termination of Pregnancy	80% of UCR	50% or UCR		
Dental Treatment, made necessary by injury to sound, natural teeth	80% of UCR	50% of UCR		
Accidental Death Dismemberment Principal Sum	\$10,000 per participant	\$5,000 per spouse	\$1,000 per dependent	
Bedside Visit	(See Travel Assistance section)			
Coverage for Travel Assistance Services, including Medical Evacuation and Repatriation, up to a combined single limit of \$1,000,000 provided by Europ Assistance. (See Travel Assistance section)				

## 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 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)

### 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)

## STATE MANDATED BENEFITS

The Policy will pay benefits for the following mandated benefits and any other applicable mandate in accordance with Indiana insurance laws: Mastectomy; Breast Reconstruction; Prosthetic or Orthotic Devices and Repair/Replacement; Home Health Care expense; Cytologic Screening; Preventive and Primary Care Benefits; Newborn Testing; and Newborn Examinations.

For additional information regarding any of the mandated benefits listed, please refer to the Master Policy on file with the University or call 1-800-922-3420.

## 24 HOUR NURSE LINE

When you are in need of medical assistance, you and your family can get the support and information that you need 24 hours a day, 7 days a week. You can discuss health concerns and treatment options confidentially with a registered nurse. The nurse documents and discusses your symptoms and recommends an appropriate course of action. You can also access an audio library. Nurses are multilingual.

The 24 Hour Nurse Line phone number is 866-470-2030.

## EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under this policy ceases on the termination date. However, if a Covered Person is totally disabled on the termination date from a covered Injury or Sickness for which benefits were paid before the termination date, covered medical expenses for such Injury or Sickness will continue to be paid as long as the total disability continues.

This extension of benefits for Total Disability terminates at the earliest of:

1. 31 days from the date the Policy was terminated; or
2. the date the Total Disability ends.

The total payments made for such condition both before and after the termination date will never exceed the maximum benefit.

## DEFINITIONS

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

**SICKNESS** means illness or disease contracted and causing loss 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 part of the original Sickness.

**USUAL, CUSTOMARY AND REASONABLE CHARGES (UCR)**- "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 which 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.

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

**HOSPITAL** means a legally constituted institution having organized facilities for the care and Treatment of sick or injured persons on a registered Inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff or one or more licensed Physicians and provides 24-hour nursing service by Registered Nurses on duty or call.

**PHYSICIAN** means a practitioner of the healing arts who is duly licensed in the state where he is practicing and who is treating within the scope and limitation of that license. The term Physician will not include the Covered Person or his spouse, children, brothers, sisters, or parents, or any person residing in his household.

**AFFORDABLE CARE ACT** means the Patient Protection and Affordable Care Act (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act (Public Law 111-152).

**ESSENTIAL HEALTH BENEFITS** means benefits covered under the policy, in at least the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care. Such benefits shall be consistent with those set forth under the PPACA and any regulations issued pursuant thereto.

## EXCLUSIONS AND LIMITATIONS

Benefits are not payable under this policy for any Treatment or loss resulting from or complicated by:

1. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness, (except as specified under State Mandated Benefits or the Affordable Care Act);
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 or pediatric vision services as specifically provided in the policy. "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. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing except as required as a result of a covered Injury;
4. 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, or pediatric dental services as specifically provided in the policy;
5. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata rate will be refunded upon written request for such period not covered);
6. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting or brawling, except in self-defense;
7. Suicide or attempted suicide; or intentionally self-inflicted Injury while sane or insane;
8. Injury, Sickness or death contributed to by the use of drugs or alcohol unless administered by a Physician;
9. Participation in, practice for, or orthopedic equipment and appliances used for: club sports; intercollegiate tackle football; intercollegiate sports; semi-professional sports; or professional sports (except as specified in the Coverage Descriptions);
10. 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;
11. 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;
12. Injury or Sickness paid 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 by the School's infirmary or its employees, or Physicians who work for the School;
14. Organ Transplants;
15. Treatment of services provided by any member of the Covered Person's immediate family, or for which no charge is normally made;
16. Rest cures or custodial care whether or not prescribed by a Physician, or transportation;
17. Elective Treatments and voluntary testing other than as specifically provided in the Policy.

## CLAIM PROCEDURE

In the event of an Injury or Sickness:

1. Report at once to the nearest doctor or hospital.
2. A Company claim form is required for filing a claim. Mail all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the university under which the student is insured to the Claim Administrators address.
3. File claim within 30 days of Injury or first treatment for a Sickness. Bills must be received by Administrative Concepts, Inc. within 90 days of service to be considered for payment.

## SERVICING AGENT

For policy holder questions or special needs:

*Collegiate Risk Management*

1-800-922-3420

[www.collegiaterisk.com](http://www.collegiaterisk.com)

## CLAIM ADMINISTRATOR

**ADMINISTRATIVE CONCEPTS, INC.**

994 Old Eagle School Road, Suite 1005

Wayne, PA 19087-1802

Telephone: 1-888-293-9229

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

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Although this brochure is not the contract of insurance, please be sure to retain this as it briefly describes many of the important provisions of the Master Policy, which is the GOVERNING contract that provides Insured Student Health Benefits. The Master Policy is on file with the University.