

**STUDENT
ACCIDENT & SICKNESS
INSURANCE PLAN**

Designed for Students of



**Bowie State University
Bowie, Maryland
2011-2012**

*Please keep this Summary of coverage for future
reference*

BSU-MD-11

Policy No. UEL2900S

**For questions about this plan
please use the following contact
information:**

Local Servicing Agent
NJ&C Insurance Services
5479 Wooded Way
Columbia, MD 21044
410-740-0971

Coverage, Eligibility and Premium

The Allen J Flood Companies Inc.
2 Madison Ave.
Larchmont, NY 10538
1-800-734-9326
www.ajfusa.com

Claim Status and all other Claim Inquiries

Online at: <http://www.klais.com/>

or

Klais & Company, Inc.
1867 West Market Street
Akron, OH 44313
1-800-331-1096
EDI Payor No. **34145**
Group No. **SF739A1**

PPO Network Provider List

Beech Street

Online at: www.Beechstreet.com
[1-800-877-1444](tel:1-800-877-1444)

MultiPlan

Online at: www.Multiplan.com
[1-888-342-7427](tel:1-888-342-7427)

**When calling the above toll-free telephone
numbers, please have the name of your school
and the policy number (UEL2900S) available**

STUDENT ACCIDENT & SICKNESS INSURANCE PLAN

The following is a summary of coverage of the Student Accident and Sickness Insurance Plan for the students of Bowie State University. The exact provisions governing this insurance are contained in the Master Policy issued to Bowie State University. The Master Policy shall control in the event of any conflict between this brochure and the Policy. This Plan is underwritten by United States Fire Insurance Company, administered by The Allen J. Flood Companies, Larchmont, NY and serviced locally by NJ&C Insurance Services, Columbia, MD. **The Policy Number is UEL2900S.**

POLICY TERM

The insurance under Bowie State University's Student Accident and Sickness Coverage becomes effective at 12:01 a.m. on August 30, 2011. An Insured Person's coverage becomes effective on that date or the date the application and full premium are received by the Company or Plan Administrator, whichever is later. The annual policy terminates at 12:01 a.m. August 30, 2012 or the end of the period for which premium is paid. The Spring Semester is effective at 12:01 on January 23, 2012 and will terminate at 12:01 on August 30, 2012.

ELIGIBILITY

All Full-Time Undergraduate Students are automatically enrolled in the Basic Accident & Sickness Insurance Plan as described in this brochure unless they obtain a waiver by presenting evidence of their own annual health insurance coverage.

If you have existing Accident and Sickness insurance coverage under another policy (self, parent, spouse, etc.) – you may waive the Bowie State University Basic Accident and Sickness Insurance. The only way to waive the insurance is via internet www.ajfusa.com. The deadline for requesting a waiver of the insurance premium for the fall semester is **October 15th, 2011** and the spring semester is **March 15, 2012**. Requests for waivers after the deadline date will not be honored and you will remain covered under The Bowie State University's Basic Accident and Sickness plan for the policy term of August 30, 2011 to January 23, 2012.

All Graduate and Part-Time Students may enroll in the Basic Plan by completing the enrollment form online located at www.ajfusa.com or complete the form at the back of this brochure and returning it to the Plan Administrator. The deadline for enrolling in the fall is **October 15, 2011**. The deadline for enrolling for the Spring Semester is **March 15, 2012**.

OPTIONAL STUDENT ACCIDENT AND SICKNESS PLAN

All Students who are enrolled under the Basic Accident and Sickness plan may also purchase **Part III; Optional Student Accident and Sickness Medical Expense Benefits on a Voluntary basis**. The cost for this coverage per semester is **\$375.00**. A description of the Optional Plan benefits begins on page 8 of this brochure. If you wish to purchase this coverage complete the enrollment form online using one of two methods. Please go to the Plan Administrator website located at www.ajfusa.com under the caption “Tools for Students, Participants & Policyholder” select “College & University Students”, click on “Bowie State University and then Enrollment Form.” Visa, Mastercard and Discover are acceptable payment methods or Students may complete the enrollment form found in the back of this brochure and returning it to the Plan Administrator with your check or money order. The deadline to enroll in the Optional plan is **October 15, 2011**. The deadline for enrolling for the Spring Optional plan is **March 15, 2012**.

LATE ENROLLMENT

Students will be able to enroll after the enrollment deadline if they lose coverage under their parent’s plan or employer plan. The student will have to enroll within 63 days in order to avoid a break in coverage (see Pre-existing Condition Limitation). The Insured Student will be covered from the date after the application and premiums are received by the Plan Administrator. **Premiums will not be pro-rated.**

IDENTIFICATION CARDS

The Student Identification Card is located on the inside back cover of this brochure. Please detach and retain this card in a safe place.

PREMIUM REFUND POLICY

Insured Students, who enter the Armed Forces of any country or withdraw from school within 31 days, will not be covered under this Plan as of the date of such event. Those students will be entitled to a pro rata refund of premium upon written request. Premium received by the Company is fully earned upon receipt.

DEFINITIONS

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, including chiropractors and podiatrists; (c) a certified nurse midwife while acting within the scope of that certification; (d) a certified nurse practitioner while acting within the scope of that certification and while working under the direct supervision of a physician; (e) a registered nurse certified as a nurse anesthetist while acting within the scope of that certification; or (f) a licensed certified social worker-clinical while acting within the scope of that license and certification.

Elective Treatment means medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Insured Person's Effective Date of coverage. Elective Treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction; breast implants; sexual reassignment surgery; impotence (organic or otherwise); submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered chronic purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; treatment of infertility and routine physical examinations.

Expense or Covered Charge 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 Expenses; (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 Provision.

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

Insured Person means an Insured Student while insured under this Plan.

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

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

Medical Emergency means the unexpected onset of an Injury or Sickness which requires immediate or urgent medical attention which, if not provided, could result in a Loss of life or serious permanent damage to a limb or organ or pain sufficient to warrant immediate care. A Medical Emergency does not include elective or routine care.

Medically Necessary means that a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice. A service or supply will not be considered as Medically Necessary if:

- (a) it is provided only as a convenience to the Insured Person or provider;
- (b) it is not the appropriate treatment for the Insured Person's diagnosis or symptoms;
- (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

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

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.

Sickness means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

We, Us or Our means United States Fire Insurance Company.

You, Your or Yours means the Insured Student.

PREFERRED PROVIDER NETWORK

Utilizing the BeechStreet or Multiplan Nationwide Preferred Provider Network may decrease your out of pocket costs under this Accident and Sickness Insurance Plan. These Provider Networks consist of hospitals, physicians and other health care providers, which are organized into a network for the purpose of delivering quality health care at a preferred fee. You are not required to utilize a BeechStreet or Multiplan Provider. In order to use the services of a participating provider you must present your United States Fire Insurance Company Identification Card found at the back of this brochure. An Insured Person may contact Beech Street at 1-800-877-1444, toll free number available Monday through Friday, 8:00 a.m. to 8:00 p.m. to receive information on participants in their area, or visit their web site at www.beechstreet.com. An Insured Person may contact Multiplan at 1-888-342-7427, toll free number available Monday through Friday, 8:00 a.m. to 8:00 p.m. to receive information on participants in their area, or visit their web site at www.multipan.com.

DESCRIPTION OF BENEFITS

PART I

ACCIDENT MEDICAL EXPENSE BENEFITS

If as a result of an Injury, an Insured Person incurs covered medical Expenses, We will pay, after a **\$25** deductible per Injury, waived if referred by the Student Health Center, 80% of the Covered Charges incurred within 52 weeks from the date of the accident up to an

Aggregate Maximum of **\$5,000** per Injury. The most We will pay for any one Injury is **\$5,000**. The following Expenses will be paid: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient Doctor visits; (e) inpatient and outpatient consultant; (f) ambulance; and (g) other expenses incurred for the treatment of an Injury. The first Expense must be incurred within 180 days from the date of the accident.

PART II

SICKNESS MEDICAL EXPENSE BENEFITS

If as the result of Sickness, an Insured Person incurs covered medical Expenses, We will pay the Covered Percentage of the Covered Charges incurred, as allocated below for Students who only has the Basic coverage, within 52 weeks from the date of the first medical treatment of the Sickness up to an Aggregate Maximum of **\$5,000** per Sickness. The most We will pay for any one Sickness is **\$5,000**.

Hospital Room and Board Expense: If an Insured Person requires confinement in a hospital, We will pay the Hospital Services Cost Review Commission Rate, beginning with the first day up to a maximum of 30 days.

Hospital Miscellaneous Expense: If an Insured Person incurs Expenses during a hospital confinement for: anesthesia, operating room, laboratory tests, x-rays, oxygen tent, drugs or medicines, dressing, and other necessary non-room and board expenses, We will pay the Covered Charges incurred up to a maximum of **\$750** per Sickness.

Outpatient Expense: If an Insured Person incurs Expenses for outpatient treatment for emergency room, diagnostic x-rays or laboratory expenses, We will pay the Covered Charges incurred up to a maximum of **\$300** per Sickness. The treatment must be authorized by the University Wellness Center when school is in session or by a Doctor when school is not in session.

Surgeon Expense (Inpatient & Outpatient): If an Insured Person requires surgery, We will pay the Covered Charges incurred up to a maximum of **\$1,000** per Sickness for surgery performed by a licensed

Doctor (In or Out of the Hospital). Out of network benefits will be paid in accordance with the PHCS (Prevailing Healthcare Charges System) Schedule at the 80th percentile for Reasonable and Customary Expense.

In-Hospital Doctor's Fees Expense: If an Insured Person, who is confined as a resident bed-patient in a hospital, requires the services of a Doctor, who may or may not have the surgery of the Insured Person, We will pay the Covered Charges incurred up to **\$50** per visit, limited to one visit per day.

Outpatient Doctor Visit Expense: If an Insured Person requires the services of a Doctor, We will pay the Covered Charges incurred up to **\$75** per visit, limited to one visit per day, up to a maximum of 8 visits per Sickness.

Consultant Expense (Inpatient or Outpatient): If an Insured Person requires the service of a Consultant or a Specialist, when they are deemed necessary and ordered by an attending physician for the purpose of confirming or determining a diagnosis, We will pay the Covered Charges incurred up to a maximum of **\$50** per visit up to a maximum of two visits per Sickness.

Ambulance Expense: If an Insured Person requires the use of an ambulance, We will pay the Covered Charges incurred up to a maximum of **\$100**.

Outpatient Prescription Drug Expense: If an Insured Person requires a prescription medicine prescribed by a Doctor, We will pay, after a **\$10** deductible, the Covered Charges incurred up to a maximum of **\$75** per Sickness. Benefit includes contraceptive drugs and devices approved by the FDA and off-label use under certain conditions.

Mental and Nervous Conditions and Alcohol and Drug Abuse Expense: If an Insured Person requires treatment for mental and nervous conditions and alcohol and drug abuse, benefits will be limited to the following: (a) hospital inpatient or partial hospitalization shall be paid as any other sickness; (b) outpatient benefits will be paid beginning with the second visit as follows: 80% for the first 5 visits in any

one calendar year or benefit of not more than 12 months, 65% for the 6th through 30th visit, then 50% for the 31st visit and any other visit thereafter or benefit of not more than 12 months

Office visits for the purpose of medication management shall not be counted against the number of visits outlined above and shall be paid under the same terms and conditions as office visits for physical sickness.

PART III

VOLUNTARY OPTIONAL ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFIT

If this plan is purchased, as a result of an injury or sickness, an insured Person incurs covered Expenses in excess of the Basic Accident benefits of **\$5,000** or Basic Sickness Medical Expense as allocated in the benefits schedule, We will pay, after a **\$100** deductible 80% of the covered charges incurred up to an additional Maximum Benefit of **\$45,000** per injury or sickness. The total Aggregate Maximum We will pay for any one Injury or Sickness is **\$50,000**.

ADDITIONAL BENEFITS

Benefits are payable subject to the Policy limitations for the following additional benefits: medical and low protein food; pap smear; temporomandibular joint dysfunction; mammography screening; home health care; reconstructive breast surgery incident to a mastectomy; osteoporosis prevention screening; prostate cancer screening; colorectal cancer screening; diabetes expense; patient care cost in medical clinical trials; general anesthesia for dental care for certain insureds; chlamydia screening; home visit expense following a mastectomy or orchiectomy; breast prosthesis following a mastectomy; hair prosthesis due to cancer treatment; in vitro fertilization; morbid obesity; child hearing aids; child wellness; child habilitative services; nicotine replacement therapy drugs; accident dental injury; cleft lip or cleft palate; second opinion; maternity expense benefit and human papilloma virus test.

EXCLUSIONS

The Policy does not cover nor provide benefits for:

- 1) Services normally provided without charge by the Policyholder's student health service center,

infirmary, or Hospital, or by Health Care Providers employed by the Policyholder;

- 2) Pre-existing Conditions as specified in this policy;
- 3) Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports, intercollegiate club sports, and professional sports, except for benefits payable under an attached Intercollegiate Sports rider;
- 4) Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect;
- 5) Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
- 6) Services incurred prior to the Insured Person's Effective Date or during Hospital Confinement in one or more facilities which began prior to the Insured Person's Effective Date;
- 7) Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to natural teeth;
- 8) Injury or Sickness resulting from declared or undeclared war; or any act thereof;
- 9) Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage. However, this exclusion is not applicable to Medicaid recipients or to the treatment of tuberculosis, mental illness, or another covered illness received in a Hospital or other institution of the State or of a county or municipal corporation of the State, whether or not the Hospital or other institution is deemed charitable.

- 10) For services, supplies or treatment, including any period of Hospital Confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses non-medical in nature;
- 11) Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
- 12) Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multiphasic testing, or lasix or other vision procedures except as required for repair caused by a covered Injury;
- 13) Well baby care, including routine exams and immunizations, except as specifically provided;
- 14) Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance. However, this exclusion is not applicable to Medicaid recipients or to the treatment of tuberculosis, mental illness, or another covered illness received in a Hospital or other institution of the State or of a county or municipal corporation of the State, whether or not the Hospital or other institution is deemed charitable;
- 15) An amount of a charge in excess of the Reasonable and Customary Expense;
- 16) Elective Treatment or elective surgery, except as specifically provided;
- 17) Services not Medically Necessary;
- 18) Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining;
- 19) Suicide, attempted suicide, or intentionally self-inflicted injury;

- 20) Voluntary or elective abortion; except as specifically provided
- 21) Medical services that are not Medically Necessary or that do not conform with medical standards of practice within the community. Also, services and supplies in connection with Experimental or Investigational Care for the terminally ill. This exclusion does not apply to the Medical Clinical Trials Expense Benefit.

EXTENSION OF BENEFITS

If an Insured Person is totally disabled when the Insured Person's coverage terminates for any reason except the Insured Student's failure to pay a required premium, We will provide for the continuation of the same policy benefits, in accordance with the policy benefits in effect at the time the Insured Person's coverage terminates, for expenses incurred by the Insured Person for the condition causing the disability until the earlier of: (1) the date the Insured Person ceases to be totally disabled; or (2) 12 months after the date coverage terminates. Proof of total disability may be required at any time.

PRE-EXISTING CONDITIONS LIMITATION

"Pre-existing Condition" relates to a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care, or treatment was recommended or received within the six (6) month period ending on the Effective Date of the Insured Person's coverage under this Policy.

The Pre-existing Condition Waiting Period is twelve (12) months. If an Insured Person receives treatment or service for a Pre-existing Condition: (1) We will not pay benefits for such condition until the day after a twelve (12) consecutive month period has passed from the Insured Student's effective date, and (b) We will pay only for Loss or expense incurred after such twelve (12) consecutive month period.

Payment will be in accord with the provisions of this Policy. If the Insured Person has a lapse in coverage of more than sixty-three (63) days, the Pre-existing Condition Waiting Period will have to be satisfied again.

If the Insured Person has a lapse in coverage of sixty-three (63) days or less, the Pre-existing Condition Waiting Period shall be reduced by the portion already satisfied by the Insured Person prior to such lapse.

Credit will be given for the time an Insured Person was covered under Continuous Insurance or Creditable coverage.

CONTINUOUSLY INSURED

This Plan may be replacing a Prior Plan with another insurer. Prior Plan means (a) the Student Health Insurance policy or policies issued to Bowie State University immediately before the current Plan; and (b) other policies providing Creditable Coverage as defined in this Plan. Injury or Sickness shall include an Injury sustained, or a Sickness first manifesting itself, while the Insured Person is continuously insured under the Prior Plan and became insured under this Plan without a break in coverage. But no benefits shall be payable for such Injury or Sickness to the extent that such benefits are payable under the Prior Plan for the same expenses. This will apply even though the Prior Plan provided that it will not duplicate the benefits under another Plan. Also, the total amount of benefits payable for Injury or Sickness under this Plan and the Prior Plan cannot exceed the Per Condition Aggregate Maximum.

Creditable Coverage: This term means the following coverage an Insured Person had prior to the Effective Date under this Policy: (a) a group health plan; (b) health insurance or Health Maintenance Organization coverage; (c) Medicare; (d) Medicaid; (e) Military health care; (f) a medical care program of the Indian Health Services or of a tribal organization; (g) a state health benefits risk pool; (h) a health plan offered under the Federal Employee Health Benefits Program; (i) a public health plan as defined under Federal regulations; (j) a health benefit plan under Section 5(e) of the Peace Corps Act; or (k) any other similar coverage permitted under State/Federal law or regulations.

CLAIM PROCEDURES

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

1. **In the event of a life threatening Injury or Sickness go immediately to the hospital.** If at Bowie State University report to the University

Wellness Center at once so proper treatment can be prescribed or approved. If away from Bowie State University, or if the University Wellness Center is closed, consult a Doctor and follow his/her advice.

2. Notify the Claim Administrator, Klais & Company (Co) Inc. within 30 days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
3. Obtain a Claim Form from Klais.
4. The completed and signed Claim Form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to Klais at the address below.
5. Itemized medical bills must be attached to the Claim Form at the time of submission. Claims cannot be processed from "Balance Due" statements. Subsequent medical bills should be mailed promptly to the Claim Administrator at the address below. No additional Claim Forms are needed as long as the Insured Student's name and identification number are included on the bill.
6. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to Klais.

SEND COMPLETED CLAIM TO:

Klais & Company Inc.,
1867 West Market Street
Akron, OH 44313

**REMEMBER THAT EACH INJURY OR
SICKNESS IS A SEPARATE CONDITION AND
REQUIRES A SEPARATE CLAIM FORM.**

Conformity with State Statutes means any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy is written is hereby amended to conform to the minimum requirement of such statutes.

RIGHT TO APPEAL

An Insured Person has a right to file an appeal or grievance on any coverage decision or adverse decision rendered while insured under this policy. An

Insured Person may contact our Claim Administrator, Klais & Company Inc. at 800-331-1096. Klais will address concerns and attempt to resolve them satisfactorily. If Klais is unable to resolve a concern over the phone, they will request submission of the concern in writing to pursue a formal appeal.

RIGHT TO RECOVERY

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on medical necessity.

If you have any questions about this insurance plan please contact:

BOWIE STATE UNIVERSITY
UNIVERSITY WELLNESS CENTER:
(301) 860-4170
FAX: (301) 860-4179

The Plan is Underwritten By:

United States Fire Insurance Company
By: Fairmont Specialty, a Part of Crum & Forster

Policy No. **UEL2900S**
Form #: **CP 27261-MD**

