

# CONCORDIA COLLEGE

## ***Student Accident and Sickness Insurance Plan***

*designed for*

### **Concordia College Moorhead, Minnesota 2012-2013**

– Read Your Certificate Carefully –

Form # CCMN2012

Policy Number: USO10089

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## Student Accident and Sickness Insurance Plan

This is a brief description of the Student Accident and Sickness Insurance Plan available for Concordia College students. The plan is underwritten by United States Fire Insurance Company and is managed by Gallagher Koster. Claims are paid by Klais and Company, Inc. The exact provisions governing this insurance are contained in the Master Policy issued to the College; the Policy may be viewed during normal business hours at the Student Health Services. The Master Policy will control in the event of any conflict with this brochure.

## Enrollment and Waiver Process

### Domestic Students

Domestic Students interested in purchasing the Student Accident and Sickness Insurance Plan can do so by completing an online Enrollment Form. Students enrolled in the insurance plan must actively attend classes for at least the first 31 calendar days after the date for which coverage is purchased.

1. Go to [www.gallagherkoster.com/ConcordiaMN](http://www.gallagherkoster.com/ConcordiaMN)
2. Click on "Student Waive/Enroll"
3. Create a user account or Log in (if a returning user)
4. Select the Green "I want to Enroll - Domestic" button.

Immediately upon submitting the Online Enrollment Form, you will receive a confirmation number. Print this confirmation number for your records. The Online Enrollment process is the only accepted process for making your insurance selection.

### International Students Online Waiver Process

International Students who are currently enrolled in a health insurance plan of comparable coverage that will be in effect until June 14, 2013 can elect to waive the Concordia College Student Accident and Sickness Insurance Plan.

Recognizing that health coverage may change, at the beginning of each academic year International students will be asked to provide proof of comparable coverage in order to waive the Student Accident and Sickness Insurance Plan.

### Waiver Process

To document proof of comparable coverage an online Waiver Form must be completed and submitted by the deadline.

1. Go to [www.gallagherkoster.com/ConcordiaMN](http://www.gallagherkoster.com/ConcordiaMN).
2. Click on "Student Waive/Enroll"
3. Create a user account or Log in (if a returning user)
4. Select the Red "I want to Waive/Enroll - International" button.

To complete the online Waiver Form, you will need to provide information from your current health insurance card: name, claims address, and toll-free customer service number of the insurance carrier, the name of the policyholder and policyholder ID or group number. Immediately upon submitting the Student Accident and Sickness Insurance Plan, you will receive a confirmation number indicating that the form has been successfully submitted. Print this confirmation number for your records. If you do not receive a confirmation number, you will need to correct any errors and resubmit the form. The online process is the only accepted process for waiving in coverage.

Concordia College reserves the right to audit and subsequently reject a waiver request. If it is determined that a student waived coverage with a health insurance plan that was not comparable coverage, the student will be automatically enrolled in the Student Accident and Sickness Insurance Plan, effective the date that the determination was made and there will be no pro-rata of premium.

In the event students waive the Student Accident and Sickness Insurance Plan and then lose current coverage due to a qualifying

event, (i.e. parent loss of coverage or the maximum age limit available is attained), students have the right to petition to add coverage within 31 days of the qualifying event. If the petition is received within 31 days of the qualifying event, there will be no break in coverage. For petitions received after the 31 days, the effective date of coverage will be the date that the petition is received at Gallagher Koster. If approved, the premium will not be prorated.

### Waiver Deadline

The deadline for students to complete the Online Enrollment or Waiver Form for annual coverage is October 15, 2012. Change Students who waive the Student Accident and Sickness Insurance Plan in the fall waive coverage for the entire policy year. The Online Waiver process is the only accepted process for making your insurance selection.

**International students who do not submit the Online Waiver Form by the deadline will be enrolled in and billed for the Student Accident and Sickness Insurance Plan.**

## Effective and Termination Dates

The Master Policy becomes effective at 12:01 a.m. June 15, 2012 and terminates on June 14, 2013 for annual coverage. This policy is a Non-Renewable One Year Term Policy. It is the Insured's responsibility to obtain coverage the following year in order to maintain continuity of coverage. Insured persons who have not received information regarding a subsequent plan prior to the Policy's termination Date should inquire regarding such coverage with the school or its agent.

## Plan Costs and Period of Coverage

Coverage Class	Coverage Period	Cost
Early Arrivals/New Students Only	6/15/12-6/14/13	\$644
Returning Students	8/24/12-6/14/13	\$528
Spring/Summer	1/1/13-6/14/13	\$248

**Coverage Ends** — An Insured's coverage ends on the earliest of the following: 1) The date the Insured ceases to be eligible for coverage; or 2) The end of the Insured's term of coverage.

## Refund Policy

Insured Students entering the Armed Forces of any other country will not be covered under this Plan as of the date of such entry. Those students withdrawing from the school to enter military service will be entitled to prorate refund of premium upon written request. **No other request of a refund of premium will be considered.**

## Student Health Services

Concordia's Kjos Health Center, located right on campus, is open to students, faculty and staff for a variety of services. Examinations and consultations are available. The health center's staff includes a family nurse practitioner, registered nurse, medical lab technician and a health information assistant.

### Kjos Health Center

Location: North wing of Hoyum Hall

Phone: 218-299-3662

Provider Hours: 9 a.m. - 12:30 p.m. Monday - Friday

Nurse on Duty: 9 a.m. - 4 p.m. Monday - Friday

Kjos Health Center services include but not limited to: Diagnosis and outpatient treatment of respiratory, gastrointestinal, genitourinary, skin, neuromuscular and orthopedic conditions, Psychiatric services and referrals, Certified laboratory tests, Limited immunizations and TB screening, First Aid and Allergy injections

## Definitions

**Accident** means a sudden, unexpected and unforeseen, identifiable event producing, at the time, objective symptoms of an Injury. The Accident must occur while the Covered Person is insured under the Policy.

**Chemical dependency (or Substance Abuse)** means the abuse of, psychological or physical dependence on or addiction to alcohol or a controlled substance. A controlled substance is a toxic inhalant (volatile chemical/glue or paint) or a substance designated as a controlled substance.

**Coinurance** means the percentage amount of covered expenses for which you are responsible for any medical service or supply. The coinsurance is shown in the Schedule. We will pay the remaining amount of covered expenses, subject to the maximum amount for specific services and the maximum benefit for all services.

**Covered expenses** means charges: a) Not in excess of usual, reasonable and customary charge; b) Not in excess of the maximum benefit amount payable per service as shown in the Schedule; c) Made for medical services and supplies not excluded under the policy; d) Made for services and supplies which are medically necessary; and e) Made for medical services specifically included in the Schedule.

**Covered Person** means the covered student and his eligible Dependents, if dependents coverage is available and the covered student has applied for such dependent's coverage and paid the required premium.

**Deductible** means the amount of Covered Expenses paid by the Covered Person before benefits are payable under the policy.

**Doctor** means a licensed practitioner of the healing arts acting within the scope of his license, including a certified nurse practitioner performing services within the lawful scope of nurse practitioner practice. Doctor does not include: a) You; b) Your spouse, dependent, parent, brother, or sister; or c) A person who ordinarily resides with you.

**Emergency Medical Condition** means a medical condition that manifests itself by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of a person or fetus in the case of a pregnant woman, in serious jeopardy.

Expenses incurred for hospital emergency room will be paid only for a sickness or injury fulfilling the above conditions. These expenses will not be paid for minor sickness or minor injuries.

**Hospital** means an institution: a) Operated pursuant to law; (b) Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis; (c) Under the supervision of a staff of doctors; d) Providing 24-hour nursing service by or under the supervision of a graduate registered nurse, (R.N.); e) With medical, diagnostic and treatment facilities, and with major surgical facilities; (1) On its premises; or (2) Available on a prearranged basis; and t) Charging for its services. Hospital does *not* include a clinic or facility for: (a) Convalescent, custodial, educational or nursing care; (b) The aged, drug addicts or alcoholics (except as stated below); or (c) Rehabilitation.

For treatment of chemical dependency the definition of hospital includes a treatment center which provides a program for treatment of chemical dependency according to a written treatment plan approved and monitored by a doctor. Such facility must be: 1) affiliated with a hospital under a contract agreement with an established system of outpatient referrals; or 2) accredited as such by the Joint Commission on Accreditation of Hospitals; or 3) licensed as a chemical dependency treatment program; or 4) licensed, certified or approved as an chemical dependency treatment program or center by any state agency having legal authority to so license, certify or approve.

**Hospital Stay** means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided and a per diem charge is made by the Hospital.

**Injury** means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered one injury.

**Medically necessary** means those services or supplies provided or prescribed by a hospital or doctor: a) Essential for the symptoms and diagnosis or treatment of the sickness or injury; b) Provided for the diagnosis, or the direct care and treatment of the sickness or injury; c) In accordance with the standards of good medical practice; d) Not primarily for your convenience or that of your doctor; and e) That are the most appropriate supply or level of service that can safely be provided.

**Natural teeth** means natural teeth or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.

**Pre-Existing Condition** means a condition for which medical advice, diagnosis, care, or treatment, including use of prescription drugs, was recommended or received from a licensed health practitioner during the 12 months immediately preceding the effective date of coverage. Pregnancy is not considered a preexisting condition.

**Primary insured** means you. The primary insured is referred to throughout as "you" or "your". Wherever a masculine pronoun is used, it includes the feminine also unless the context clearly indicates the contrary. A singular term includes the plural unless the context clearly indicates otherwise. Words that are in boldface (other than captions) have a special meaning and are defined in the Definitions section.

**Sickness** means illness or disease diagnosed during the term of coverage under the Policy for the covered person. Sickness includes pregnancy and complications of pregnancy. All related conditions and recurring symptoms of sickness will be considered one sickness.

**Term of coverage** means the period of coverage beginning with your Effective Date and ending upon completion of a trimester, semester or other measure of an academic session determined by the participating institution.

**Usual, reasonable and customary** means: a) Charges and fees for medical services or supplies that are the lesser of: (1) The usual charge by the provider for the service or supply given; or (2) The average charged for the service or supply in the area where service or supply is received; and b) Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

Usual, Reasonable and customary charges are calculated using the national database of Ingenix, Inc, at the 80th percentile.

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## Extension of Benefits after Termination

The coverage provided under this policy ceases on the end of the term of coverage. However, if a covered person is Hospital Confined on the end of the term of coverage from a covered injury or sickness for which benefits were paid before such date, covered expenses for such injury or sickness will continue to be paid as long as the condition continues but not to exceed 30 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the end of the term of coverage will never exceed the maximum benefit amount under the policy.

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## Additional Benefits

**Alcoholism, Chemical Dependency or Drug Addiction:** Benefits will be payable on the same basis as other benefits in a licensed hospital or confinement in a residential primary treatment program as licensed by the State of Minnesota pursuant to diagnosis or recommendation by a doctor up to a maximum of 73 days in any one 12 month Certificate year and in a non-residential treatment program approved or licensed by the State of Minnesota for up to a maximum of 130 hours of treatment in any one 12 month term of coverage.

**Alpha Feto Protein Testing:** Benefits will be payable for the prenatal testing for elevated Alpha Feto Protein (“AFP”).

**Cancer Clinical Trials:** Benefits will be payable for routine patient care costs on the same basis as any other sickness when they are related to phase I, phase II, phase III, or phase IV clinical trials for covered persons diagnosed with cancer and accepted into such clinical trial for cancer, if the covered person’s doctor, who is providing covered health care services to the covered person, recommends participation. The determination must be based on participation in the clinical trial has a meaningful potential to benefit the covered person. For purposes of this section, a clinical trial’s endpoints shall not be defined exclusively to test toxicity, but shall have a therapeutic intent. To be eligible for benefits, the treatment must be provided in a clinical trial that either: 1) involves a drug that is exempt under federal regulations from a new drug application; or 2) that is approved by one of the following: (a) One of the National Institutes of Health; (b) The federal Food and Drug Administration, in the form of an investigational new drug application; (c) The United States Department of Defense; (d) The United States Veterans’ Administration.

“Routine patient care costs” means the costs associated with the provision of health care services, including drugs, items, devices, and services that would otherwise be covered under the policy if those drugs, items, devices, and services were not provided in connection with an approved clinical trial program, including the following: 1) Health care services typically provided absent a clinical trial; 2) Health care services required solely for the provision of the investigational drug, item, device, or service; 3) Health care services required for the clinically appropriate monitoring of the investigational item or service; 4) Health care services provided for the prevention of complications arising from the provision of the investigational drug, item, device, or service; or 5) Health care services needed for the reasonable and necessary care arising from the provision of the investigational drug, item, device, or service, including the diagnosis or treatment of the complications.

“Routine patient care costs” does not include the costs associated with the provision of any of the following: 1) Drugs or devices that have not been approved by the federal Food and Drug Administration and that are associated with the clinical trial; 2) Services other than health care services, such as travel, housing, companion expenses, and other non-clinical expenses, that an insured may require as a result of the treatment being provided for purposes of the clinical trial; 3) Any item or service that is provided solely to satisfy data collection and analysis needs and that is not used in the clinical management of the patient; 4) Health care services which, except for the fact that they are not being provided in a clinical trial, are otherwise specifically excluded from coverage under the insured’s health plan; 5) Health care services customarily provided by the research sponsors free of charge for any enrollee in the trial.

**Cancer Screening:** Benefits will be payable on the same basis as any other sickness subject to the same deductibles and coinsurance, if any, for all standard medically accepted cancer screening tests.

**Cervical Cancer Screening:** Benefits will be payable on the same basis as any other sickness subject to the same deductibles and coinsurance, if any, for an annual cervical cancer screening test. Benefits will include doctor charges for the taking of the Pap test and laboratory charges for reading of the test. Any other cervical cancer screening test approved by the federal Food and Drug Administration will be payable on the same basis upon recommendation by a doctor.

**Diabetes Treatment:** Benefits will be payable for the following equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes, and gestational diabetes. Benefits will be subject to the same deductible and coinsurance as other benefits under the policy. 1) Blood glucose monitors and blood glucose testing strips; 2) Blood glucose monitors designed to assist the visually impaired; 3) Insulin pumps and all related necessary supplies; 4) Ketone urine testing strips; 5) Lancets and lancet puncture devices; 6) Pen delivery systems for the administration of insulin; 7) Podiatric devices to prevent

or treat diabetes-related complications; 8) Insulin syringes; 9) Visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin. If benefits are payable for prescription drugs under the policy, benefits will be payable for the following prescription items: 1) Insulin; 2) Prescriptive medications for the treatment of diabetes; and 3) Glucagon.

**Diabetes Outpatient Self-management Training:** Benefits will be payable for diabetes outpatient self-management training, education, and medical nutrition therapy necessary to enable a covered person to properly use the equipment, supplies, and medications shown above and additional diabetes outpatient self-management training, education, and medical nutrition therapy upon the direction or prescription of those services by the covered person’s doctor.

**General Anesthesia:** Benefits will be payable on the same basis as any other Sickness for general anesthesia and associated facility charges for dental procedures rendered in a hospital or surgery center setting. Benefits are only payable when the clinical status or underlying medical condition of the covered person requires general anesthesia for dental procedures. Benefits are only payable for covered persons who are: 1) under seven years of age; 2) developmentally disabled, regardless of age; or 3) whose health is compromised and for whom general anesthesia is medically necessary, regardless of age.

**Mammogram/Breast Cancer Screening:** Benefits will be paid for screening by low dose mammography for female covered persons age 35 and older, as follows: a) A baseline mammogram for women age 35 to 39, inclusive; b) A mammogram for women age 40 to 49, inclusive, every two years or more frequently based on the women’s physician’s recommendation; c) A mammogram every year for women age 50 and over; d) or more frequently if a doctor determines the woman to be at high-risk for breast cancer.

**Mastectomy and Reconstructive Surgery:** Benefits will be payable on the same basis as any other sickness for prosthetic devices or reconstructive surgery to restore and achieve symmetry for the patient incident to a mastectomy. Benefits will include reconstructive surgery for a healthy breast if in the opinion of the doctor, the surgery is necessary to achieve normal symmetrical appearance between the two breasts.

**Mastectomy** means the removal of all or part of the breast for medically necessary reasons, as determined by a doctor.

**Prosthetic devices** means the initial and subsequent devices ordered by the **covered person’s doctor**.

**Maternity Services:** for normal pregnancy, childbirth or Complications of Pregnancy are payable the same as any other sickness. The Newborn Child will only be covered for 48 hours for vaginal delivery and 96 hours for cesarean delivery. Benefits for prenatal care services for medical and psychosocial support provided throughout pregnancy. Included are expenses for:

1) risk assessment; 2) serial surveillance; 3) prenatal education; 4) use of specialized skills and technology when needed, all as defined in the Standards of Obstetric-Gynecologic Services issued by the American College of Obstetricians-Gynecologists. This benefit is not subject to any or coinsurance Percentage.

**Osteoporosis:** Testing and Treatment — Benefits will be payable on the same basis as any other sickness for medically accepted bone mass measurement for the detection of low bone mass and to determine the person’s risk of osteoporosis and fractures associated with osteoporosis. Benefits will include all federal Food and Drug Administration technologies. Benefits will also include diagnosis, treatment, and appropriate medical management of osteoporosis.

**Phenylketonuria:** Benefits will be payable on the same basis as any other sickness for testing and treatment of phenylketonuria (“PKU”). Benefits will be payable for formulas and special food products that are part of a diet prescribed by a doctor to avert the development of serious physical or mental disabilities or to promote normal development or function as a consequence of (PKU). Benefits will be payable subject to the same coinsurance and deductible, if any, as other benefits under the policy and will be payable to the extent



that the cost of the necessary formula or special food product exceeds the cost of a normal diet.

**Formula** means an enteral product or enteral products for use at home that are prescribed by a doctor for the treatment of PKU.

**Special food product** means a food product that is both of the following: 1) Prescribed by a doctor for the treatment of PKU. It does not include a food that is naturally low in protein, but may include a food product that is specially formulated to have less than one gram of protein per serving; and 2) Used in place of normal food products, such as grocery store foods, used by the general population.

**Oral Anticancer Medication Benefit** benefits are payable the same as any other sickness for orally administered anticancer medication that is prescribed by a doctor for a covered person and that is used to kill or slow the growth of cancerous cells on the same basis as intravenously administered or injected cancer medications that are Covered Expenses under the Policy/Certificate.

**Private duty nursing services** includes home care services to a ventilator-dependent person by a private duty nurse or personal care assistant.

**Prostate cancer screening for male covered person** This includes at a minimum a prostate-specific antigen test (PSAT) and a digital rectal examination for: (a) men 40 years of age and over who are symptomatic or in a high-risk category; and (b) mean age 50 years of age and older.

**Prescription Drug benefits include antipsychotic drugs prescribed to treat emotional disturbance or mental illness** Benefits are payable for a drug prescribed for treatment of a cancer other than the cancers stated in the labeling approved by the federal Food and Drug Administration (FDA). The drug must be approved by the FDA for treatment of cancer in one of the standard reference compendia or in one article in medical literature. Standard reference compendia means:

1. The United States Pharmacopeia Drug Information; or
2. The American Hospital Formulary Service Drug Information.

Medical literature means an article from a major peer-reviewed medical journal that has recognized the drug or combination of drugs' safety and effectiveness for treatment of the indication for which it has been prescribed. Each article shall meet the uniform requirements for manuscripts submitted to biomedical journals established by the international committee of medical journal editors or be published in a journal specified by the United States Secretary of Health and Human Services pursuant to United States Code, title 42, section 1395x, paragraph (t), clause (2), item (B), as amended, as acceptable peer review medical literature. Each article must use generally acceptable scientific standards and must not use case reports to satisfy this criterion.

Benefits are payable for any medically necessary services directly related to and required for appropriate administration of the drug.

Benefits will not be paid for any experimental or non-FDA approved drug, or any drug that the FDA has determined to be contraindicated for treatment of a specific type of cancer for which the drug has been prescribed.

**Prescription drug** means: a) A legend drug; b) A compound medication when at least one ingredient is a prescription legend drug; c) Any other drug which under applicable state law may only be dispensed by prescription, including injectable insulin; or d) Drugs and medications dispensed by a licensed pharmacist that are not specifically excluded by other provisions applicable to this coverage.

**Reconstructive Surgery:** Benefits will be payable on the same basis as any other sickness for reconstructive surgery. Reconstructive surgery means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following: 1) To improve function; 2) To create a normal appearance, to the extent possible. Benefits are not provided for Cosmetic Surgery.

**Cosmetic surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the covered persons' appearance.

**Scalp Prosthesis:** When required as a result of contracting the disease

alopecia areata; Benefits will be paid up to a to a maximum of \$350.00. No Deductible is applied to this benefit.

**Severe Mental Illness:** Benefits will be payable on the same basis as any other sickness for the diagnosis and treatment of severe mental illnesses of a covered person of any age, and for serious emotional disturbances of a child. Benefits include outpatient services, inpatient hospital services, partial hospital services and prescription drugs. **Prescription** drugs are only payable if covered under this policy for other sickness. "Severe mental illnesses" includes: 1) Schizophrenia; 2) Schizoaffective disorder; 3) Bipolar disorder (manic-depressive illness); 4) Major depressive disorders; 5) Panic disorder; 6) Obsessive-compulsive disorder; 7) Pervasive developmental disorder or autism; 8) Anorexia nervosa; and 9) Bulimia nervosa.

**TMJ Treatment:** Benefits for surgical procedures for those covered conditions directly affecting the upper or lower jawbone, or associated bone joints are payable on the same basis as any other sickness.

## Accidental Death & Dismemberment

If a Covered incurs an injury which results in any one of the losses listed below, the Company will pay the applicable benefit. The loss must occur within 180 days of the injury. Only one benefit will be paid for loss. If more than one loss occurs due to the same injury, the largest amount for any one of the losses will be paid. Benefits payable under this provision are in addition to any other benefits otherwise payable under this Policy.

For Loss of:	Benefit:
Life	\$5,000
Single Dismemberment	\$1,000
Double Dismemberment	\$5,000
<b>Principle Sum:</b>	<b>\$5,000</b>

The Principal Sum is the largest amount payable under this benefit for all losses resulting from any one accident.

## Termination of Insurance

Benefits are payable under the Policy only for that covered expense incurred while the Policy is in effect as to the Insured. No benefits are payable for expense incurred after the date the insurance terminates, except as may be provided under the Extension of Benefits provision.

## Exclusions and Limitations

No benefits will be paid for loss or expense caused by or resulting from:

- 1) Pre-existing Conditions during the first 12 months of continuous coverage. However, this provision will not limit benefits for a Pre-existing Condition if, during the 63 day period immediately preceding the Insured's becoming insured under the Policy, he or she was enrolled as a member under another policy or plan that provided similar benefits. Continuous Coverage is discussed at the end of this section. Pregnancy is not considered a pre-existing condition;
- 2) Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline;
- 3) Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of Injury or Sickness;
- 4) Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a Covered Expense associated with an Injury covered by the policy;
- 5) Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a Covered Expense associated with an Injury covered by the policy;
- 6) Dental Treatment, except as specifically provided for in the policy;

- 7) Elective surgery and elective treatment, except 1) as required to correct an injury for which benefits are otherwise payable under the policy; and 2) sterilization operations and procedures. Elective treatment includes but is not limited to breast implants, breast reduction, circumcision, deviated nasal septum, sexual reassignment surgery;
- 8) That part of medical expense payable by any automobile insurance policy without regard to fault, except as specifically provided in the SCHEDULE OF BENEFITS;
- 9) Prescription Drugs, except as specifically provided for in the SCHEDULE OF BENEFITS;
- 10) Injury sustained while (a) participating in any interscholastic, 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;
- 11) War or any act of war, declared or undeclared; or service in the armed forces of any country;
- 12) Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
- 13) Newborn baby care, in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
- 14) Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, doctors who work for the participating institution or provided by the student health fee;
- 15) Treatment or service provided by an Immediate Family Member or for a member of an Insured Person's household for which no charge is normally made;
- 16) Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act;
- 17) Use of any services or supplies which are experimental and/or not in accord with generally accepted standards of medical practice; organ transplants, including donor's expenses;
- 18) Expense incurred after the date insurance terminates for an Insured Person except as may be specifically provided in the Extension of Benefit Provisions;
- 19) Mental or emotional disorders, except as specifically provided by the policy;

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## Continuous Coverage

If a covered person is continuously covered under the policy offered through your participating institution they will be covered for any sickness diagnosed or injury sustained while so covered. If a covered person is enrolled for coverage offered through your participating institution within 63 days of the end of any preceding company's policy you will be considered to have maintained continuous coverage, except for expense that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 63 days occurs.

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## Coordination of Benefits

If any person under the Policy (referred to as "this Plan") is also covered under one or more other plans, the benefit under this Plan will be coordinated with benefits payable under all other plans. This coordination will apply in determining the benefits payable for any Claim Period if the sum of:

- 1) the benefits that would be payable under this Plan in the absence of coordination; and
- 2) the benefits that would be payable under all other plans without provisions for coordination in those plans would exceed such benefits.

**Notice of Claim:** Written notice must be given to Us within 90 days

after a covered loss occurs or begins or as soon as reasonably possible. Notice can be given to Our authorized representative. Notice should include the Policyholder's name and number and the Covered Person's name and address.

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## On Call International Travel Assistance Services

The Travel Assist Plan is designed to provide students who travel 100 miles or more from their home (or in a foreign country that is not the country of permanent residence), with worldwide, 24-hour, emergency assistance services during the term of coverage under the student accident and sickness plan. The assistance services are provided by On Call International.

Emergency Medical Transportation Services are provided up to a combined maximum limit of \$50,000 for covered services. Key services include: Emergency Evacuation, Medically Necessary Repatriation, Repatriation of Remains, Family of Friend Transportation Arrangements, and Return of Minor Children. All transportation related services; coverage and payments must be arranged and pre-approved by On Call International.

Worldwide emergency medical, legal and travel assistance services are available 24 hours a day, 365 days a year. For Assistance call:

In the U.S., toll free - 1-866-509-7715

Worldwide, collect - 1-603-328-1728

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

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## Gallagher Koster Complements

Exclusively from Gallagher Koster, enrolled students have access to the following menu of products at no additional cost. These plans are not underwritten by United States Fire Insurance Company. More information is available at [www.gallagherkoster.com/ConcordiaMN](http://www.gallagherkoster.com/ConcordiaMN).

### Eyemed Vision Care

The discount vision plan is available through EyeMed Vision Care. EyeMed's provider network offers access to over 45,000 independent providers and retail stores nationwide, including LensCrafters, Sears Optical, Target Optical, JC Penney Optical, and most Pearle Vision locations. You will receive a separate EyeMed ID card. There is no waiting period; you can take advantage of the savings immediately upon receipt of your EyeMed ID card. You can purchase prescription eyeglasses, conventional contact lenses or even non-prescription sunglasses at savings between 15% and 45% off regular retail pricing. In addition, you can receive discounts from 5% to 15% off laser correction surgery at some of the nation's most highly qualified laser correction surgeons. You can call 1-866-8EYEMED or go online to [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) and choose the Access network from the drop down network option.

### Basix Dental Savings

Maintaining good health extends to taking care of your teeth, gums and mouth. The Basix Dental Savings Program provides a wide range of dental services. It is important to understand the **Dental Savings Program is not dental insurance**. Basix contracts with dentists that agree to charge a negotiated fee to students covered under your Gallagher Koster plan. You must pay for the services received at the time of service to receive the negotiated rate. Savings vary but can be as high as 50% depending upon the type of service received and the contracted dentist providing the service. To use the program, simply:

- Make an appointment with a contracted dentist. Contracted dentists and their fee schedules are listed on our website, [www.basixstudent.com](http://www.basixstudent.com).
- Tell the dental office that you are an insured student and have access to the Basix program. Each dentist has an administrative person to assist you with any questions. You do not need a separate identification card for the Basix program, but you will

need to show your student health insurance ID card to confirm your eligibility. If the office needs to check eligibility, call Gallagher Koster at (877) 320-4347.

- Remember, you must pay for the services you receive at the time of service, so make sure you understand what forms of payment (check, credit card, etc.) the dentist accepts.

Full details of the program can be viewed at the website: [www.basixstudent.com](http://www.basixstudent.com). Once at the home page, select the link for your school. You may also contact us via email from our website, or by telephone at (888) 274-9961.

### CampusFit

College health is all about helping students develop healthy habits for a lifetime. To support your efforts, CampusFit “digitizes” knowledge from registered dietitians and certified fitness instructors to help teach and reinforce mainstream ideas about diet, nutrition, fitness and general wellness.

- The Energy Management section of the site allows a student to easily assess how much energy they are consuming, and expending on a daily basis. It also displays the results in the context of the Food Pyramid so students can see how to improve their food choices.
- The Fitness Works section has dozens of downloadable mp3 files and written exercise routines to help students get more active. Want to run your first 5K? We’ve got a nine week, step-by-step plan to get you there.
- The Wellness Support section has downloadable mp3 files for guided imagery relaxation, and dozens of recordings to reinforce fundamental diet and nutrition ideas – we’ve even got a 20 minute discussion on the “Freshman 15”.

CampusFit is available at no cost to students. To access CampusFit, go to [www.gallagherkoster.com/ConcordiaMN](http://www.gallagherkoster.com/ConcordiaMN).

## CONCORDIA COLLEGE STUDENT ACCIDENT AND SICKNESS PLAN SCHEDULE OF MEDICAL EXPENSE BENEFITS

This plan provides benefits for the Usual, Reasonable, and Customary (URC) Expenses, incurred by an Insured person, for loss due to a covered Injury or Sickness. This summary is a brief description of the covered benefits within the Injury and Sickness Plan. Please refer to the brochure for a detailed description of the coverage, definitions, mandates, limitations and exclusions.

### PART A – BASIC INJURY AND SICKNESS BENEFITS

Benefits will be paid at 100% up to \$3,000 per Accident or Sickness as described in the COVERED SERVICES below.

<b>Hospital Room and Board Expenses</b>	\$500 per Day
<b>Hospital Intensive Care Unit</b>	\$600 per Day
<b>Hospital Miscellaneous (inpatient, includes physical therapy, radiology, pathology)</b>	\$2,000 per Condition
<b>Hospital Outpatient Surgical Miscellaneous</b>	\$1,500
<b>Surgical Treatment</b>	\$1,500
<b>Anesthetist and/or Assistant Surgeon</b>	20% of Surgical Treatment
<b>Physician’s Non-Surgical Visits (Inpatient, not paid day of surgery)</b>	\$100/visit, 1 visit/day, up to 30 visits
<b>Physician’s Non-Surgical Visits (Outpatient, not paid day of surgery, includes physical therapy)</b>	\$100/visit up to \$250
<b>Outpatient Diagnostic X-Ray and Lab Services</b>	\$500 Paid under Hospital Miscellaneous
<b>Chemotherapy and/or Radiation Therapy</b>	Paid under Hospital Miscellaneous
<b>Hospital Outpatient Emergency Room</b>	\$400 same as any Sickness
<b>Ground Ambulance Services Only</b>	\$300 same as any Sickness
<b>Maternity Benefits</b>	Same as any Sickness
<b>Mental and Nervous Disorders</b>	Inpatient – same as any Sickness Outpatient – 80% for 1st 10 hours, then 75% thereafter, up to maximum of 30 hours in any 12-month period
<b>Substance Abuse</b>	Paid under Additional Benefits
<b>Outpatient Prescription Drugs</b>	After a \$10 co-payment for Generic and \$20 co-payment for Brand medicine up to a policy year maximum of \$750
<b>Dental Treatment (Injury Only, does not include biting or chewing injuries)</b>	\$500
<b>Motor Vehicle Injuries</b>	Same as any Injury, up to a Maximum of \$5,000
<b>Orthopedic Appliances</b>	Paid under Major Medical Benefits
<b>Wellness Benefits</b>	80% up to \$300 per policy year. Coverage includes vaccines (including HPV) and routine doctor visits

### PART B – MAJOR MEDICAL BENEFITS

After the Basic benefit maximum of \$3,000 per Injury or Sickness, the Insured pays a \$400 deductible, then the benefit is 75% of the URC for Covered Services, listed under the Basic Benefits, up to \$50,000. Charges in Excess of \$50,000 will be paid at 100% of the URC, Per Condition, up to the Maximum \$100,000. This maximum includes both benefits paid under PART A and PART B. No Benefits are payable under this provision for Mental and Nervous Disorders; Substance Abuse in excess of the Additional Benefit Levels; Dental Treatment; Outpatient Prescription Drugs; or Motor Vehicle Injuries in Excess of \$2,000 (\$5,000 maximum benefit which includes PART A and PART B benefits).

## CONCORDIA COLLEGE STUDENT ACCIDENT AND SICKNESS PLAN SCHEDULE OF MEDICAL EXPENSE BENEFITS (Con't)

### PART C — ADDITIONAL BENEFITS

This plan will pay benefits for the items below in accordance with any applicable Minnesota law. Benefits must be subject to deductibles, coinsurance, limitations and exclusions of the Policy. Description of these Additional Benefits can be found in the brochure and Master Policy on file at the College or at Gallagher Koster. Additional benefits include Reconstructive Surgery; Outpatient Mental and Nervous Disorders (including Attention Deficit Disorder and Attention Deficit/Hyperactivity Disorder); Treatment of Alcoholism, Chemical Dependency or Drug Addiction; Treatment of Emotionally Handicapped Children; Treatment of TMJ; Treatment of Phenylketonuria; Coverage for Prosthesis resulting from Alopecia Areata; Cancer Screening Procedures; Off Label Drug Treatment, Child Health Supervision Services; and Prenatal Care Services; Management of Birth Defects,; Private Duty Nursing; Dependent Continuation and Conversion Privilege; and Antipsychotic Drug Treatment.

### PART D — ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Occurring within 180 days from the date of the accident, pays in addition one of the following (largest applicable amount)

Accidental Death .....	\$5,000
Single Dismemberment .....	\$1,000
Double Dismemberment .....	\$5,000

## Questions? Need More Information?

For general information on benefits, enrollment/eligibility questions, ID cards, brochures or service issues, please contact:

### Gallagher Koster

500 Victory Road  
Quincy, MA 02171  
(617) 769-6016 or toll free (877) 320-4347  
Email: [ConcordiaStudent@gallagherkoster.com](mailto:ConcordiaStudent@gallagherkoster.com)  
[www.gallagherkoster.com/ConcordiaMN](http://www.gallagherkoster.com/ConcordiaMN)

If you need medical attention before the ID card is received, benefits will be payable according to the Policy. You do not need an ID card to be eligible to receive benefits. Call Gallagher Koster to verify eligibility.

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

### Klais & Company, Inc.

1867 West Market Street  
Akron, OH 44313  
(877) 349-9017  
Email: [KlaisClaims@klais.com](mailto:KlaisClaims@klais.com)  
Register for StatusLink Claims Look-Up at [www.klais.com](http://www.klais.com)

This plan is underwritten by:

### United States Fire Insurance Company

By Fairmont Specialty  
A Division of Crum & Forster  
Policy Number USO10089

Please keep this Certificate as a general summary of the insurance policy. The Master Policy on file at the College contains all the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this certificate. The Master Policy is the contract and will govern and control the payment of benefits.