



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

*designed for Domestic Students*

## **University of Wisconsin System 2012-2013**

Madison, WI

Policy Number: CLSP0043-12

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**Important: Please see the Notice on the Inside Cover of this plan material concerning student health insurance coverage.**

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**Your student health insurance coverage, offered by Companion Life Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 21, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012, \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage put an annual limit of \$100,000 that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified. If you have any questions or concerns about this notice, contact Customer Service at 1-877-306-0271. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.**

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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 University of Wisconsin System students. The plan is underwritten by Companion Life 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 University. The Master Policy will control in the event of any conflict with this brochure.

## Student Eligibility and Enrollment

All registered domestic undergraduate and special students, taking 5 or more credit hours (3 credit hours for summer term), and all graduate students are eligible to enroll in the insurance plan. Students age 65 or over, or online and distance learning students taking home study, correspondence, or television courses are not eligible to enroll in the insurance plan.

Students who have been continuously insured through the student health insurance plan for a minimum of two semesters and who have been granted an approved Medical Leave of Absence may be eligible to continue their coverage for a maximum of two semesters. Students who believe they are eligible should contact Gallagher Koster for more information.

## Online Enrollment Process

Students who wish to enroll in the Student Accident and Sickness Insurance Plan may do so by following the instructions below.

1. Go to [www.gallagherkoster.com/UWISystem](http://www.gallagherkoster.com/UWISystem).
2. Click on the link for your specific campus.
3. On the left side of the page, click on "Domestic Student Enroll".
4. Create a user account or log in if you are a returning user.
5. Once logged in, click on the "Domestic Student Enroll" link again to complete the form.

Immediately upon submitting the online enrollment form 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.

## Enrollment Deadline

The deadlines for students to complete the Online Enrollment Form are as follows:

Coverage Period	Coverage Dates	Enrollment Deadline
<b>Annual</b>	8/5/12 - 8/4/13	<b>September 30, 2012</b>
<b>Fall</b>	8/5/12 - 1/15/13	<b>September 30, 2012</b>
<b>Spring</b>	1/16/13 - 5/20/13	<b>February 15, 2013</b>
<b>Summer</b>	5/21/13 - 8/4/13	<b>June 20, 2013</b>

**Please Note:** Enrollment forms will not be accepted after these deadlines.

## Dependent Eligibility and Enrollment

Eligible dependents of students enrolled in the Plan may also be enrolled in the plan. Please refer to definition of "Dependent" in the Definitions section. Students must purchase coverage for their eligible dependent(s) at the same time as their own initial plan enrollment. Dependent coverage must be purchased for the same time period as the student's period of coverage and cannot exceed coverage purchased by the student. For example, a student enrolled for annual coverage cannot purchase dependent coverage for the spring semester

unless a qualifying event, as defined below, occurs. The Dependent Enrollment Form must also be received by the published deadline.

Students can add eligible dependent(s) as a late enrollee if they experience one of the following qualifying events: (a) marriage, (b) birth of a child, (c) divorce, or (d) if the dependent is entering the country for the first time. Please note, with the exception of the dependent entering the country for the first time, all other qualifying events noted above will only be approved if experienced by the student. If dependent enrollment meets one of these qualifying events, the Dependent Enrollment Form, supporting documentation, and payment must be received by Gallagher Koster within 31 days of the qualifying event. If not received within 31 days of the qualifying event, the effective date of coverage will be the date this form and payment are received at Gallagher Koster. Once a dependent is enrolled, coverage cannot be terminated unless the student loses eligibility.

To submit dependent information online, go to [www.gallagherkoster.com/UWISystem](http://www.gallagherkoster.com/UWISystem), click on the link for the appropriate campus, and then click on "Dependent Enroll". Payment for Dependent coverage is in addition to the fee for your individual student coverage.

## Plan Costs and Period of Coverage

	<b>Annual</b> 8/5/12 - 8/4/13	<b>Fall</b> 8/5/12 - 1/15/13	<b>Spring</b> 1/16/13 - 5/20/13	<b>Summer</b> 5/21/13 - 8/4/13
<b>Student</b>	\$1,659	\$747	\$581	\$365
<b>Spouse</b>	\$4,853	\$2,184	\$1,698	\$1,068
<b>Child(ren)</b>	\$4,054	\$1,825	\$1,419	\$892

## Late Enrollment

Students and dependents may enroll after the enrollment deadline date only if they experience a qualifying event. Qualifying events include involuntary loss of coverage under another health plan, marriage, birth or adoption of a child. 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. The premium will not be prorated. Contact Gallagher Koster for more information.

## Coverage Ending

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. An Insured's spouse or dependent coverage will end at the earliest of: 1) The end of the period for which the premium is paid for such spouse or dependent coverage; 2) The date a spouse or dependent is no longer eligible for coverage; or 3) The end of the Insured's term of coverage.

## Premium Refund Policy

Any Insured Student withdrawing from the College during the first 31 days of the period for which coverage is purchased shall not be covered under the Plan and a full refund of premium will be made. Insured Students withdrawing after 31 days will remain covered under the Plan for the full period for which premium has been paid and no refund will be made available. This is true for students on leave for medical reasons, graduating students, and students electing to enroll in a separate comparable plan during the policy year. Premiums received by the Company are non-refundable except as specifically provided. Coverage for an Insured Student entering the Armed Forces

of any country will terminate as of the date of such entry. Those Insured Students withdrawing from the school to enter military service will be entitled to a pro-rata of premium upon written request.

## Effective and Termination Dates

For annual coverage, the Master Policy becomes effective at 12:01 a.m. on August 5, 2012 and terminates at 11:59 p.m. on August 4, 2013. For fall coverage, the Master Policy becomes effective at 12:01 a.m. on August 5, 2012 and terminates at 11:59 p.m. on January 15, 2013. For spring coverage, the Master Policy becomes effective at 12:01 a.m. on January 16, 2013 and terminates at 11:59 p.m. on May 20, 2013. For summer coverage, the Master Policy becomes effective at 12:01 a.m. on May 21, 2013 and terminates at 11:59 p.m. on August 4, 2013.

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. Insureds 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 Gallaher Koster.

## Student Health Center

The UWSP Student Health Service (SHS) is committed to providing prompt and high quality medical care. While providing care for both acute and chronic illnesses, we take into account the emotional, occupational, spiritual, intellectual, social and environmental dimensions of each student. Staffed by Physicians, Nurse Practitioners and Physician Assistants and with an on-site lab and pharmacy, SHS is a great place to receive high quality and convenient care for all your health care needs!

HS is located in Delzell Hall (910 Fremont St) and is open 7:45 AM - 4:30 PM Monday - Friday. To make an appointment or for further information, please call 715-346-4646 or visit our website at <http://www.uwsp.edu/stuhealth/Pages/default.aspx>.

Most services at SHS are pre-paid via the segregated fee for Health Service as part of tuition. However, students are strongly encouraged to obtain supplemental health insurance to cover such services as emergency and hospital care, specialist care, certain lab fees and ambulance transport.

SHS does not bill insurance companies but any services provided at

SHS that are not covered by the segregated fee may be submitted by the student to the insurance plan for reimbursement as per the plan's schedule of benefits.

## Preferred Provider Network

The University of Wisconsin System Student Accident and Sickness and Insurance Plan provides access to hospitals and health care providers within Wisconsin through the HealthEOS Plus Network and outside of the Wisconsin and across the country through the MultiPlan Preferred Provider Network.

You are not required to use Preferred Providers. However, the advantage to using a Preferred Provider is that Preferred Providers have agreed to accept as payment for their services a negotiated fee or Preferred Allowance. Out-of-Network Providers have not agreed to a Preferred Allowance and consequently, the out-of-pocket costs may be greater.

Students should be aware that Preferred Hospitals may be staffed with Out-of-Network Providers. Receiving services or care from an Out-of-Network Provider at a Preferred Hospital means that those charges will not be paid at the Preferred Hospital level of benefits. It is important that the Insured Student verify that his or her Doctor(s) are Preferred Providers when calling for an appointment or at the time of service.

The most efficient and accurate way to identify Preferred Providers locally is to call HealthEOS toll-free at 1-800-279-9776 or visit their website at [www.healtheos.com/search](http://www.healtheos.com/search). To identify Preferred Providers nationally, call MultiPlan Network toll-free at 1-888-342-7427 or visit their website at [www.multiplan.com](http://www.multiplan.com).

## Intercollegiate Sports

Provided that the additional premium has been paid, insured student athletes who are members of and are participating in intercollegiate baseball, football, softball, basketball, volleyball, soccer, cheerleading, golf, tennis, swimming, cross country, and student trainers/managers sponsored by the Policyholder are covered for sports Injury as for any other Injury.

Benefits will be paid under the Schedule of Benefits for an Intercollegiate Sports Injury up to \$90,000 for each Injury, subject to a separate \$500 deductible for each Injury.

## SCHEDULE OF BENEFITS

Benefit for Covered Services	Preferred Providers (All services rendered at the Student Health Center will be reimbursed at 100%, with no deductible. Students are responsible for applicable co-pays.)	Out-of-Network Providers
<b>Maximum Benefit Paid</b>	\$100,000 per condition, per policy year	
<b>Deductible (DED)</b> The deductible applies to all covered services unless otherwise noted.	\$300 per person, per policy year	\$500 per person, per policy year
<b>Out of Pocket Maximum per insured, per policy year</b>	\$5,000	\$10,000
<b>INPATIENT</b>		
<b>Hospital Room &amp; Board</b> , limited to semi-private room	80% of Preferred Allowance (PA)	60% of Reasonable and Customary (R&C) Charge
<b>Hospital Miscellaneous Expense</b>	80% of PA	60% of R&C Charge
<b>Intensive Care</b>	80% of PA	60% of R&C Charge
<b>Routine Newborn (Nursery charges)</b>	80% of PA	60% of R&C Charge
<b>Surgeon's Fees</b>	80% of PA	60% of R&C Charge
<b>Assistant Surgeon and Anesthetist</b>	80% of PA	60% of R&C Charge
<b>Anesthetist</b>	80% of PA	60% of R&C Charge

## SCHEDULE OF BENEFITS (Con't)

Benefit for Covered Services	Preferred Providers	Out-of-Network Providers
<b>INPATIENT (Con't)</b>		
<b>Registered Nurse Services</b>	80% of PA	60% of R&C Charge
<b>Private Duty Nursing</b>	No Benefit	No Benefit
<b>Doctor's Visit</b> , limited to one visit and does not apply when related to surgery	80% of PA	60% of R&C Charge
<b>Pre-Admission Testing (standard pre-admission testing)</b>	80% of PA	60% of R&C Charge
<b>Physiotherapy, no maximum</b>	80% of PA	60% of R&C Charge
<b>Mental Health</b>	80% of PA	60% of R&C Charge
<b>Substance Abuse</b>	80% of PA	60% of R&C Charge
<b>OUTPATIENT</b>		
<b>Day Surgery Miscellaneous</b> , includes miscellaneous expenses, at an Outpatient Hospital Facility or Ambulatory Service Center (ASC)	80% of PA \$100 Co-pay applies to ASC only	60% of R&C Charge \$100 Co-pay applies to Outpatient Hospital Facility or ASC
<b>Surgeon's Fees</b>	80% of PA	60% of R&C Charge
<b>Assistant Surgeon</b>	80% of PA, limited to 20% of the Surgeon's Fees	60% of R&C Charges, limited to 20% of the Surgeon's Fees
<b>Anesthetist</b>	80% of PA	60% of R&C Charge
<b>Emergency Room</b> , Co-pay waived if admitted	After \$100 Co-pay, 80% of PA	After \$100 Co-pay, 60% of R&C Charge
<b>Urgent Care Center</b>	After \$50 Co-pay, 80% of PA; Deductible Waived	After \$50 Co-pay, 60% of R&C Charge
<b>X-Rays</b>	80% of PA	60% of R&C Charge
<b>Diagnostic Lab Services</b>	80% of PA	60% of R&C Charge
<b>Injections</b>	80% of PA	60% of R&C Charge
<b>Radiation Therapy/Chemotherapy</b>	80% of PA	60% of R&C Charge
<b>Tests &amp; Procedures</b> , includes general diagnostic labs and x-rays, including, but not limited to, MRI and CT Scan	80% of PA	60% of R&C Charge
<b>Doctor's Visits</b>	After \$25 Co-pay, 100% of PA; Deductible Waived	60% of R&C Charge
<b>Consultant/Specialist Visit</b>	After \$40 Co-pay, 100% of PA; Deductible Waived	
<b>Physiotherapy (Combined Therapies and Spinal Manipulations)</b>	80% of PA	60% of R&C Charge
<b>Prescription Drugs</b> , up to a 31 day supply. Prescriptions must be filled at a Medco Pharmacy  <b>Prescription medications dispensed at the Student Health Center are not covered; however, many health centers offer prescriptions for under the Co-pay prices in this plan. Check with your health center for details</b>	\$15 Co-pay for a Generic drug; \$30 Co-pay for a Brand Name Drug; \$50 Co-pay for a Non-Formulary Drug Deductible Waived. Mail Order: 90 day supply at 2X retail Co-pay	Not Covered
<b>Mental Health</b>	After \$25 Co-pay, 100% of PA; Deductible Waived	60% of R&C Charge
<b>Substance Abuse</b>	After \$25 Co-pay, 100% of PA; Deductible Waived	60% of R&C Charge
<b>OTHER</b>		
<b>Ambulance Services (Includes Air/Water Ambulance Services)</b>	80% of PA	60% of R&C Charge
<b>Durable Medical Equipment</b>	80% of PA	60% of R&C Charge
<b>Dental Treatment</b> , Injury to sound, natural teeth. <b>\$500 maximum benefit per Accident</b>	80% of PA	60% of R&C Charge
<b>Maternity/Complications of Pregnancy</b>	80% of PA	60% of R&C Charge
<b>Child Health Supervision Services/Well Child Office Visit</b>	80% of PA; Deductible Waived	60% of R&C Charge

## SCHEDULE OF BENEFITS (Con't)

Benefit for Covered Services	Preferred Providers	Out-of-Network Providers
<b>OTHER SPECIAL COVERAGES</b>		
<b>Preventive Care Services</b> , includes one annual physical per policy year, routine screening and immunizations (Hep A and B, Diphtheria, Tetanus, Pertussis, MMR, Influenza, Polio, HPV, Pneumococcal, Varicella, HIB, and travel immunizations), Cholesterol screenings, GYN screenings, STI screening for males and females, and TB testing/screening as required by the Patient Protection and Affordable Care Act	100% of PA up to Plan Maximum \$40 Co-pay for Travel Immunizations Deductible Waived.	60% of R&C Charge \$40 Co-pay for Travel Immunizations
<b>Hospice</b>	\$5,200 life maximum	\$5,200 life maximum
<b>Skilled Nursing Visit</b>	80% of PA	60% of R&C Charge
<b>Repatriation/Medical Evacuation</b> , services must be approved in advance by On Call International	\$50,000 Repatriation and \$50,000 Medical Evacuation	

## Definitions

**Accident** means a, unexpected and unintended event, which is the direct cause of an Injury. The Accident must occur while the Covered Person is insured under the Policy.

**Complications of Pregnancy** means conditions which require medical treatment before pregnancy ends, and whose diagnosis is distinct from, but are caused or affected by pregnancy. Such conditions are; acute nephritis or nephrosis, cardiac decompensation; missed abortion; hyperemesis gravidarum; pre-eclampsia; non-elective cesarean section; termination of ectopic pregnancy; and spontaneous termination when a live birth is not possible.

Complications of Pregnancy does not include: false labor; occasional spotting; voluntary abortion; Doctor prescribed rest during pregnancy; morning sickness; and similar conditions not medically distinct from a difficult pregnancy.

**Copayment** means a fixed dollar amount that the Covered Person must pay before benefits are payable under the Policy.

**Covered Accident** means an Accident that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Policy for which benefits are payable.

**Covered Expenses** means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies not excluded or limited by the Policy. Coverage under the Policy must remain continuously in force from the date the Accident or Sickness occurs until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

**Covered Person** means any eligible person or an eligible Dependent who applies for coverage, and for whom the required premium is paid to Us.

**Deductible** means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a Policy Term basis before benefits are payable under the Policy. (If 2 or more Immediate Family Members are Injured in the same Covered Accident, only one deductible will apply.)

**Dependent** means: 1) an Insured's lawful spouse; or 2) an Insured's unmarried child, from the moment of birth to age 26, who is chiefly dependent on the Insured for support.

A "child", includes an Insured's: 1) natural child; 2) stepchild; and 3) adopted child, beginning with any waiting period pending finalization of the child's adoption.

Coverage will continue for a child who is 19 or more years old, chiefly supported by his or her parent or dependent on other care providers

and incapable of self-sustaining employment by reason of a handicapped condition that occurred before the attainment of the limiting age. Proof of the child's condition and dependence will be requested by Us within 2 months prior to the date the child will cease to qualify as a child as defined above. Such proof must be submitted to Us within 31 days from the date of the request. We may, at reasonable intervals thereafter, require proof of the continuation of such condition and dependence. If proof is not submitted within the 31 days following any such request, coverage for the Dependent will terminate.

With respect to a handicapped child, "dependent on other care providers" means such child requires a Community Integrated Living Arrangement, group home, supervised apartment, or other residential services licensed or certified by the Department of Human Services, the Department of Public Health, or the Department of Public Aid.

The term "spouse" also includes your domestic partner. You and your domestic partner must submit a complete domestic partner affidavit and meet the following criteria to qualify your domestic partner for insurance under this group policy. For at least six consecutive months prior to the effective date of your domestic partner insurance, you and your domestic partner:

1. are and have been each other's sole domestic partner, and have maintained the same principal place of residence and intend to do so indefinitely;
2. are both at least 18 years of age;
3. are not married or related by blood; and
4. are jointly responsible for each other's welfare and financial obligations.

The term also includes the child of your domestic partner. Any such child must be unmarried and under age 26.

**Doctor** means a Doctor licensed to practice medicine. It also means any other practitioner of the healing arts who is licensed or certified by the state in which his or her services are rendered and acting within the scope of that license or certificate.

It will not include a Covered Person or a member of the Covered Person's Immediate Family or household.

**Elective Surgery or Elective Treatment**: means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective surgery or elective treatment includes any service, treatment or supplies that:

1. are deemed by the Insurer to be research, investigative, or experimental;
2. are not generally recognized and accepted medical practices in the United States.

**Emergency Hospitalization and Emergency Medical Care** means hospitalization or medical care:

That is provided for an Injury or a Sickness caused by the unexpected onset of a medical condition with acute symptoms of sufficient severity and pain that would cause a prudent layperson with an average knowledge of health and medicine to expect that the absence of immediate medical care to result in:

1. The Covered Person's health or in the case of a pregnant woman, the health of the woman and her unborn child, being placed in serious jeopardy.
2. Serious impairment of the Covered Person's bodily functions.
3. Serious dysfunction of any of the Covered Person's bodily organs or parts.

**Experimental or Investigational:** means any procedure, treatment, facility, supply, device, or drug that:

1. is not generally accepted by the United States medical community as effective for diagnosis, care or treatment; or
2. is subject to research protocols indicating that the procedure, treatment, facility, supply, device, or drug is "experimental or investigational;" or
3. requires the patient to sign a consent form which indicates that the procedure, treatment, supply, device, or drug is "experimental or investigational" or is part of a research or study program; or
4. requires the provider's institutional review board to acknowledge that the procedure, treatment, facility, supply, device, or drug is "experimental or investigational," and subject to the board's approval.

**Important Notice** - The insurer may rely upon the advice of medical and dental peer review groups and other medical and dental experts to determine which services and/or supplies are experimental or investigational. The decision whether there is enough scientific data, and the decision whether a service or supply is "experimental or investigational" will be made by the insurer.

The insurer will determine, in its discretion, whether a procedure, treatment, facility, supply, device, or drug is "experimental or investigational"

**Home Health Care** means nursing care and treatment and Daily Living Services provided to a Covered Person in His home as part of an overall extended treatment plan. To qualify for Home Health Care Benefits:

1. the Home Health Care plan must be established and approved in writing by a Covered Person's attending Doctor, including certification in writing by the attending Doctor that confinement in a Hospital or extended care facility would be required in the absence of Home Health Care;
2. nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care agency; and
3. Daily Living Services must be approved in writing by the attending Doctor or by the provider of the nursing care services.

"Daily Living Services" means cooking, feeding, bathing, dressing and personal hygiene services performed by a Home Health Aide, and which are necessary to the care and health of the Covered Person.

**Hospice:** means a public or private agency or facility which: 1) administers medically supervised written plans of physical, psychological, social and spiritual care for terminally ill individuals and their immediate family; 2) has its own staff doctors, nurses and medical and social counseling services on call 24 hours a day, 7 days a week or contracts and monitors this staff if not furnished by the hospice itself; 3) is supervised on a full-time basis by a doctor or registered nurse (RN); 4) keeps a written record of all hospice services furnished to its patients and families; 5) makes use of trained volunteers and keeps written records of their use and cost savings; 6) is licensed or certified according to the laws of the state in which it is located; and 7) provides bereavement and medical social services.

**Hospital** means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services

for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for diagnosis, treatment and surgery, either: a) on its premises; or b) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such.

Hospital also means a licensed alcohol and drug abuse rehabilitation facility or a mental hospital. Alcohol and drug abuse rehabilitation facilities and mental hospitals are not required to provide organized facilities for major surgery on the premises on a prearranged basis.

**Hospital Confined** means a stay of 18 or more consecutive hours as a registered resident bed-patient in a Hospital.

**Immediate Family** means a Covered Person's parent, spouse, child, brother or sister.

**Injury** means accidental bodily harm sustained by a Covered Person that results directly and independently of disease and any bodily infirmity from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

**Insured** means a person in a Class of Eligible Persons who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person. An Insured is not a Dependent covered under the Policy.

**Medically Necessary** means a service, drug or supply which is necessary and appropriate for the diagnosis and treatment of a Covered Injury and Covered Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided. A service, drug or supply will not be considered as Medically Necessary if, it:

1. is investigational, experimental or for research purposes;
2. is provided solely for the convenience of the patient, the patient's family Doctor, Hospital or any other provider;
3. exceeds in scope, duration or intensity the level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment;
4. could have been omitted without adversely affecting the person's condition or the quality of medical care; or
5. involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration.

**Out-of-Network** means a provider who has not agreed to any prearranged fee schedules. We will not pay charges in excess of the Usual and Customary Charges.

**Preferred Allowance;** means the amount a Preferred Provider will accept as payment in full for covered medical expenses.

**Preferred Provider** means the Doctors, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

**Prescription Drugs** mean 1) prescription legend drugs; 2) compound medications of which at least one ingredient is a prescription legend drug; 3) any other drugs that under the applicable state or federal law may be dispensed only upon written prescription of a Doctor; and 4) injectable insulin.

**Sickness** means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

**Usual and Customary Charge** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

**We, Our, Us** means Companion Life Insurance Company, Inc., or its authorized agent.

Prescription Drug Benefit

The outpatient prescription drug program is available through the MEDCO Pharmacy Network (MEDCO). The MEDCO Pharmacy Network includes national pharmacy chains such as Brooks Pharmacy, Walgreens, Rite Aid, CVS, etc. as well as local independent pharmacies. At designated MEDCO Pharmacies, you will pay a \$15 co-payment for a 30-day supply of a generic drug, a \$30 co-payment for a 30-day supply of name brand drug, and a \$50 co-payment for a 30-day supply of a Non-Formulary tier drug up to the policy maximum benefit. Insured persons use their student health insurance ID card to show to the pharmacy as proof of coverage. If a prescription needs to be filled prior to receiving the ID card, reimbursement will be made upon submitting a completed Rx claim form. Claim forms can be obtained under the Pharmacy Program tab on your campus homepage at [www.gallagherkoster.com/UWISystem](http://www.gallagherkoster.com/UWISystem). To locate a participating Medco participating pharmacy, visit [www.medco.com](http://www.medco.com).

Mail Service Prescription Drug Program

Medications that are taken for a chronic condition can also be filled for up to a 90-day supply using Medco’s Mail Service Prescription Drug Program. Using the Mail Service Prescription Drug Program, a 90-day supply of a medication can be filled with a co-payment that is 2 times the co-payment of a 30-day supply. When you use the Mail Service Prescription Drug Program you will need to complete a “Medco By Mail” order form and mail it directly to Medco along with your doctor’s signed prescription form. After submitting your initial prescription, additional prescriptions can be filled by going online to [www.medco.com](http://www.medco.com). Mail order prescriptions will not be filled less than 45 days from the termination date of the policy. A brochure describing the Mail Service Prescription Drug Program and order forms are available by going to [www.gallagherkoster.com/UWISystem](http://www.gallagherkoster.com/UWISystem), clicking on the specific campus link, and then clicking on the “Pharmacy Program” link on the left.

Not all medications are covered, for example vitamins or food supplements, smoking deterrents, drugs to promote hair growth or weight loss, immunizations, and experimental drugs.

Emergency Medical Evacuation

The insurance plan provides continuous protection, 24 hours a day, anywhere in the world during the period of coverage for which the proper premium has been paid. We will pay for benefits for the Covered Expenses incurred, up to \$50,000 if any Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person. Emergency Medical Evacuation means: a) the Insured Person’s medical condition warrants immediate Transportation from the place where the Insured Person is injured or ill to the nearest Hospital or home residence where appropriate medical treatment can be obtained; or b) for International Students after being treated at a local Hospital; the Insured Person’s medical condition warrants Transportation to his/her Home Country to obtain further medical treatment to recover. All Transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical conveyance; and (b) approved in advance by the Company (On Call International). Expenses for special transportation must be: (a) recommended by the attending Physician; or (b) required by the standard regulations of the conveyance transporting the Insured Person. Special transportation includes, but is not limited to: air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending Physician.

Repatriation of Remains

The insurance plan provides continuous protection, 24 hours a day, anywhere in the world during the period of coverage for which the proper premium has been paid. In the event of the death of an Insured Person, we will pay the actual charges up to a maximum of \$50,000 for preparation and transportation of the Insured Person’s remains

to his or her home country. This will be in accord with all legal requirements in effect at the time the body remains are to be returned to his or her Home Country. The death must occur while the person is insured for this benefit. Covered expenses include expenses for embalming, cremation, coffins, and transportation. Repatriation of remains must be approved in advance by the Company.

Travel Assistance Services

Included in this health insurance program is access to a 24-hour worldwide assistance network for emergency assistance anywhere in the world. Simply call the assistance center collect. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. The following services are included in this Plan:

- 1. Referral to the nearest, most appropriate medical facility, and/or Provider.
- 2. Medical monitoring by board certified emergency physicians in the United States.
- 3. Urgent message relay between family, friends, personal physician, school, and insured.
- 4. Guarantee of payment to Provider and assistance in coordinating insurance benefits.
- 5. Arranging and coordinating emergency medical evacuations and repatriations.
- 6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
- 7. Referral to legal assistance.
- 8. Assistance in locating lost or stolen items including lost ticket application processing.

Contact On Call International for any of these services:  
Toll Free from U.S. and Canada: 1-800-407-7307  
Dial Direct or Call Collect Worldwide: 1-603-898-9159 or [www.oncallinternational.com](http://www.oncallinternational.com).

24-hour Nurse Advice Line

Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. ON CALL INTERNATIONAL, Inc. provides Members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Members). Nurses shall not diagnose Member’s ailments. Students must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the Nurse Advice program. This program gives Insured students access to a toll-free nurse information line 24-hours a day, 7 days a week. To access a wealth of useful health care information, contact the Nurse Advice Line at 1-800-407-7307.

Accidental Death and Dismemberment

Loss of Life Limb or Sight – Maximum Benefit

Life	\$5,000
Two or more Members	\$5,000
One Member	\$2,500
Thumb or Index Finger	\$1,250

Member means hand, arm, foot, leg or eye. Loss shall mean: For hands, arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint. For eyes, the entire and irrecoverable loss of sight.

The Insurer will pay the stated benefit if death or one of the specified losses occurs under the following conditions:



1. loss is, directly and independently of disease or any bodily infirmity, the result of the accidental injury; and
2. the Injury occurred while the Covered Person insured by this policy; and
3. the death or loss occurred within 180 days of the Injury.

If the accidental Injury results in more than one of the specified losses, benefits will be paid only for the greatest. The total benefit payment under this coverage in combination with any benefits payable under the medical expense portion of this policy will not exceed the Policy Maximum Benefit as stated in the Schedule of Benefits.

### Exclusions

No benefit will be paid by this coverage for a death or loss that results from, or that is caused by or is the result of a disease or mental illness, or the treatment of these conditions. Coverage is also subject to all exclusions or limitations shown in the General Exclusion section of this Policy.

## State Mandated Benefits

### Mammography Examinations and Pap Smear Test Expense Benefit

Benefits payable under the group policy include covered expenses incurred by a Covered Person for mammography examinations for the presence of occult breast cancer.

Benefits payable for routine mammography screenings, however, will be limited to the following schedule:

1. one baseline mammography examination for women age 35 through age 39;
2. an annual mammography examination for women age 40 and older.

Benefits are also payable under the group policy for expenses incurred by a covered person for annual cervical or Pap Smear test.

The benefits payable for mammography screening and Pap Smears are payable to the same extent as any other screening or test, and are subject to all of the provisions and limitations of the Policy.

### Bone Mass Measurement and Osteoporosis Treatment Expense Benefit

We will pay covered Expenses incurred by a Covered Person for bone mass measurement, and the diagnosis and treatment of osteoporosis. Benefits are payable to the same extent as for any other covered sickness and subject to all of the provisions and limitations of the Policy.

### Mental and Nervous Conditions Expense Benefit

We will pay the Covered Expenses incurred by a Covered Person for Medically Necessary treatment of Mental and Nervous Conditions furnished, as described below.

Benefit payments for Mental and Nervous Conditions will be subject to any Deductible, Coinsurance rate, Benefit Maximum, lifetime Aggregate Benefit Maximum, and Benefit Period shown in the Schedule of Benefits.

The Covered Person may select any Doctor, clinical psychologist or clinical social worker, who is licensed by the state in which services are rendered, to treat such ailments. The Insurer will pay the Covered Expenses for such treatment up to the limits stated in the Schedule of Benefits, provided that: (a) the ailment treated is covered by this Policy; and (b) the Doctor, psychologist or social worker is acting within the scope of his or her license in rendering such treatment.

### Inpatient Care Following Mastectomy

Inpatient benefits following a mastectomy will be provided for a length of time determined by the attending Doctor to be Medically Necessary. The length of time will be based on the evaluation of the patient and the availability of post-discharge doctor's office visit or in-home nurse visit to verify the condition of the patient in the first 48 hours after discharge.

Benefits will be payable on the same basis as any other illness under the Policy.

"Mastectomy" means the surgical removal of all or part of a breast.

### Breast Reconstructive Surgery after Mastectomy

The federal Women's Health and Cancer Rights Act requires coverage for certain treatment related to mastectomy. If you are eligible for mastectomy benefits under this Policy and you elect breast reconstruction in connection with such mastectomy, you also are covered for the following:

1. Reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment for physical complications of all stages of mastectomy, including Lymphedemas.

Coverage for breast reconstructive surgery may not be denied or reduced on the grounds that it is cosmetic in nature or, that it otherwise does not meet the group policy definition of "Medically Necessary" or "medically required."

Benefits will be payable on the same basis as any other illness or injury under the Policy, including the application of appropriate deductibles and coinsurance amounts.

### Hospitalization and Anesthesia Related to Dental Procedures

We will pay the Covered Expenses incurred for Hospital or Ambulatory Surgical Center services and for anesthetics in conjunction with dental procedures for a Covered Person who:

1. Is a dependent child age 6 or under; or
2. Has a medical condition that requires hospitalization or general anesthesia for dental care; or
3. Is disabled.

For purposes of this provision, "disabled" means a person, regardless of age, with a chronic disability that meets all of the following conditions:

1. It is attributable to a mental or physical impairment or combination of both;
2. It is likely to continue; or
3. It results in substantial functional limitations in 1 or more of the following areas of major life activity:
  - a. self-care;
  - b. receptive and expressive language;
  - c. learning;
  - d. mobility;
  - e. capacity for independent living; or
  - f. economic self-sufficiency.

Coverage will be subject to all conditions and limitations of the Policy. Benefits for these services will be payable to the same extent as when they are provided for any other covered Sickness or Injury.

Services for dental care are not covered except as may otherwise be provided by the Policy.

### Prostate Cancer Screening Expense Benefit

We will pay the Covered Expenses incurred by a Covered Person for an annual Prostate Cancer Screening for covered men upon the recommendation of a Doctor, for prostate cancer screening tests as follows.

Benefits cover an annual digital rectal exam and a prostate-specific antigen ("PSA") blood test for:

1. asymptomatic men age 50 and over;
2. African-American men age 40 and over; and
3. men age 40 and over with a family history of prostate cancer.

These benefits are payable to the same extent as any other diagnostic exam; and are subject to all of the provisions and limitations of the Policy.

### **Colorectal Cancer Screening Expense Benefit**

We will pay the Covered Expenses incurred by a Covered Person for colorectal cancer examinations and laboratory tests when ordered or authorized by a Doctor. Such examinations and testing must be consistent with the American Cancer Society guidelines on colorectal cancer screening or other existing colorectal cancer screening guidelines issued by nationally recognized professional medical societies or federal government agencies.

These benefits are payable to the same extent as any other diagnostic exam, and are subject to all of the provisions and limitations of the Policy.

### **Diabetes Coverage**

Benefits will be paid for Covered Expenses incurred by a Covered Person for Medically Necessary equipment and related supplies for the treatment of diabetes when prescribed by a Doctor or other licensed health care provider.

Benefits for such charges will be payable on the same basis as any other illness under the Policy.

Equipment and related supplies which may be Medically Necessary include, but are not limited to, the following:

1. Blood glucose monitors;
2. Blood glucose monitors for the visually impaired;
3. Diabetes data management systems for management of blood glucose;
4. Insulin pumps and equipment for the use of the pump including batteries;
5. Insulin infusion pumps; and
6. Podiatric appliances and therapeutic footwear.

Coverage is also provided for the regular foot care exams of a diabetic patient when provided by a licensed Doctor.

Benefits are payable on the same basis as any other covered Sickness under the Policy.

### **Diabetic Self-Management Education Programs**

Benefits are payable for Covered Expenses incurred for a program of instruction in the self-care of diabetes that enables a diabetic to understand the disease and to manage its daily therapy.

Such a program must be prescribed by a Doctor. The program must be taught by a "qualified provider," which means a licensed Doctor or a certified, registered or licensed health care professional with expertise in diabetes management to whom the diabetic has been referred by a Doctor.

Coverage includes Medically Necessary visits to a "qualified provider" after the diabetic's Doctor has made an initial diagnosis of diabetes up to the maximum shown in the Schedule of Benefits and after the diabetic's Doctor has determined that a significant change in the diabetic's symptoms or medical condition has occurred. A "significant change" in condition means symptomatic hyperglycemia {greater than 250 mg/dl on repeated occasions}, severe hypoglycemia {requiring the assistance of another person}, onset or progression of diabetes, or a significant change in medical condition that would require a significantly different treatment regimen.

Diabetic self-management education benefits are payable to the same extent as any other covered Sickness and subject to all of the terms and conditions of the Policy.

### **Home Health Care Expense Benefit**

We will pay the Covered Expenses incurred for care and treatment rendered to a Covered Person by a Home Health Care Agency for the following Home Health Care Services:

1. Nursing care furnished by or under the supervision of a registered nurse;
2. Certified nurse aide service under the supervision of a registered nurse or a qualified therapist;
3. Physical therapy, occupational therapy, speech therapy and audiology; respiratory and inhalation therapy;
4. Medical social service by a qualified social worker licensed by the jurisdiction in which services are rendered;
5. Nutrition counseling by a nutritionist or dietician;
6. Home Health Aide services;
7. Medical appliance and equipment, drugs and medicines, and laboratory services;
8. Any diagnostic and therapeutic service, including surgical services, performed in a Hospital outpatient department, ambulatory surgical facility, Doctor's office, or any other licensed health care facility, to the extent such service would have been covered under the Policy, and provided that such service is delivered as part of the Home Health Care Plan.

Home Health Care Agency visits are limited to 40 visits in any continuous 12-month period. Services up to 4 hours by a Home Health Agency team will be considered as one Home Health Care Agency visit.

Benefit payments will be subject to any Deductible, Co-payment, Coinsurance rate, Benefit Maximum, Lifetime Aggregate Benefit Maximum, and Benefit Period shown in the Schedule of Benefits.

### **Definitions**

"Home Health Aide" means a person who:

1. Provides care of a medical or therapeutic nature, or who provides Daily Living Services; and
2. Reports to and is under the direct supervision of a Home Health Care Agency.

Home Health Agency: means an organization, or its distinct part, that meets all these tests:

1. its' primary purpose is providing skilled nursing and other therapy for, and in the private homes of, persons recovering from an Injury or Sickness.
2. it is licensed or approved under any state or local standards that apply; it is run under policies established by a professional staff that includes Doctors and registered nurses.
3. its' services are supervised by a Doctor or registered nurse; it keeps clinical records on all patients.
4. it does not, except incidentally, provide care or treatment of the mentally ill or care of a custodial nature.

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## **Coordination of Benefits Provision**

This provision applies to persons covered by the Policy and one or more other medical or dental plans. This Plan is excess to any other plan of medical or dental insurance the Covered Person may have.

No benefit is payable for any Covered Expense incurred, which is paid or payable by any other valid and collectible insurance. Covered Expenses does not include any amount not covered by the primary carrier due to penalties for failure to comply with policy provisions or requirements

This provision will not apply to the first \$100.00 of incurred Covered Expense.

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## **Termination of Insurance**

Benefits are payable under the Policy only for those Covered Medical Expenses 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.

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## Pre-Existing Condition Limitation

The Policy does not provide coverage for a Pre-Existing Condition until the Covered Person's coverage has been in force for a period of not less than 6 months. This limitation will not apply to pregnancy or coverage provided to newborn or adopted children.

The Pre-Existing Conditions Limitation will be waived if:

1. the Covered Person was insured under Creditable Coverage; and
2. Such coverage was continuous to a date not more than 63 days prior to the effective date of coverage under this Policy; and
3. the Covered Person previously met the Pre-Existing conditions limitation of such policy; or
4. the Covered Person is under the age of 19.

"Pre-Existing Conditions" means any condition, Injury or Sickness for which the Covered Person incurred expenses, received medical treatment, or consulted a health care professional within the 12 months immediately preceding the effective date of coverage.

"Qualifying Previous Coverage" means: (1) Medicare or Medicaid; (2) an employee welfare plan or group health insurance or health benefit plan; (3) an individual health benefit plan; (4) a state health benefits risk pool; (5) CHAMPUS or CHAMPUS/TRICARE; (6) a medical care program of the Indian Health Service or of a tribal organization; (7) a health plan offered under the federal employees health benefits program (FEHBP); (8) a public health plan; or (9) a health benefit plan of the Peace Corps Act.

Qualifying Previous Coverage does not include accident only, credit, dental, vision, Medicare supplement, long-term care, disability income insurance, coverage issued as a supplement to liability insurance, worker's compensation or similar insurance, automobile medical payment insurance, specified diseases, hospital indemnity, or limited benefit health insurance.

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## Exclusions and Limitations

This Plan does not cover nor provide benefits for:

1. Preventative medicines, serums, immunizations, or vaccines, except as specifically provided;
2. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Insured Person;
3. Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports and professional sports;
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, reconstructive surgery following a mastectomy as provided for in the *Breast Reconstruction Expense Benefit* and reconstructive surgery because of congenital disease or anomaly of a covered Dependent newborn child which has resulted in a functional defect or to the extent specifically covered under this Policy;
5. Illness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungi-cord jumping;
6. Correction of congenital defects except as specifically provided;

7. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
  8. 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;
  9. Charges for treatment of any Injury or Sickness due to an Insured Person's commission of, or attempt to commit a felony, or a crime which would be considered a felony if prosecuted;
  10. Injury due to participation in a riot;
  11. Expenses incurred in connection with family planning, the enhancement of fertility, fertility tests, correction of infertility, in-vitro fertilization, artificial insemination, and services or supplies for inducing conception;
  12. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity;
  13. Expenses incurred for transsexual surgery or any treatment leading to or in connection with transsexual surgery;
  14. 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;
  15. Well baby care, including routine exams and immunizations, except as specifically provided;
  16. Routine periodical physical examinations, except as specifically provided;
  17. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
  18. Elective Treatment or elective surgery, except as specifically provided;
  19. 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 regular published schedules on a regularly established route;
  20. Expense incurred for: tubal ligation; vasectomy; breast implants; breast reduction; sexual reassignment surgery; impotence (organic or otherwise); non-cystic acne; non-prescription birth control; submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism;
  21. Alternative health care, including (but not limited to) acupuncture, except as specifically provided, acupressure, biofeedback, reflexology, and rolfing type services;
  22. Hearing aids, including exams for fitting, except as required to correct damage caused by an Injury which occurs while the patient is covered by this Plan, provided they are obtained within four months of the date of the Injury.
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## Claims Procedures

A claim form is not required to submit a claim. However, an itemized medical bill, HCFA 1500, or UB-92 form should be used to submit expenses. The Insured Student/Person's name and identification number need to be included.

The form(s) 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 the Claims Administrator, Klais & Company, Inc. at 1847 West Market St. Akron, OH 44313.

Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator, Klais & Company, Inc.

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## HIPAA Notice

### HIPAA NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION.

#### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This is your Health Information Privacy Notice from COMPANION LIFE INSURANCE COMPANY (referred to as We or Us). This notice is effective April 14, 2003. This notice provides you with information about the way in which We protect Personal Health Information ("PHI") that We have about you. PHI includes individually identifiable information which relates to your past, present or future health, treatment or payment for health care services. This notice also explains your rights with respect to PHI. The Health Insurance Portability and Accountability Act ("HIPAA") requires Us to: Keep PHI about you private; provide you this notice of our legal duties and privacy notices with respect to your PHI; and follow the terms of the notice that are currently in effect.

**Use and Disclosure of PHI:** We obtain PHI in the course of providing and/or administering health insurance benefits for you. In administering your benefits, We may use and/or disclose PHI about you and your dependents. The following are some examples, however, not every use or disclosure in a category will be listed:

**for Health Care Payment Purposes:** For example, We may use and disclose PHI to administer and process payment of benefits under your insurance coverage, determine eligibility for coverage, claims or billing information, conduct utilization reviews, or to another entity or health care provider for its payment purposes.

**for Health Care operations Purposes:** For example, We may use and disclose PHI for underwriting and rating of the plan, audits of your claims, quality of care reviews, investigation of fraud, care coordination, investigate and respond to complaints or appeals, provider treatment review and provision of services.

**for Treatment Purposes:** For example, We may use and disclose PHI to health care providers to assist in their treatment of you. We do not provide health care treatment to you directly.

**for Health Services:** For example, We may use your medical information to contact you to give you information about treatment alternatives or other health related benefits and services that may be of interest to you as part of large case management or other insurance related services.

**for Data Aggregation Purposes:** For example, We may combine PHI about many insureds to make plan benefit decisions, and the appropriate premium rate to charge.

**To You About Dependents:** For example, We may use and disclose PHI about your dependents for any purpose identified herein. We may provide an explanation of benefits for you or any of your dependents to you.

**To Business Associates:** For example, We may disclose PHI to administrators who are contracted with Us who may use the PHI to administer health insurance benefits on our behalf and such administrators may further disclose PHI to their contractors or vendors as necessary for the administration of health insurance benefits.

If your state has adopted a more stringent standard regarding any of the above uses or disclosures of your PHI, those standards will be applied.

**Additional Uses or Disclosures:** We may also disclose PHI about you for the following purposes: To comply with legal proceedings, such as a court or administrative order, subpoena or discovery requests. To law enforcement officials for limited law enforcement purposes. To a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to the Plan to do this. To your personal representatives appointed by you or designated by applicable law. For research purposes in limited circumstances. To a coroner, medical

examiner, or funeral director about a deceased person. To an organ procurement organization in limited circumstances. To avert a serious threat to your health or safety or the health or safety of others. To a governmental agency authorized to oversee the health care system or government programs. To the Department of Health and Human Services for the investigation of compliance with HIPAA or to fulfill another lawful request. To federal officials for lawful intelligence, counterintelligence, national security purposes and to protect the president. To public health authorities for public health purposes. To appropriate military authorities, if you are a member of the armed forces. In accordance with a valid authorization signed by you.

**Your Rights Regarding PHI That we Maintain About You:** You have various rights as a consumer under HIPAA concerning your PHI. You may exercise any of these rights by writing to Us in care of Gallagher Koster Student Insurance, 500 Victory Rd, Quincy MA 02171, Attn: HIPAA Privacy Office. You have the right to inspect and copy your PHI. If you request a copy of the information, We may charge a fee for the costs of copying, mailing or other supplies associated with your request. You have the right to ask Us to amend the PHI that is contained in a "designated record set", e.g., information used to make enrollment, eligibility, payment, claims adjudication and other decisions. You have the right to request an amendment for as long as we maintain the PHI. Requests must be made in writing and include the reason for the request. We may deny the request if the PHI is accurate and complete or if we did not create the PHI. You have the right to request a list of our disclosures of the PHI. Your request must state a time period, may not include dates before April 14, 2003 and may not exceed a period of six years prior to the date of your request. If you request more than one list in a year, We may charge you the cost of providing the list. We will notify you of the cost and you may withdraw or modify your request before any costs are incurred. Any list of disclosures provided by Us will not include disclosures made for payment, treatment or healthcare operations; made to you or persons involved in your care; incidental disclosures, authorized disclosures, for national security or intelligence purposes or to correctional institutions. You have the right to request to restrict the way We use or disclose PHI regarding treatment, payment or health care operations. You also have the right to request to restrict the PHI We disclose about you to someone who is involved in your care or the payment for your care. We are not required to agree to your request. If We do agree, We will comply with your request unless the information is needed to provide you emergency treatment. Your request must be in writing and state (1) what information you want to restrict; (2) whether you want to restrict our use, disclosure or both; and (3) to whom you want the restrictions to apply. Uses and disclosures of your PHI, other than those listed above, require prior written authorization from you. You may revoke that authorization at any time by writing to Us at the address at the end of this notice. You have the right to request that We communicate personal information to you in a certain way or at a certain location. Your request must specify how or where you wish to be contacted. We will comply with reasonable requests. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice upon request. You may request a paper copy of this notice by calling Us at 877-349-9017 or submitting the request to COMPANION LIFE INSURANCE COMPANY, c/o Gallagher Koster Student Insurance, 500 Victory Rd, Quincy MA 02171, Attn: HIPAA Privacy Office.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with Us. When filing a complaint, include your name, address and telephone number and We will respond. All complaints must be submitted in writing to COMPANION LIFE INSURANCE COMPANY, c/o Gallagher Koster Student Insurance, 500 Victory Rd, Quincy MA 02171, Attn: HIPAA Privacy Office. You may also contact the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

**Changes To This Notice:** We reserve the right to modify this Privacy Notice and our privacy policies at any time. If We make any modifications, the new terms and policies will apply to all PHI before and after the effective date of the modifications that We maintain. If We make material changes, We will send a new notice to insureds. If you have any questions regarding this notice, please call 877-349-9017 or send your written questions to the address at the end of this notice. Please include your name, the name of your insurance plan, your policy/ID number or copy of ID card, your address and telephone number and We will respond.

**ALL QUESTIONS AND REQUESTS REGARDING YOUR RIGHTS UNDER THIS NOTICE SHOULD BE SENT TO:**

**COMPANION LIFE INSURANCE COMPANY**  
**c/o Gallagher Koster Student Insurance**  
**500 Victory Road**  
**Quincy, MA 02171**  
**Attn: HIPAA Privacy office**

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## Questions? Need More Information?

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

**Klais & Company, Inc.**

1867 West Market Street  
Akron, OH 44313  
Phone: 1-877-349-9017  
Email: [KlaisClaims@klais.com](mailto:KlaisClaims@klais.com)  
Website: [www.klais.com](http://www.klais.com)

For general information on how to enroll, student ID cards, or service issues, please contact:

**Gallagher Koster**

500 Victory Road  
Quincy, MA 02171  
Phone: 1-800-306-0271  
Email: [UWSPStudent@gallagherkoster.com](mailto:UWSPStudent@gallagherkoster.com)  
[www.gallagherkoster.com/UWISystem](http://www.gallagherkoster.com/UWISystem)

This plan is underwritten by:

**Companion Life Insurance Company**

A Division of Blue Cross Blue Shield of SC  
Policy Number: CLSP0043-12

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