

12. Expenses incurred after: a) The date insurance terminates as to the Insured Person; b) The Aggregate Maximum Benefit for each Covered Injury or Sickness has been attained; and c) The end of the Benefit Period specified in the Benefit Schedule.
13. Loss resulting from playing, practicing, traveling to or from, or participating in any intercollegiate or professional sports except as provided in the Schedule of Benefits of the Policy.

Preexisting Condition Limitation—The Policy does not cover Preexisting Conditions for the first twelve (12) months following effective date of an Insured Person's coverage. However, the Company will waive this Limitation for an Insured who: 1) Is a returning Student or his/her Dependent(s) who has been Continuously Insured, as defined in the Policy, or 2) Is either a newly enrolled Student or a student who has not been Continuously Insured and who can provide satisfactory evidence of prior Creditable Coverage, as defined in the Policy. The Preexisting Condition Limitation will also be waived for an Insured Dependent who can provide evidence of prior Creditable Coverage. To qualify for this waiver, an Insured or his or her Insured Dependent must fulfill all of the following requirements: a) He or she must not be covered under any other health insurance. b) He or she must have had health insurance for a total of 12 months. Coverage of less than 12 months will be credited toward satisfying the Preexisting Condition Limitation. This provision will be effective provided the Insured becomes eligible and applies for coverage under the Policy within 63 days of the termination of his or her prior coverage. c) His or her most recent coverage must meet the definition of Creditable Coverage in the Policy.

CLAIM FILING PROCEDURE

Claims may be filed with the Valparaiso University Student Health Center at 1406 LaPorte Avenue, Valparaiso, IN 46383 or sent directly to Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, NY 13502. Notification of injury or sickness must be provided to the Claims Administrator, Special Risk Claims, Commercial Travelers Mutual Insurance Company by submitting a Student Insurance Medical Claim Form within 30 days after the date of accident or commencement of sickness. Bills for which benefits are to be paid must be submitted within 90 days of the date of treatment.

NOTE: Medical expense due to intercollegiate (varsity) athletic injury should be referred to the Varsity Athletic Trainers for further instructions.

HOW TO FILE AN APPEAL

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator listed below.

Underwritten and Claims Administered by:

Special Risk Claims

Commercial Travelers Mutual Insurance Company

70 Genesee Street • Utica, NY 13502
800-756-3702 • www.studentplanscenter.com
as policy form # CTBH-280(Rev. 04)(IN)

For a copy of the Company's Privacy Notice go to:

www.commercialtravelers.com/privacy.html

or Request one from the Health office at your school

or Request one from:

Commercial Travelers Mutual Insurance Company
c/o Privacy Officer
70 Genesee Street • Utica, NY 13502

*(Please indicate the school you attend
with your written request.)*

Local Representative:

Wells Fargo Insurance Services

P.O. Box 276 • Columbus, OH 43216-0276
800-228-6768

wfi.wellsfargo.com/colleges

Network Provider:

Beech Street • 800-432-1776

www.beechstreet.com

Representations of this plan must be approved by the Company.

This is not the Policy. Rather it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.

VALPARAISO UNIVERSITY

**Valparaiso,
Indiana**



2009–2010

STUDENT ACCIDENT AND SICKNESS PLAN

Policy No. 2009M3A96

It is suggested that students keep this outline of coverage with them at all times because no individual certificates will be issued. The Master Policy is maintained by the University.

2009-M3A96 (Bro/Dom)

VALPARAISO UNIVERSITY

Valparaiso, Indiana 46383

Valparaiso University is interested in promoting good health practices as well as preventing sickness and accidents among students. The University does not assume financial responsibility for a student in case of illness or accident. The University maintains the Student Health Center for the treatment of minor illnesses and minor accidents. The services of the physician and nurses and some minor laboratory tests are provided to students at no charge. Illnesses or accidents which require more extensive treatment or services are referred to the local hospital adjacent to the campus or to physicians in the community. Students or their parents are responsible for the costs of such treatment if it is not covered by the Student Accident and Sickness Insurance Plan.

The Basic Student Accident and Sickness Insurance Plan is provided for all full-time undergraduate and full-time law students who are enrolled for 12 credit hours or more and pay the full general fee to the University. The cost is covered by the general fees which a student pays at the beginning of each semester. The Basic Student Accident and Sickness Insurance Plan provides payment for hospital and surgical expenses up to specified limits as described in this pamphlet. The benefits of this Plan are coordinated with any other hospital or surgical insurance a student may have.

The Basic Student Accident and Sickness Insurance Plan is not designed to cover all medical costs. The student or parents will be responsible for costs over and above the Basic Insurance payments either by the individual physician, hospital or lab in those cases where the Basic Insurance pays only a part of the medical expense incurred. This is particularly so when such expense is incurred while the student is away from the University. Therefore, we wish to call to your attention the Optional Supplemental Medical Benefits that are being made available in conjunction with the Basic Benefits.

ELIGIBILITY

All full-time undergraduate and all full-time law students who are enrolled for 12 credit hours or more and pay the full general fee will be covered in accordance with the Plan.

GENERAL INFORMATION

The Policy is underwritten by Commercial Travelers Mutual Insurance Company, Utica, New York, and is serviced by Wells Fargo Insurance Services, P.O. Box 276, Columbus, Ohio 43216-0276. All claims will be paid by Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, NY 13502. The benefits of this Plan will be coordinated with any other insurance that the Student may have (other than automobile). For injuries incurred in the practice or participation in intercollegiate athletics, benefits under this Plan are to be coordinated with the college-sponsored athletic coverage.

COVERAGE

This Plan, subject to the benefits and exclusions outlined in this brochure, protects the Insured Student of Valparaiso University at home, at school, or while traveling—24 hours a day—anywhere in the world, during the term of the Student's Policy.

1. Benefits become effective at 12:01 a.m. on August 11, 2009 and continue during the period for which the premium has been paid. The Master Policy expires at 12:01 a.m. on August 11, 2010.
2. Coverage is automatically cancelled when a student terminates his/her association as a full-time student with Valparaiso University.
3. Protection is in effect during all interim vacation periods.

STUDENT HEALTH CENTER REFERRAL

The Student Accident and Sickness Insurance Plan is a supplemental plan. When available, the student must first use the resources of the Student Health Center (SHC) where treatment will be administered or a referral issued. Expenses incurred for medical treatment rendered outside of the SHC for which no prior approval or referral is obtained may be excluded from coverage. A referral issued by the SHC must accompany the claim when submitted.

SHC referral for outside care is not necessary **ONLY** under the following conditions:

1. For a Medical Emergency. The student must return to the SHC for necessary follow-up care.
2. When the SHC is closed.
3. When service is rendered at another facility during break or vacation period.

TREATMENT PROCEDURES

In the event of injury or sickness, the Student should:

- A. If at the University, secure treatment at the Student Health Center during regularly scheduled hours. If the Health Center is closed and it is an emergency, secure treatment at the Porter Hospital Emergency Room.
- B. If away from the University, secure treatment at the nearest hospital.

STUDENT ACCIDENT AND SICKNESS MEDICAL PLAN

BASIC BENEFITS

When hospital or medical care is necessary on account of injury sustained or sickness contracted and treated during the period for which the Student is covered, the Company will pay the usual and reasonable medical expense up to \$500 per covered accident or sickness incurred. Such payment is subject to the following provisions:

HOSPITAL ROOM AND BOARD: Accommodation in a semi-private room not to exceed \$70 per day.

HOSPITAL MISCELLANEOUS EXPENSE: While the student is confined as a bed patient in a hospital: Up to \$100 for x-ray examinations, laboratory tests, plaster casts, use of operating room, hospital rendered medicines, and temporary surgical appliances.

OUTPATIENT SURGERY MISCELLANEOUS: For surgery performed in a hospital emergency room, trauma center, physician's office, outpatient surgical center or clinic, up to \$100 for x-ray examinations, laboratory tests, plaster casts, use of operating room, drugs and medicines (excluding take home drugs and temporary surgical appliances).

SURGERY (In or Out of Hospital): Benefits for injuries and operations are in accordance with a graduated schedule ranging from \$7.50 up to a maximum of \$300 for the surgeon's fee. A copy of this Schedule may be seen at the Student Affairs Office.

ANESTHETIST SERVICES: In the event anesthesia fee is not charged (in conjunction with surgery) by the hospital but by an outside anesthesiologist, the Plan will pay the expense actually incurred but not to exceed \$35.

IN-HOSPITAL PHYSICIANS' EXPENSES: While the student is confined as a bed patient in the hospital on account of any sickness: Up to \$20 for the first visit, then \$10 per visit, up to a maximum of \$150.

VALPARAISO UNIVERSITY
VALPARAISO, INDIANA

Date _____

Please include _____ # _____

Name of Student (please print)

Student I.D. Number

in the Supplemental Medical Plan for which I enclose check or money order in the amount of \$30.00 made payable to Valparaiso University.

Signature _____

Student, Parent or Guardian

Please return this card immediately in the enclosed envelope. No enrollment can be accepted after September 26, 2009. For those students admitted for the Spring 2010 semester, the cost is \$15.00, and no enrollment can be accepted after February 6, 2010.

EF-M3A96

CONSULTANTS' FEES: \$100 when referred by the Student Health Center Staff or the attending physician for diagnosis or treatment while in residence at the University.

PRIVATE REGISTERED NURSES: Up to \$8 per 12-hour day up to a maximum of \$100.

ACCIDENTAL DENTAL EXPENSE: Up to \$100 for treatment resulting from injury to sound, natural teeth.

AMBULANCE: Up to \$75 for a community or hospital ambulance.

MEDICAL EMERGENCY EXPENSE: When charges are incurred at a hospital emergency room, surgical center or clinic as a result of emergency sickness or injury, the plan will pay up to \$200.

DIAGNOSTIC LABORATORY AND X-RAY: Up to \$200 for outpatient x-rays and lab tests, not including those administered during a hospital emergency room visit, when the student is referred by the Student Health Center.

**SUPPLEMENTAL
MEDICAL EXPENSE BENEFITS**

The Basic Student Accident and Sickness Insurance Plan is not designed to cover all medical costs. For further protection against additional expense and the general rising cost of hospital and medical treatment, the Optional Supplemental Medical Expense Plan is being made available. It includes all benefit provisions of the Basic Plan with the following adjustments:

- A. Hospital Room and Board is increased from \$70 to \$100 per day.
- B. Hospital Miscellaneous Expense is increased from a limit of \$100 to \$200.
- C. A revised graduated Surgical Schedule applies allowing payment up to \$400 (depending upon the operation performed) as opposed to the \$300 Schedule.
- D. Maximum amount payable as a result of any one accident or an illness (see Limitations) is increased from \$500 to \$1,000.

The cost of the Supplemental Medical Plan for the 12 month period is \$30.

MANDATED BENEFITS

The following benefits are mandated in the state of Indiana. They will be included in all plans issued under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and co-insurance conditions

Supplemental Medical Coverage is available in addition to the Basic Plan for the following additional fee:

Single Individual	Basic Plan \$500.00 Maximum	Supplemental Plan \$1,000.00 Maximum
	Included in under the Mandatory Coverage Provided by the School	\$30.00

**A separate brochure describing dependents Medical Plan (Basic & Supplemental) is available from the Student Affairs Office.*

of the Policy as well as all other terms and conditions applicable to any other covered sickness.

Mandated benefits include, but are not limited to: Cancer Screening Tests; Mastectomy, Reconstructive Surgery and Prosthetic Devices; Diabetes Equipment, Supplies and Service; Off-label Cancer Drugs and Pervasive Developmental Disorders Treatment Benefit. See the Policy on file with the school for further details on these benefits.

EXCLUSIONS

The Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of the Policy and as shown in the Schedule of Benefits.

1. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
2. Elective abortions.
3. Dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person's teeth.
4. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a 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 anywhere in the world.
5. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.
6. Charges of an institution, health service or infirmary or for whose services payment is not required in the absence of insurance.
7. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury.
8. Elective surgery or treatment.
9. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Insurance Information Schedule.
10. Intentionally self-inflicted Injury, attempted suicide or suicide, while sane or insane.
11. Outpatient prescription drugs, except as provided for in the Schedule of Benefits.