

that are in excess of benefits payable under other valid and collectible insurance.

CLAIM PROCEDURES

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

1. If away from the Earlham College, report to the nearest Physician or Hospital and follow the prescribed treatment advice.
2. A claim form is not required to submit a claim. However, an itemized bill, CMS 1500, or UB-04 form should be used to submit expenses. The Insured Person's name and identification number need to be included.
3. Providers should submit claims 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. If a student is submitting the claim, a copy should be retained for their records. Claims should be mailed to the Claims Administrator, Relation Insurance Services - Specialty Risk, Inc., at the address on the next panel.
4. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator, Relation Insurance Services - Specialty Risk, Inc..

HOW TO FILE AN APPEAL

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured who disagrees with how a claim was processed may appeal that decision. The insured 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

CLAIM PROCEDURE

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

1. If at the College, report at once to the Student Health Service so that proper treatment can be prescribed or approved.
2. If away from the College, consult a doctor and follow his/her instructions. At the time of service, students should present to the medical provider their student insurance card, along with their parent's health insurance information, if they are covered under the parent's plan.

All Claims should be submitted to: Relation Insurance Services - Specialty Risk, Inc., PO Box 25936, Overland Park, KS 66225. Notification of injury or sickness must be provided within 30 days after the date of accident or the first day of commencement of the sickness. Bills for which benefits are to be paid must be submitted within 90 days of the date of treatment.

Fully Insured & Underwritten by:
National Guardian Life Insurance Company



For Providers not in your primary network, visit: www.multiplan.com

requests to **Relation Insurance Services - Specialty Risk, Inc.** at the address listed below.

QUESTIONS? NEED MORE INFORMATION?

Submit all claims and inquiries to:

Relation Insurance Services - Specialty Risk, Inc

P.O. Box 25936
Overland Park, KS 66225
1-877-246-6997
FAX: 1-913-327-7520

Hours of Operation: M-F 8:30-5:00 CST

www.4studenthealth.com

Underwritten by:

National Guardian Life Insurance Company

Student Insurance Division

Commercial Travelers Building
70 Genesee St., Utica, NY 13502

National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America aka The Guardian or Guardian Life

as policy form # NSP-IN-2013

For information on all participating healthcare providers, please contact:

MultiPlan Provider Network

1-800-678-7427 • www.multiplan.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.

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. The Master Policy on file at the College contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy will govern and control the payment of benefits.

Student Intercollegiate Sports Injury Only Insurance Plan

Designed Especially for the Students of

EARLHAM
COLLEGE

2019-2020

Policy # 2019E4A03

IT IS SUGGESTED THAT STUDENTS KEEP THIS OUTLINE OF COVERAGE AVAILABLE AT ALL TIMES

2019-E4A03 (Bro.)

ELIGIBILITY

All Intercollegiate student athletes participating in Basketball, Field Hockey, Soccer, Volleyball, Tennis, Cross Country, Indoor Track, Outdoor Track, Baseball, Golf, and Lacrosse are eligible and covered under the Intercollegiate Sports Policy. The Policy covers injuries that occur during the play, practice or conditioning of a covered sport while under the supervision of proper adult authority of the Policyholder and when traveling as a member of a supervised group or on an authorized team trip.

EFFECTIVE AND TERMINATION DATE

The Master Policy on file at the school becomes effective at 12:01 a.m., August 1, 2019. Coverage becomes effective on that date or the date application and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 12:01 a.m., August 1, 2020. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

MEDICAL EXPENSE BENEFITS

If the Insured Person incurs Eligible Expense as the result of a covered Injury, We will pay the charges incurred for such expense within 52 weeks from the date of Injury, beginning on the date of accident. Payment will be made for eligible expenses in excess of a \$1,000 Deductible per Injury, not to exceed the \$90,000. The first such expense must be incurred within 60 days after the date of Accident.

Eligible Expense means the Usual and Customary charges for the following treatments and services as the result of a covered Injury.

1. Medical and surgical care by a physician;
2. Hospital care and service in semi-private accommodations, or as an outpatient;
3. Radiology (X-rays);
4. Orthopedic appliances necessary to promote healing;
5. Ambulance service from the scene of the accident to the nearest hospital;
6. Dental treatment of sound natural teeth.

NOTE: If the student is covered under the Injury and Sickness plan (2019E4A02), the \$1,000 deductible will be waived.

ACCIDENTAL DEATH AND DISMEMBERMENT INDEMNITY

If a covered injury results in any of the losses specified below within 180 days after the date of the accident. We will pay the applicable amount stated.

For loss of:

Life	\$10,000
Two or more members	\$10,000
One Member	\$ 5,000

“Member” means hand, foot, or eye. Loss of hand or foot means complete severance above the wrist or ankle joint. Loss of eye means the total, permanent loss of sight.

If the Principal Sum is payable, no indemnity will be paid for dismemberment. In any event, the Double Dismemberment Indemnity is the maximum amount payable under this Part for all losses resulting from one accident.

DEFINITIONS

Usual and Customary means the normal charge of the provider, in the absence of insurance, for a service or supply, but not more than the prevailing charge in the area for a: 1) Like service by a provider with similar training or experience; or 2) Supply that is identical or substantially equivalent.

Injury means bodily Injury to an Insured caused by an Accident. It must occur while the Policy is in force.

Injury will also include the following list of conditions which are attributable to exertion from participating in a covered activity: Tendinitis, Bursitis, Strains, Sprains, Shin Splints, Stress Fractures, Heat Exhaustion, High Blood Pressure, Hernia, or Similar Conditions.

Injury will also include the acute onset of conditions relating to the heart and/or circulatory system. Such condition must have resulted from the play, practice or conditioning of a sporting event. These conditions include, but are not limited to, heart attack, stroke, brain circulatory malfunctions and heat exhaustion.

EXCLUSIONS AND LIMITATIONS

The Policy does not cover any loss contributed to or resulting from:

1. Sickness or disease in any form (except pyogenic infections due to an accidental cut or wound).
2. The use of drugs or narcotics, unless administered on the advice of a physician.
3. War or any act of war, whether or not declared, or participation in any riot or civil commotion.
4. Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline; or as a passenger on a flight chartered by the School.
5. Suicide, attempted suicide, or any intentionally self-inflicted injury.
6. Fighting or brawling.
7. Expenses incurred for the use of Orthotics unless solely to promote healing.
8. Hernia, in any form.
9. Off season physical conditioning for interscholastic, intercollegiate, intramural, or club/sports.

The Policy does not cover treatment administered by any person or facility employed or retained by the Policyholder, or by any member of the Insured Person's family or household. This includes a team Physician, team trainer or nurse.

EXCESS PROVISION

After the first \$100 of eligible expense, the Policy does not cover treatment or service for which benefits are payable or service is available under any Other Valid and Collectible Insurance available to the Insured Person, including Worker's Compensation and automobile no-fault insurance. Benefits under the Policy are limited to expenses

Earlham College Sports Insurance

This card does not guarantee coverage. The student must be enrolled in the plan to be eligible for coverage. The following provides the necessary information needed to complete the process for the filing of a claim. Providers should contact the Claims Administrator below to verify eligibility at the time services are provided.

NAME: _____

I.D. NUMBER: _____

2019–2020 Policy No. 2019E4A03

Group No: 13211001

Group/Client Name: Earlham College

Claims Administered by:

Relation Insurance Services - Specialty Risk, Inc.

P.O. Box 25936 • Overland Park, KS 66225

877-246-6997 • www.4studenthealth.com