

# 2019–2020 Student Health Insurance Plan

# EARLHAM

C O L L E G E

Richmond, IN

Policy # 2019E4A02



## To Earlham Students and Parents:

Earlham College is concerned about the health needs of its students. In addition to providing a Health Services Center, arrangements have been made with National Guardian Life Insurance Company to offer Health Insurance coverage to all Earlham students.

The Policy has been especially designed as a cost effective plan for students who are not adequately covered under a family or individual health insurance plan.

## ELIGIBILITY AND PREMIUM

All undergraduate and MAT (Master of Art and Teaching) students taking 12 or more credit hours (super seniors taking 6 or more credit hours) are eligible for coverage under the Plan: the annual premium is \$1,075 (which includes the cost of managing the plan). The College assumes that every full-time student will want this coverage. The College will automatically add the cost to the student's first semester bill. If such coverage is not desired, the parent, guardian, or student must request to be excluded from the Plan in writing and must provide evidence of comparable coverage prior to July 31, 2019. A premium of \$448 (which includes the cost of managing the plan) may be added to the Fall Semester registration fee (which includes coverage until January 9, 2020), for those students graduating at the end of the Fall Semester.

A premium of \$627 (which includes the cost of managing the plan) may be added to the Spring Semester registration fee.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and television (tv) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If and whenever the Company discovers that the Policy Eligibility requirements have not been met, its only obligation is refund of premium.

## EFFECTIVE AND TERMINATION DATE

The Master Policy on file at the school becomes effective at 12:01 a.m. June 1, 2019 for Master of Arts & Teaching Students and early arrival freshman students. August 1, 2019 for all other students. The individual student's coverage becomes effective on that date if enrolling in the Fall. For new students entering Spring Semester, coverage is effective 12:01 a.m., January 9, 2020. 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. Refunds of premiums are allowed only upon entry into the armed forces.

## EXTENSION OF BENEFITS

Coverage under the Policy ceases on the Termination Date shown in the Insurance Information Schedule. However, coverage for an Insured Person will be extended as follows: 1) If an Insured Person is Hospital confined for a Covered Injury or Covered Sickness on the date his or her insurance terminates, we will continue to pay benefits for up to 90 days from the Termination Date while such confinement continues. 2) If an Insured Person is Totally Disabled due to a Covered Injury or Covered Sickness, the coverage for that condition will be extended for up to three months from the Termination Date.

## DEFINITIONS

**Covered Injury** means a bodily Injury that is sustained by the Insured Person that is the direct cause of the condition for which benefits are provided, independent of disease or bodily infirmity or any other cause and that occurs while the Policy is in force.

**Covered Medical Expense** means those charges for any treatment, service or supplies that are: 1) Not in excess of the Usual and Reasonable charges therefore; 2) Not in excess of the charges that would have been made in the absence of this insurance; and 3) Incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.

**Covered Sickness** means Sickness, disease or trauma related disorder due to Injury which causes a loss while the Policy is in force and which results in Covered Medical Expenses.

**Elective Surgery or Elective Treatment** means surgery or medical treatment that is not necessitated by a pathological or traumatic change in the function or structure of any part of the body and which occurs after the Insured Person's effective date of coverage. **Elective treatment** includes, but is not limited to, treatment for acne, warts and moles removed for cosmetic purposes, weight reduction, infertility, learning disabilities, routine physical examinations, fertility tests and pre-marital examinations, preventive medicines or vaccines except when required for the treatment of a covered Injury or Sickness to the extent coverage is not required by state or federal law. **Elective surgery** includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, submucous resection and/or other surgical correction for a deviated nasal septum, other than for necessary treatment of acute sinusitis to the extent coverage is not required by state or federal law. Elective surgery does not include Plastic or Cosmetic surgery required to correct an abnormality caused by a Covered Injury or Covered Sickness.

**Usual and Reasonable** means the normal charge, in the absence of insurance, of the provider 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.

### ESSENTIAL HEALTH BENEFITS

The plan will include coverage for Essential Health Benefits in the following general categories and the items and services covered within the categories: Ambulatory patient services; Emergency services, Hospitalization, Maternity and newborn care; Mental health and substance use disorder services, including behavioral health treatment; Prescription drugs; Rehabilitative and habilitative services and devices; Laboratory services; Preventive and wellness services and chronic disease management; and Pediatric services, including oral and vision care. Essential Health Benefits are not subject to annual or lifetime dollar limits. If additional care, treatment or services are added to the list of Essential Health Benefits by a governing authority, the policy benefits will be amended to comply with such change. Please refer to [www.studentplanscenter.com](http://www.studentplanscenter.com) for an updated copy of this brochure when additional care, treatment or services are added to your Student Health Insurance Plan.

### 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 of the Policy as well as all other terms and conditions applicable to any other covered sickness. If any Preventive Services Benefit is subject to the mandated benefits required by state law, they will be administered under the federal or state guideline, whichever is more favorable to the student.

Mandated benefits include, but are not limited to, Mastectomy, Reconstructive Surgery and Prosthetic Devices; Diabetes Equipment, Supplies and Service, Diabetes Self-Management; Mental Illness; and Dental Anesthesia Benefit. See the Policy on File with the school for further details on these benefits.

### PREFERRED PROVIDER NETWORK

The Earlham College Student Health Insurance Plan provides access to hospitals and health care providers locally and across the country through the PHCS/MultiPlan Provider Network.

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

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

The most efficient and accurate way to identify Network Providers is to call PHCS/MultiPlan Provider Network toll-free at 1-800-678-7427 or visit their website at:

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

**Network Providers** are Physicians, Hospitals and other healthcare providers who have contracted to provide specific medical care at negotiated prices.

**Non-Network Providers** have not agreed to any pre-arranged fee schedules.

### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

If, as the result of a covered Accident, an Insured Person sustains any of the following losses within 180 days, We will pay the benefit shown.

Loss of Life .....	\$25,000
Loss of hand .....	\$12,500
Loss of Foot .....	\$12,500
Loss of either one hand, one foot or sight of one eye .....	\$12,500
Loss of more than one of the above losses due to one Accident. ....	\$25,000

Loss of hand or foot means the complete severance through or above the wrist or ankle joint. Loss of eye means the total permanent loss of sight in the eye. The principal sum is the largest amount payable under this benefit for all losses resulting from any one Accident.

### SCHEDULE OF MEDICAL EXPENSE BENEFITS

After a \$250 deductible per Policy year, the Policy will provide benefits for the Usual & Reasonable, (U&R) expense incurred by an Insured Person for loss due to a covered Injury or Sickness as described below. Covered Medical Expenses include:

Plan Maximum	Unlimited	
Deductible	\$250 per Policy Year	
Out-of-Pocket Maximum	\$7,900	
<b>INPATIENT BENEFITS</b>	<b>In-Network</b>	<b>Non-Network</b>
Hospital Room & Board	80% of Preferred Allowance	60% of U&R
Hospital Intensive Care	80% of Preferred Allowance	60% of U&R
Hospital Miscellaneous Expense	80% of Preferred Allowance	60% of U&R
Preadmission Testing	80% of Preferred Allowance	60% of U&R
Physician Fees	80% of Preferred Allowance	60% of U&R
Surgeon Services	80% of Preferred Allowance	60% of U&R
Anesthetist	25% of Surgeon Fee	
Assistant Surgeon	20% of Surgeon Fee	
Physical Therapy	80% of Preferred Allowance	60% of U&R
Nervous, Mental or Emotional Disorders Treatment	80% of Preferred Allowance	60% of U&R
Skilled Nursing Facility (up to 90 days per policy year)	80% of Preferred Allowance	60% of U&R
<b>OUTPATIENT BENEFITS</b>		
Surgeon Services	80% of Preferred Allowance	60% of U&R
Anesthetist	25% of Surgeon Fee	
Assistant Surgeon	20% of Surgeon Fee	
Outpatient Surgery Miscellaneous	80% of Preferred Allowance	60% of U&R
Rehabilitative and Habilitative Services	80% of Preferred Allowance	60% of U&R
Emergency Services Expenses	80% of PPO Allowance, \$100 Copayment per visit	
In Office Physician's Fees	80% of Preferred Allowance	60% of U&R
Diagnostic X-ray Services	80% of Preferred Allowance	60% of U&R
Laboratory Procedures (Outpatient)	80% of Preferred Allowance	60% of U&R
Prescription Drugs provided at an Express Scripts Pharmacy (\$0 co-payment for contraceptives)	\$20 generic co-payment, \$50 preferred brand co-payment, \$75 brand per 30 day supply	No Benefit
Nervous, Mental or Emotional Disorders Treatment	80% of Preferred Allowance	60% of U&R
Outpatient Miscellaneous Expense	80% of Preferred Allowance	60% of U&R
Home Health Care Expenses (up to 90 visits per Policy Year)	80% of Preferred Allowance	60% of U&R
Hospice Care Coverage	80% of Preferred Allowance	60% of U&R
Pediatric Dental (2 checkups per Policy Year)	100% of U&R for Preventive Services	60% of U&R
Pediatric Vision (1 exam per Policy Year)	100% of U&R for Preventive Services	60% of U&R
<b>OTHER BENEFITS</b>		
Ambulance Service	80% of Preferred Allowance	80% of U&R
Braces and Appliances	80% of Preferred Allowance	60% of U&R
Durable Medical Equipment	80% of Preferred Allowance	60% of U&R
Maternity Benefit	Same as any other Covered Sickness	
Routine Newborn Care	Same as any other Covered Sickness	
Consultant Physician Services	80% of Preferred Allowance	60% of U&R
Accidental Injury Dental Treatment	100% of U&R up to \$100 per tooth; \$300 maximum	
Abortion Expense	No Benefit	
Medical Treatment Received in Home Country (International Students Only)	No Benefit	
Accidental Death & Dismemberment	\$25,000 Principal Sum	

\*\*Please visit [www.healthcare.gov/coverage/preventive-care-benefits/](http://www.healthcare.gov/coverage/preventive-care-benefits/) for more information.

## EXCLUSIONS AND LIMITATIONS

Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirements of that Act. 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. **International Students Only**—expenses incurred within the Insured Person's Home Country or country of regular domicile that exceeds the benefit amount shown in the Schedule of Benefits;
2. services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury;
3. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid;
4. charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by the Student Health Fees;
5. 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;
6. 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 Schedule of Benefits;
7. loss resulting from playing, practicing, traveling to or from, or participating in, any intercollegiate or club sports;
8. loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
9. intentionally self-inflicted Injury, attempted suicide or suicide, while sane or insane;
10. 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;
11. elective surgery or treatment unless such coverage is otherwise specifically covered under the Policy;
12. expenses for radial keratotomy, except as required for repair caused by a Covered Injury;
13. racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles) or any other hazardous sport or hobby;
14. expenses incurred for plastic or cosmetic surgery, unless they result directly from a Covered Injury that necessitates medical treatment within 24 hours of the Accident or results from reconstructive surgery. For the purposes of this provision, **Reconstructive Surgery** means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible. For the purposes of this provision, **Plastic or Cosmetic Surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance);
15. an Insured's: committing or attempting to commit a felony, being engaged in an illegal occupation, or participation in a riot;
16. elective abortions in excess of the amount shown in the Schedule of Benefits;
17. congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.

## COORDINATION OF BENEFITS

This plan contains a coordination of benefits (COB) provision. The Coordination of Benefits Provision will only apply when a student has health care coverage under more than one plan.

## CLAIM PROCEDURES

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

1. In the event of an emergency, 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 below.
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 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](http://www.4studenthealth.com)

For information on all participating healthcare providers, please contact:

**PHCS/MultiPlan Provider Network**

1-800-678-7427 • [www.multiplan.com](http://www.multiplan.com)

*To locate a network pharmacy and to manage your medications (including specialty drugs), contact:*

**Express Scripts, Inc.** • 1-800-447-9638

[www.express-scripts.com](http://www.express-scripts.com)

*Specialty drugs are only available through Accredo Specialty Pharmacy.  
Some medications can have the first prescription filled at a retail pharmacy.  
Copay applies to each 30-day supply.*

*This Plan is Underwritten by:*

**National Guardian Life Insurance Company**

Student Insurance Division

Commercial Travelers Building • 70 Genesee Street • Utica, NY 13502

As Policy Form No.: NBH-280 (2018) IN et al

***For a copy of the Company's Privacy Notice, you may go to:***

***[www.studentplanscenter.com/privacy/nglic](http://www.studentplanscenter.com/privacy/nglic)***

*or*

***Request one from the Health office at your school***

*or*

***Request one from the Plan Administrator:***

National Guardian Life Insurance Company

Student Insurance Division

c/o Privacy Officer • 70 Genesee St. • Utica, NY 13502

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

***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.

Product underwritten by  
National Guardian Life Insurance Company (NGL), Madison, WI.  
National Guardian Life Insurance Company is not affiliated with  
The Guardian Life Insurance Company of America a.k.a. The Guardian or Guardian Life.

As Policy Form No. NBH-280 (2018) IN et al

19-E4A02 (Bro)

The following services are not part of the Plan Underwritten by National Guardian Life Insurance Company. These value added options are provided by Relation Insurance Services - Specialty Risk, Inc., in partnership with Scholastic Emergency Services.

### **GLOBAL EMERGENCY SERVICES**

Global Emergency Services are provided by Scholastic Emergency Services an Assist America partner. SES is the nation's foremost provider of global emergency services designed specifically for the active student lifestyle. For any medical difficulty encountered 100 miles (150km) away from home or campus\*, SES is the lifeline students can depend on with just a simple phone call. SES handles travel emergencies of every kind and even provides some services to students while on campus\*. Our product is peace of mind for students, parents and school administration. To learn more about the program, please see the enclosed SES brochure, or visit our website

[www.assistamerica.com/Students.aspx](http://www.assistamerica.com/Students.aspx).

\*Students have select services while on campus, such as emergency trauma counseling, medical repatriation and return of mortal remains.

Contact SES at:

1-877-488-9833 (inside USA)

1-609-452-8570 (outside USA) or;

email: [medservices@assistamerica.com](mailto:medservices@assistamerica.com)

Reference Number: 01-SES-SUM-08123