

STUDENT ACCIDENT AND HEALTH INSURANCE Specifications

WESTERN ILLINOIS UNIVERSITY

DEMOGRAPHICS

Western Illinois University was established on April 24, 1899, and began operation on September 23, 1902. The University offers 47 undergraduate degree programs and 35 graduate degree programs for about 13,000 students. Approximately 80 percent of WIU students are undergraduates and 20 percent are graduate students. The curriculum includes the humanities, social sciences, fine arts, business, education, and a number of pre-professional and technical fields of study. Although students primarily come from Illinois, more than 1,600 are from out of state, including 400 from foreign countries. Between July 1998 and June 1999, 2,699 students completed degree requirements.

Location: the University is located in Macomb, the McDonough County Seat, 40 miles east of the Mississippi River. The city has a population of 20,000. Two U.S. highways, 136 and 67, intersect at Macomb and provide direct access to Interstates 74, 80, and 55. Rail passenger service is available from Quincy and Chicago to Macomb.

It is Western's intent to provide 24-hour, worldwide coverage on a year-round basis to eligible students.

Western Illinois University has a university health service for providing medical care for students and their families. Dependent children may receive routine/urgent care if over the age of 2 years.

All students registered for 9 semester hours of on-campus classes and all graduate assistants under contract to the university will be assessed a fee for insurance bi-annually to allow for a continuance of coverage. Students who have equal or greater insurance coverage under a private plan may apply for cancellation of the fee by completing a Petition for Insurance Waiver Form prior to the 10th class day of the Fall and Spring terms.

STUDENT HEALTH CENTER

Beu Health Center, located on campus, provides medical services (consultation and treatment) for students and their dependents. The health center has its own pharmacy, laboratory, and x-ray facility. There is a minimal user fee for x-ray procedures, prescription products, and office visits.

Chronic long-term and pre-existing conditions are not in the scope of the health center, and, except for acute exacerbations, are the responsibility of the student and their personal physician.

Medical care is provided to students and their dependents, two years of age and above. This facility is accredited by the Association of Ambulatory Health Care (AAAHHC).

DEFINITIONS

Academic Year - consists of Fall, Spring and the following Summer session.

Hospital - means a duly licensed institution for the care of the sick which provides service under the care of a Physician including the regular provision of bedside nursing by a qualified staff. It does not mean health resorts, rest homes, nursing homes, skilled nursing facilities, convalescent homes, custodial homes of the aged or similar institutions. A facility may qualify as a hospital if they contract for surgery from another hospital but provide all other services themselves.

Physician - as used herein, means a Medical Doctor, a Clinical Psychologist, a licensed clinical social worker, a doctor of Osteopathic medicine or podiatrist licensed to practice under the "Illinois Medical Practice Act" or under similar laws of Illinois or other states or countries.

Reasonable and Customary (R&C) - one that is generally charged, accepted, and recognized as a fair rate for the type of service rendered by similar providers in a given geographic area. Coverage is limited to standard and accepted medical practice and procedures subject to medical review for appropriateness.

ELIGIBILITY

All students registered and assessed fees for 9 semester hours* as of the 10th day of the term; all graduate assistants under contract to the University enrolled for at least 1 hour coursework and all Spoon River College students residing in Western Illinois University housing will be assessed the insurance fee on their University bill. WESL and study abroad students and all athletes are also assessed the insurance fee.

*Excluding post session, extension, correspondence, or extramural hours.

Students eligible to sign up for coverage**:

1. W.I.U. Quad City students and extension and independent study students are eligible to purchase coverage if enrolled for 9 or more hours; Application to be made during the first ten days of the Fall and Spring Terms. Coverage is not continuous, you must reapply each semester you are eligible.
2. Undergraduate and graduate students may opt into the program if registered for 6, 7, or 8 hours. Application to be made during the first ten days of the Term.

Students insured for the session in which they graduate and who desire extended coverage may obtain coverage for an additional 90 days by making application prior to the beginning of the next enrollment period.

Quotation on this insurance is for coverage to become effective 12:01 a.m. August 1, 2004 for Western Illinois University students. Enrollment periods are August 1 through January 31 and February 1 through July 31 for students with continued enrollment status. Pre-term coverage (pro-rated) is applicable for spring semester students arriving in January who qualify for this program which will cover the time period January 1 through January 31.

Students who are otherwise eligible but are enrolled for less than the required number of hours are not eligible to be insured. However, these students if the need arises may be considered on an individual review basis through the Student Insurance Office.

EFFECTIVE DATE

The insurance shall take effect at 12:01 a.m. the first day of August for enrolling students or the date application is received.

WITHDRAWAL FROM WIU

Students who withdraw from the University and are refunded their insurance fee will be terminated from coverage from the beginning of the coverage period. Students who withdraw from the University without a full refund will have sixty days of coverage beyond the withdrawal date.

INSURANCE FEE REFUND

Students who are enrolled in another program that can demonstrate an equal or better deductible may opt to waive the student insurance fee. The proper forms and proof of insurance must be submitted to the insurance office no later than the tenth day of class for this waiver to be in effect for the current semester.

REPATRIATION BENEFIT (\$7,500 Maximum Benefit)

If the insured dies while insured under the policy, benefits will be paid up to \$7,500 for preparing and transporting the remains of the deceased's body to his home country. This benefit is limited to the maximum benefit specified above. No additional benefits will be paid under basic coverage for repatriation.

MEDICAL EVACUATION BENEFIT (\$10,000 Maximum Benefit)

When hospital confined for at least five consecutive days, and recommended and approved by the attending physician, benefits will be paid up to \$10,000 for the evacuation of the insured to his home country. This benefit is limited to the maximum benefit specified above. No additional benefits will be paid under basic coverage for medical evacuation.

MEMBER RESPONSIBILITIES

The member is always responsible for:

- ...any amount over the reasonable and customary (R & C) charge
- ...any penalties for failure to comply with required referrals
- ...any charges not covered by the policy or determined by the Insurance Administrator to not be medically necessary services
- ...notification of primary insurance coverage changes

SCHEDULE OF BENEFITS

Benefits for Insured Students and Dependents:

- ...Lifetime maximum benefit - \$250,000
 - ...Combined lifetime maximum for mental health, alcohol & substance abuse - \$20,000
- See attached schedule.

HOW TO SUBMIT A CLAIM

1. A claim form and itemized bill must be submitted for each claim. If the student has other insurance then the explanation of benefits must be submitted as well.
2. Upon receipt of a claim, the insurance office may request additional information to determine the coverage of payment being requested.

HOW TO APPEAL A CLAIM

In most cases, the Insurance Office will furnish a written notice of denial and a justification as to why. If the claimant requires or requests further review they may submit pertinent documents to the Insurance Office for evaluation.

TIME LIMIT FOR FILING

For a claim to be processed for payment through the Student Insurance Program all paperwork must be filed within 90 days of the end of the enrollment period.

COVERED MEDICAL EXPENSES: All expenses are eligible pending review.

A1. HOSPITAL OUTPATIENT BENEFIT - EMERGENCY

If an insured person incurs expenses as a result of an accidental bodily injury, or for a life threatening emergency medical condition as listed below which does not require hospital confinement as a resident patient, hospital benefits for the initial visit will be paid at 80% R&C. Initial treatment for an emergency accident must be received within 48 hours.

For payment of life threatening illness conditions under this provision, evidence must indicate that the absence of immediate medical attention would reasonably result in permanently placing the Insured's health in jeopardy, serious impairment of bodily function, serious and permanent dysfunction of any bodily organ or part, or other serious medical consequences. The following are examples of emergencies under the Policy: Heart attack, Allergic reactions, Broken bones, Lacerations, Contusions, Appendicitis.

If an insured person incurs expenses in the outpatient department of a hospital for diagnostic tests or procedures billed by a physician or provider who is not an employee of the hospital, benefits will be 80% not to exceed R&C.

A2. HOSPITAL OUTPATIENT BENEFIT - Non-Emergency, Referred

Students must utilize available services at Beu Health Center. If services are not available at the Health Center or student is referred by the Health Center staff, or the University Medical System, non-emergency conditions will be paid at 80% of eligible charges. Hospital costs incurred when away from campus and marked as only urgent will be paid at this level.

A3. HOSPITAL OUTPATIENT BENEFIT - Non-Emergency, Not Referred

Students must utilize available services at Beu Health Center or be referred by University Medical System. If student uses hospital services for non-emergent care, costs will be paid at 50% of eligible charges. Hospital costs incurred when away from campus and not marked urgent/emergent, will be paid at this level.

A4. HOSPITAL INPATIENT BENEFIT

Benefit payable at 80% of eligible charges of reasonable expense for Hospital Room and Board, (semi-private or intensive care accommodations) and the following items of Miscellaneous Expense provided by or upon the direction of a physician: (a) x-rays, radium therapy and mammogram (routine mammogram age 35 and over); (b) laboratory tests; (c) anesthetics and its administration; (d) use of operating room; (e) temporary surgical appliances; (f) hospital provided medicines, drugs and its administration (excluding take home drugs); (g) blood transfusions and the administration thereof; (h) blood plasma; (i) other necessary and prescribed miscellaneous hospital expenses; and (k) medical and surgical supplies

Approval by the carrier and Western Illinois University of a provider's outpatient program for substance abuse counseling which demonstrates intensified treatment equal to an inpatient program, benefits are paid as above up to the lifetime combined mental health/substance abuse limit of \$20,000, upon completion of designated program.

B. Surgical Expense Benefit: 80% not to exceed R&C expense of a licensed surgeon and 50% not to exceed R&C expense of a licensed assistant surgeon for the performance of a surgical operation or fracture care and including pre-and post-operative care in or out of the hospital.

If during a single surgical session two or more operations are performed in separate operative fields and through separate incisions, the limit of payment shall be 80% not to exceed R&C of the largest sum specified, plus 50% not to exceed R&C for each lesser procedure. If during a single surgical session two or more operations are performed either in the same operative field or through the same incision, the limit of payment will be 80% not to exceed R&C of the largest sum.

Oral Surgery benefits provided only for the following services:

- (a) excision of tumor/cyst
- (b) to correct injuries when injury occurs on or after coverage date
- (c) treatment of fractures/dislocations; external incision and drainage of cellulitis; incision of sinuses, salivary glands or ducts.

PROFESSIONAL SERVICES

C1. Physical Illness or Accident: 80% not to exceed R&C services of a physician either in or out of the hospital including: anesthesiologist, radiologist, pathologist, cardiologist, administration of anesthesia, reading of x-rays, and expenses for diagnostic tests performed by a laboratory.

Expenses incurred for dental injury to sound, natural teeth are limited to \$500 per tooth.

Expenses incurred for chiropractic services are limited to \$30 per visit to a maximum of \$500 per year. Student must have referral from University Health Center. If away from the area while student teaching, internship, summer vacation or service required for a dependent, a referral by a physician is required.

Maximum of one visit per day payable for inpatient or outpatient physician. No benefits shall be payable for inpatient physician visits if benefit allowed for surgery.

Benefits for consultation are payable at 80% not to exceed R&C when the attending physician requires the counsel or assistance of a legally qualified physician to arrive at a diagnosis during a period of hospital confinement.

C2. MENTAL HEALTH*

Benefit for inpatient physician services payable at 80% not to exceed R&C. Benefits for outpatient physician services payable at 50% not to exceed R&C to a combined hospital/physician outpatient maximum of \$3,000 per academic year.

C3. SUBSTANCE ABUSE*

Benefits for inpatient physician services payable at 80% not to exceed R&C. Benefits for outpatient physician services payable at 50% not to exceed R&C with a limit of \$30 per visit and 1 visit per week to a combined hospital/physician outpatient maximum of \$3,000 per academic year.

*Services under C2 and C3 above must be provided by a psychiatrist, registered clinical psychologist or a licensed clinical social worker. A referral from the University Health Center or University Counseling Center is required in order to receive benefits for outpatient psychiatric and substance abuse counseling.

D. AMBULANCE

The expense of a community, hospital or private ambulance service when required to transport an injured person to or from a hospital shall be 80% not to exceed R&C.

E. MATERNITY BENEFIT

Maternity expense are covered the same as any other condition. Student must be insured at the time service is rendered. Reasonable and customary surgical benefit includes charges for total obstetrical care.

F. PHYSICAL THERAPY

Benefit payable at 80% not to exceed R&C. Outpatient physical therapy must follow a covered surgical procedure or by referral from Beu Health Center.

G. STUDENT HEALTH SERVICES

The deductible is waived and benefits will be paid at 100% of Covered Medical Expenses at the Student Health Center.

Termination of Insurance

The insurance of the insured person shall terminate at 12:01 a.m. Central Time on the earliest of the following dates:

1. On the date the policy is terminated.
2. At 12:01 a.m. on the day of the official scheduled registration for the next succeeding enrollment period. Enrollment periods are August 1 through January 31 and February 1 through July 31.
3. On the last date of the current term that the insured ceases to be a dependent as previously defined.
4. On the date of entry of the insured person into military service, except for temporary duty of 30 days or less.

In the event the insured person ceases to be a student at the University and no refund has been made, insurance shall end 60 days from the date of withdrawal.

Termination shall be without prejudice to any claim filed before end date except when the covered person is confined to the hospital on the date coverage terminates, coverage will continue until date of discharge, but not more than thirty (30) days.

Coverage

1. The Plan protects all eligible students 24 hours a day effective from 12:01 a.m. of the initial designated term and continues until 12:00 midnight on the day before the opening day of the next succeeding session of the enrollment period.
2. Students who are insured for the session in which they graduate and who desire additional coverage may obtain coverage for an additional 90 days by making application and paying the requested premium prior to the opening day of the next enrollment period.

Reduction of Benefits

This plan is designed to help the students meet the cost of disease or injury. Benefits greater than the actual medical expenses are not allowed. All other insurance coverage is used when determining the amount of benefit payable under this policy. Eligible expenses are determined following other insurance processed or as indicated in this policy. Remaining eligible charges will be paid up to full benefits, but not to exceed the benefit maximum of this plan. "Other Valid Coverage" shall be deemed as coverage provided by any organization subject to the regulations of insurance law or insurance authorities of any state of the United States or any province of Canada, and by any hospital or medical service organization, and by any group insurance, automobile medical payments insurance, or coverage provided by a union welfare plan or employer, or any employee benefit organization. For the purpose of applying the foregoing policy provision with respect to any covered person, any amount of benefit provided for such covered person pursuant to any compulsory statute (including any Worker's Compensation or employers liability statute) whether provided by a governmental agency or otherwise shall in all cases be deemed to be "other valid coverage", but in no event shall third party liability coverage be included as "other valid coverage".

COORDINATION OF BENEFITS

THIS PLAN IS SECONDARY

The Coordination of Benefits provision determines which group plan has primary responsibility for a claim. Benefits of the primary plan are paid for Eligible Expenses received by the Participant. This plan, the secondary plan, then makes its benefit determination. However, all plans together will not pay more than 100% of Eligible Expenses. Exception: approved charges at the campus health center will be reimbursed as primary.

HOW TO FILE CLAIMS WHEN THERE IS DUPLICATE COVERAGE

1. Send all claims to the primary plan so benefits of that plan can be determined and paid.
2. When you receive notice of the primary plan's payment (noted on the Explanation of Benefits Form), send this form with a copy of all claims to the WIU Student Insurance Office.

COORDINATION WITH MEDICARE

This plan is secondary.

COORDINATION WITH MEDICAID

This plan is primary.

EXCLUSIONS: No benefit will be provided under this Agreement for:

1. Services and supplies not specifically provided for in this Agreement; OR
Services and supplies which are not required in the reasonable judgment of the Plan;
2. Services and supplies for any illness or injury arising out of and in the course of employment for which benefits and/or compensation are available in whole or in part under the provisions of any Worker's Compensation Law, Temporary Disability Benefits Law, Occupational Diseases Law or similar Legislation of the United States of America or of any State of the United States or of any foreign country or of any agency or political subdivision of any of the foregoing, whether or not the Member claims such compensation or receives such benefits and whether or not any recovery is had by the Member against such third party for damages resulting from such illness or injury;
3. Services and supplies furnished by, or services and supplies to the extent that payment is made available or provided by the federal or any state government or any agency or subdivision thereof including but not limited to, services and supplies to the extent that benefits thereof are provided or available for persons under Medicare whether or not such payment is received;
4. Services and supplies for any illness contracted or injury sustained after the Coverage Date as result of war, declared or undeclared, or any act of war;
5. Services and supplies received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trustee or similar person or group;
6. Services and supplies which do not meet accepted standards or medical or dental practice including, but not limited to investigational services and supplies, and related services.

Exclusions (cont.)

7. Services and supplies for which a Member is not required to make payment or for which a Member would have no legal obligation to pay in the absence of this or any similar coverage;
8. Charges for failure to keep a scheduled visit, charges for completion of a claim form; or charges for copies of medical records.
9. Services and supplies rendered during an inpatient admission which is primarily for custodial care, i.e., the provision of inpatient services and supplies to a Member who is not receiving skilled nursing services (the provision or administration of technical medical or nursing procedures by persons who are licensed by the appropriate state and local authority to provide or administer such procedures or services) on a continuous basis and/or is not under a specific therapeutic program which has a reasonable expectancy of effecting improvement in the Member's condition within a reasonable period of time and which can only be safely and effectively administered to an inpatient in the health care facility involved.
10. Services and supplies rendered during an inpatient admission which is primarily related to behavior, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of Mental illness;
11. Services or supplies in connection with psychological testing or neuropsychological testing.
12. Services or supplies used to treat conditions related to autism, hyperkinetic syndromes, learning disabilities, behavioral problems, mental retardation, or senile deterioration, beyond the period necessary to diagnose the condition;
13. Preventive or routine care including physical examinations, research studies, screenings, exams or immunizations;
14. Diagnostic Service as part of routine physical examinations or check-ups, pre-marital examinations, auditory problems, surveys, case finding, research studies, screening or similar procedures and studies, or tests which are investigational;
15. Personal hygiene, comfort and convenience items such as air conditioners, humidifiers, physical fitness equipment or corrective shoes; or admission kits;
16. Procurement or use of special braces, splints, appliances, ambulatory apparatus, specialized equipment, battery or atomically controlled implants, except as specifically provided in this Agreement;
17. Cosmetic surgery and related services and supplies, except for the correction of conditions resulting from accidental injuries which occur while insured;
18. Whole blood components except as specifically provided in this Agreement; and Blood derivatives which are not classified as drugs in the official formularies;
19. Maintenance Occupational therapy, maintenance, Speech Therapy, and maintenance Physical Therapy.
20. Services and supplies for radial keratotomy;
21. Eye glasses or contact lenses (except cataract lenses as specifically provided in this Agreement) and the examination for prescribing or fitting eye glasses or contact lenses or for determining the refractive state of the eyes (except when necessary for treatment of cataracts);
22. Hearing aids or examination for the prescription or fitting of hearing aids;
23. Care of flat feet, supportive devices for the foot (orthotics), care of corns; bunions or calluses, care of toenails and fallen arches, weak feet or chronic foot strain except if medically necessary due to diabetes or circulatory problems;

Exclusions (cont.)

24. Allergy shots and serum; hospital take home drugs; other drugs and medicines unless hospital billed; medications received from pharmacies off campus and for those related to chronic conditions.
25. Expenses incurred for charges made by a Physician or physiotherapist if such person is related to the Member or ordinarily resides with the person requiring treatment;
26. Dental treatment or dental surgery, except specifically provided in this Agreement;
27. Treatment of temporomandibular joint syndrome with intraoral prosthetic devices, or any other method to alter vertical dimension or treatment of temporomandibular joint dysfunction not caused by documented organic joint disease or physical trauma.
28. Elective sterilization; and elective abortions;
29. For Human Organ Transplants other than cornea, kidney, bone marrow, heart valve, muscular-skeletal and parathyroid human organ or tissue transplants.
30. Procurement or use of prosthetic devices, special appliances and surgical implants which are for cosmetic purposes, the comfort and convenience of this Covered Person, or unrelated to the treatment of a disease or injury;
31. Services and supplies provided for the treatment of obesity and weight control.
32. Services and supplies related to the treatment or use of nicotine from tobacco or other sources.
33. Charges for self administered service, self care, self help training, biofeedback and related diagnostic testing.
34. Expenses covered by any other valid and collectible medical, health or accident insurance.
35. Injury resulting from the practice or play of intercollegiate sports.
36. Elective treatment or elective surgery, except as specifically provided.