



2008-2009

BLANKET STUDENT ACCIDENT ONLY INSURANCE PLAN

Designed Especially for the Part-Time Students of

Community College of Allegheny County

Non-Participating, Non-Renewable One Year Term.



Table of Contents

Privacy Policy	1
Eligibility	1
Effective and Termination Dates	1
Covered Loss - Time Limits	1
Collegiate Assistance Program	1
Schedule of Medical Expense Benefits	2
Accidental Death and Dismemberment Benefits	4
Definitions	4
Exclusions and Limitations	4
Claim ProcedureBack Cover

PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 800-505-4160.

ELIGIBILITY

All registered part-time students taking less than 12 credit hours are automatically enrolled in this insurance Plan at registration, and the premium for coverage is added to their tuition billing.

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 the Company discovers the Eligibility requirements have not been met, its only obligation is refund of premium.

EFFECTIVE AND TERMINATION DATES

The Master Policy becomes effective August 18, 2008. Student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates, August 17, 2009. 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.

The Policy is a Non-Renewable One Year Term Policy.

COVERED LOSS - TIME LIMITS

Covered Medical Expenses will be paid under the Schedule of Benefits for loss due to Injury to an Insured Person provided that treatment by a Physician: a) begins within 30 days after the date of Injury; and, b) is received within 12 months after date of Injury.

**Schedule of Medical Expense Benefits
Up To \$2,500 Maximum Benefit (For Each Injury)
Coinsurance 100% Except as noted below**

Coverage is also provided when on school sponsored trips
If an Insured received medical treatment, within 30 days following such Injury, treatment by a licensed Physician, or Hospital, payment will be made for the Usual and Customary Charges (U&C) incurred within 52 weeks from the date of Injury not to exceed a maximum benefit of \$2,500. Benefits for Covered Medical Expenses are limited as scheduled below. Covered Medical Expenses include:

U&C = USUAL & CUSTOMARY CHARGES

INPATIENT	INJURY ONLY
Hospital Expense , daily semi-private room rate; and general nursing care provided by the Hospital; Hospital Miscellaneous Expenses such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	100% of U&C
Intensive Care	100% of U&C
Physiotherapy	100% of U&C
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision at the same operative session, the maximum amount paid will be 50% of the first procedure and 50% of all subsequent procedures.	100% of U&C
Assistant Surgeon	No Benefits
Anesthetist , professional services in connection with inpatient surgery.	25% of Surgery Allowance
Registered Nurse's Services , private duty nursing care.	100% of U&C
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery	100% of U&C
Pre-admission Testing	No Benefits
OUTPATIENT	
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision at the same operative session, the maximum amount paid will be 50% of the first procedure and 50% of all subsequent procedures.	100% of U&C

OUTPATIENT	INJURY ONLY
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	100% of U&C
Assistant Surgeon	No Benefits
Anesthetist , professional services administered in connection with outpatient surgery.	25% of Surgery Allowance
Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	100% of U&C
Physiotherapy , Benefits are limited to one visit per day.	100% of U&C
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury.	100% of U&C
Diagnostic X-ray and Laboratory Services	100% of U&C
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-ray and lab procedures.	100% of U&C
Prescription Drugs	100% of U&C
OTHER	
Ambulance Services	100% of U&C / \$475 maximum
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered	100% of U&C
Consultant Physician Fees , when requested and approved by the attending Physician.	100% of U&C
Dental Treatment , made necessary by Injury to Sound, Natural Teeth.	100% of U&C / \$250 maximum
CAT Scan/MRI	100% of U&C
Intercollegiate Sports	No Benefits

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Loss of Life, Limb or Sight

If such Injury shall independently of all other causes solely result in any one of the following specific losses, the Company will pay the applicable amount below in addition to payment under the Medical Expense Benefits.

Part-Time Students:

For Loss of:

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

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dis-memberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

DEFINITIONS

INJURY means bodily injury: 1) causing loss directly or independently of all other causes 2) treated by a Physician within 30 days after the date of accident; and 3) which is sustained on or after the Effective Date of insurance as to the Insured Person during the term of the policy.

USUAL AND CUSTOMARY CHARGES: means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charge.

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Assistant Surgeon Fees;
2. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
3. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
4. Elective Surgery or Elective Treatment as defined in the policy; except cosmetic surgery necessitated by a covered Injury;
5. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except where treatment is a Medical Necessity due to a covered Injury;
6. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
7. Hearing examinations or hearing aids; except where treatment is a Medical Necessity due to a covered Injury. "Hearing Defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process

8. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
9. Injury caused by, contributed to, or resulting from the Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician;
10. Injury for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
11. Injury outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency when traveling for academic study abroad programs, business or pleasure;
12. Injury sustained while (a) participating in any interscholastic, club, intercollegiate or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
13. No benefits under the policy will duplicate any benefits provided by the Pennsylvania Motor Vehicle Financial Responsibility Law;
14. Experimental organ transplants, including organ donation;
15. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
16. Prescription Drugs, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, and other non-medical substances, regardless of intended use;
 - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - d) Products used for cosmetic purposes;
 - e) Anabolic steroids used for body building;
 - f) Anorectics - drugs used for the purpose of weight control;
 - g) Growth hormones; or
 - h) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
17. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury;
18. Sickness or disease in any form; or hernia, regardless of how caused;
19. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
20. Skydiving, recreational parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
21. Suicide or attempted suicide; or intentionally self-inflicted Injury;
22. Supplies, except as specifically provided in the policy;
23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment and;
24. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).

CLAIM PROCEDURE

In the event of Injury, students should:

- 1) Report to the Student Health Service for treatment, or when not in school, to the nearest Physician or Hospital.
- 2) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the college under which the student is insured. Claim forms are not required.
- 3) File claim within 30 days of Injury. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

THE PLAN IS UNDERWRITTEN BY:

United HealthCare Insurance Company

Direct All Claims and/or Customer Service Inquiries to:

First Student

P. O. Box 809025

Dallas, TX 75380-9025

800-505-4160

Or visit our website at www.firststudent.com

Online Services: Please visit our Website at www.firststudent.com for Brochures, (printable using Adobe Acrobat), Coverage Receipts, Claims Status and other services.

Please keep this Certificate as a general summary of the insurance. 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 is the contract and will govern and control the payment of benefits.

This Certificate is based on Policy Form Number COL-06-PA (Rev 07-07)

School Policy Number:

2008-200952-92 Part-Time Students