



2009-2010

STUDENT INJURY AND SICKNESS
INSURANCE PLAN

Designed Especially for the Students of

**Birmingham-
Southern College**



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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 1-800-505-4160.

Eligibility

All registered undergraduate students taking 6 or more credit hours (3 hours during summer sessions) and all graduate students taking credit hours or registered for thesis or dissertation are eligible to enroll in this insurance Plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet 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.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age or 23 years if a full-time student at an accredited institution of higher learning who are not self-supporting.

Dependent Eligibility is effective and expires concurrently with that of the Insured student.

Optional Coverages may only be purchased simultaneously and in conjunction with the purchase of Basic coverage at the time of initial enrollment in the Plan. Students may purchase optional coverage for themselves and for themselves and all family members.

Effective and Termination Dates

The Master Policy becomes effective August 17, 2009. 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 16, 2010. The individual student's coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the coverage expiration date. It is the student's responsibility to make timely renewal payments to avoid a laps in coverage.

Refunds of premiums are allowed only upon entry into the armed forces.

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

Premium Rates and Expiration Dates

Coverage expires as follows:

	Annual 8/25/09-8/24/10	Spring/Summer 1/01/10-8/24/10	Summer 6/01/10-8/24/10
<u>Under Age 30</u>			
Student	\$ 672.00	\$ 434.00	\$ 156.00
Spouse	\$ 2,123.00	\$ 1,373.00	\$ 494.00
All Children	\$ 1,631.00	\$ 1,055.00	\$ 380.00
<u>Age 30 and Older</u>			
Student	\$ 797.00	\$ 515.00	\$ 186.00
Spouse	\$ 2,467.00	\$ 1,595.00	\$ 575.00
All Children	\$ 2,066.00	\$ 1,336.00	\$ 481.00

OPTIONAL ADDITIONAL \$75,000 MAJOR MEDICAL COVERAGE MAY BE PURCHASED IN CONJUNCTION WITH BASIC COVERAGE AT THE TIME OF INITIAL ENROLLMENT. PREMIUM IS \$297.

*A payment plan is available, call 1-800-999-2920 for details.

Extension of Benefits After Termination

The coverage provided under this Policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

After the "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

Student Health Services (SHS) Referral Required

The student must use the resources of the Health Services first where treatment will be administered or referral issued. **Expenses incurred for medical treatment rendered outside of the Student Health Services for which no prior approval or referral is obtained are excluded from coverage. A referral issued by SHS must accompany the claim when submitted.**

A SHS referral for outside care is not necessary only under the following conditions:

1. Medical Emergency. The student must return to SHS for necessary follow-up care;
2. When the SHS is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than 25 miles from campus;
5. Medical care obtained when a student is no longer able to use the SHS due to a change in student status;
6. Maternity; or
7. Psychotherapy.

Dependents are not eligible to use the SHS and therefore are exempt from the above limitations and requirements.

Pre-Admission Notification

Avidyn should be notified of all Hospital Confinements prior to admission.

1. **PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:** The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.
2. **NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:** The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide the notification of any admission due to Medical Emergency.

Avidyn is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m., C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

Schedule of Basic Medical Expense Benefits
 Up To \$25,000 Maximum Benefit Paid as Specified Below
 (For Each Injury or Sickness)
 \$100 Deductible (Per Insured Person) (Per Policy Year)

The Policy provides benefits for 100% of the Usual & Customary Charges (U&C) incurred, except as noted below, by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$25,000 for each Injury or Sickness.

Services provided by the Student Health Center are covered at 100% and are not subject to Deductible. Student Health Services Referral to an outside Physician is mandatory. **Dependents are not eligible to use the Student Health Services and are to proceed directly to a Physician or Hospital of their choice.**

Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

U&C = USUAL & CUSTOMARY CHARGES	
INPATIENT	Injury and Sickness
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 / \$900 maximum 1 st day / \$700 maximum 2 nd day / \$500 maximum each subsequent day
Intensive Care	Paid under Hospital Expense
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness / 48 hours for vaginal delivery / 96 hours for Cesarean delivery

INPATIENT		Injury and Sickness
Physiotherapy		Paid under Hospital Expense
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.		80% of U&C / \$1,500 maximum (For Each Injury or Sickness)
Anesthetist , professional services in connection with inpatient surgery.		25% of Surgery Allowance
Registered Nurse's Services , private duty nursing care.		No Benefits
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.		100% of U&C / \$30 per day
Pre-Admission Testing , payable within 3 working days prior to admission.		Paid under Hospital Expense
Psychotherapy , Psychiatric Hospitals are not covered. Benefits are limited to one visit per day.		Paid as any other Sickness \$1,500 maximum (Per Policy Year)
OUTPATIENT		
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.		80% of U&C / \$1,500 maximum
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 / \$800 maximum
Anesthetist , professional services administered in connection with outpatient surgery.		25% of Surgery Allowance
Outpatient Miscellaneous Benefits , includes benefits designated as Paid Under Outpatient Miscellaneous Benefit.		100% of U&C / \$800 maximum (For Each Injury or Sickness)
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. (Includes coverage for one annual physical for the following ICD9 codes: V70.0 and V70.3)		Paid under Outpatient Miscellaneous Benefit

OUTPATIENT	Injury and Sickness
Physiotherapy , benefits are limited to one visit per day. <i>(Outpatient Physiotherapy benefits are payable only for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation.)</i>	Paid under Outpatient Miscellaneous Benefit
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	Paid under Outpatient Miscellaneous Benefit
Diagnostic X-ray and Laboratory Services	Paid under Outpatient Miscellaneous Benefit
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	Paid under Outpatient Miscellaneous Benefit
Prescription Drugs , (Referral is not required from SHS for Prescription Drugs)	50% of U&C / \$250 maximum (Per Policy Year)
Psychotherapy , including all related or ancillary charges incurred as a result of Mental & Nervous Disorder (including Prescription Drugs). Benefits are limited to one visit per day.	100% of U&C / \$45 per day / 10 days maximum (Per Policy Year)
OTHER	Injury and Sickness
Ambulance Services	100% of U&C / \$100 maximum (For Each Injury or Sickness)
Consultant Physician Fees	No Benefits
Dental Treatment , made necessary by Injury to Sound, Natural Teeth only.	100% of U&C / \$200 maximum
AD&D	\$2,500 to \$5,000 maximum
Maternity and Complications of Pregnancy	Paid as any other Sickness
Pap Smear	100% of U&C / 1 visit maximum (Per Policy Year)

Optional Major Medical Benefit
\$75,000 Maximum (For each Injury or Sickness)

This optional benefit is subject to payment of an additional premium as specified on the enrollment card. Optional benefits may only be purchased at the time of an initial enrollment in the plan and may not be added later.

The Optional Major Medical Benefit begins payment after \$25,000 of Covered Medical Expenses have been incurred under the Basic Schedule of Benefits.

The Company will pay 80% for additional incurred Covered Medical Expenses incurred up to the Major Medical maximum of \$75,000. The total benefit payable under Major Medical is \$100,000 minus the Basic Benefits already paid.

No benefits will be paid under Major Medical for:

1. Dental treatment;
2. Psychotherapy;
3. Outpatient Physiotherapy; and
4. Services designated as "No Benefits" in the Basic Medical Expense Benefits Schedule of Benefits.
5. Any condition which originates (including the existence of symptoms); is diagnosed; treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under Optional Major Medical coverage; except for individuals who have been continuously insured under Optional Major Medical coverage for at least 12 consecutive months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this coverage.

Maternity Testing

There are certain maternity tests that may be routinely performed by your Physician that may not be covered under the Policy. Please call the Company at 1-800-505-4160 for additional information.

Accidental Death and Dismemberment Benefits

Loss of Life, Limb or Sight

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below. Payment under this benefit will not exceed the policy Maximum Benefits.

For Loss Of:

Life	\$5,000
Two or More Members	\$5,000
One Member	\$2,500

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment 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.

Excess Provision

No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectible insurance or under an automobile insurance policy.

However, this Excess Provision will not be applied to the first \$100 of medical expenses incurred.

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed as a result of the Insured's failure to comply with policy provisions or requirements.

IMPORTANT: The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

Mandated Benefits

Benefits for Mammography

Benefits will be provided for screening mammography subject to all terms and conditions of the Policy and according to the following guidelines:

1. One mammogram every 2 years for women age forty through forty-nine.
2. One mammogram per year for women age fifty years of age and over, or more frequently if recommended by a woman's physician.

Benefits shall be subject to all Deductible copayment, coinsurance, limitations or any other provisions of the policy.

Benefits for Prostate Cancer Screening

Benefits will be paid the same as any other Sickness for Prostate Cancer Screening. "Prostate Cancer Screening Tests" includes a prostate antigen blood test and a digital rectal examination or any other test that is equivalent or better in cancer detection when performed by or recommended by a Physician.

Benefits are provided on an annual basis for men who are Insureds at least 40 years of age or more.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Definitions

Injury means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity.

Medical Emergency means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in:

- 1) Death;
- 2) Placement of the Insured's health in jeopardy;
- 3) Serious impairment of bodily functions;
- 4) Serious dysfunction of any body organ or part; or
- 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

Medical Necessity means those services or supplies provided or prescribed by a Hospital or Physician which are:

- 1) Essential for the symptoms and diagnosis or treatment of the Sickness or Injury;
- 2) Provided for the diagnosis, or the direct care and treatment of the Sickness or Injury;
- 3) In accordance with the standards of good medical practice;
- 4) Not primarily for the convenience of the Insured, or the Insured's Physician; and,
- 5) The most appropriate supply or level of service which can safely be provided to the Insured.

The Medical Necessity of being Hospital Confined means that: 1) the Insured requires acute care as a bed patient; and, 2) the Insured cannot receive safe and adequate care as an outpatient.

This policy only provides payment for services, procedures and supplies which are a Medical Necessity. No benefits will be paid for expenses which are determined not to be a Medical Necessity, including any or all days of Hospital Confinement.

Sickness means sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness.

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 Charges.

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. Acne; acupuncture;
2. Addiction, such as: nicotine addiction;
3. Assistant Surgeon Fees;
4. Learning disabilities;
5. Biofeedback;
6. Durable Medical Equipment;
7. Chemotherapy; Radiation Therapy; Injections;
8. Circumcision;
9. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
10. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
11. Dental treatment, except for accidental Injury to Sound, Natural Teeth;

12. Elective Surgery or Elective Treatment;
13. Elective abortion;
14. 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 when due to a disease process;
15. 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;
16. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
17. Hirsutism; alopecia;
18. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
19. The addiction to or use of intoxicants, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
20. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
21. 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:
22. Organ transplants;
23. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
24. Prescription Drugs, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
 - b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use;
 - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - d) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - e) Products used for cosmetic purposes;
 - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - g) Anorectics - drugs used for the purpose of weight control;
 - h) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - i) Growth hormones; or
 - j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;

25. Reproductive/infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery;
26. Routine Newborn Infant care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
27. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
28. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
29. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; nasal and sinus surgery;
30. Skydiving, 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;
31. Sleep disorders;
32. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
33. Supplies, except as specifically provided in the policy;
34. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia;
35. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
36. 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); and
37. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

Collegiate Assistance Program

Insured Students have access to nurse advice, health information, and counseling support 24 hours a day, 7 days a week by dialing the number indicated on the permanent ID card. Collegiate Assistance Program is staffed by Registered Nurses and Licensed Clinicians who can help students determine if they need to seek medical care, need legal/financial advice or may need to talk to someone about everyday issues that can be overwhelming.

Scholastic Emergency Services: Global Emergency Assistance

Through participation in the Birmingham Southern College's insurance plan, each Insured* is eligible for global emergency medical assistance services when traveling 100 miles or more from his/her permanent home or campus address or abroad. Services are accessible 24 hours a day, 365 days a year and are provided by Scholastic Emergency Services.

What Makes the Scholastic Emergency Services (SES) program unique?

1. Exceeds USIA requirements for International student and scholars
2. No maximums or subrogation for any assistance services SES provides
3. No pre-existing conditions or territorial exclusions
4. Worldwide network of pre-qualified medical providers
5. Operations Centers with immediate worldwide response capabilities
6. "Out of Area" medical problems alleviated

Key Services include:Evacuation, Repatriation and Return of Mortal Remains:

Whenever appropriate medical facilities are not available locally, Scholastic Emergency Services will utilize whatever mode of transport, equipment, and personnel is necessary to evacuate the participant to the Nearest facility capable of providing appropriate care. Once the participant is ready to be released from the hospital, SES will arrange and pay to transport the participant to his/her residence or rehabilitation facility, with necessary medical supervision, if necessary.

If a participant should die while traveling, SES will render every possible assistance in the return of mortal remains including locating a funeral home to prepare the deceased for transport, procuring required documentation, providing the necessary shipping container as well as paying for transport.

Some additional services include:

- Medical Consultation, Evaluation and Medical Referrals
- Foreign Hospital Admission Guarantee
- Critical Care Monitoring
- Prescription Assistance
- Emergency Message Transmission
- Transport to Join Patient (when in-patient for more than 7 days)
- Care for Minor Children (left unattended due to medical incident)
- Emergency Trauma Counseling
- Lost Luggage or Document Assistance
- Legal and Interpreter Referrals

Please refer to www.assistamerica.com for service descriptions, under the "Student" tab.

To access services please call:

(877) 488-9833 Toll-free within the United States

(609) 452-8570 Collect outside the United States

Services are also accessible via e-mail at medservices@assistamerica.com.

Scholastic Emergency Services is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by SES. Claims for reimbursement of assistance services will not be accepted.

*Insured's spouse and dependent children may also be eligible for services.

Online Services

Insureds have online access to claims status, EOBs, correspondence and coverage information via My Account at www.firststudent.com. Insureds can also print a temporary ID card, request a replacement ID card and locate network providers from My Account.

If don't already have an online account, simply select the "Create an Account" link from the home page at www.firststudent.com. Follow the simple, onscreen directions to establish an online account in minutes. Note that you will need your 7-digit insurance ID number to create an online account. If you already have an online account, just log in from www.firststudent.com to access

Claim Procedures

In the event of Injury or Sickness, students should:

- 1) Report to the Student Health Service or, when not in school, to their 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. A Company claim form is not required for filing a claim.
- 3) File claim within 30 days of Injury or first treatment for a Sickness. 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.

You have the right to information about how the plan operates its care delivery system and an explanation of the benefits to which participants are entitled under the terms of the plan.

The Plan is Underwritten by:

UnitedHealthcare 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

Local Service Representative:

Insurance & Investment Consultants, Inc.
P.O. Box 55447
1101 Richard Arrington Jr. Blvd. South
Birmingham, Alabama 35255
Phone: 205-933-2920 800-999-2920
Fax: 205-933-2925
E-Mail: iic@insuringourworld.com
www.bsc.edu/campus/counseling/index.htm

Please keep this Brochure 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.