



**2005 - 2006
Student
Accident
and Sickness
Plan**

MARS HILL GRADUATE SCHOOL

text.soul.culture

www.mhgs.edu



Fairmont Premier Insurance Company
Tinton Falls, NJ

Policy No. 18025

This brochure explains the general purpose of the insurance described, but in no way changes or affects the insurance afforded under the insurance policy.

If you have questions regarding your coverage, please contact your local agent or the claims administrator.

MHWA05

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ELIGIBILITY

ALL STUDENTS of Mars Hill Graduate School are required to have insurance coverage. Any student with existing health insurance coverage may be exempted from participation in the student group plan by completing and filing a waiver form each academic semester. Forms for this purpose are available in the summer mailings and in the Student Services Office.

Insured Students may also enroll their eligible dependents in the plan by completing the enrollment form and remitting the appropriate premium.

An eligible dependent is: 1) an insured student's spouse; or 2) unmarried children under the age of 19, or up to age 25, if a full-time student at an accredited institution of higher learning and who are not self-supporting. Dependent eligibility expires concurrently with that of the Insured Student.

A newborn child will be automatically covered for the first 31 days after birth. An adopted child or child placed for adoption will be covered for 31 days from the date of placement. To continue coverage for the child beyond the first 31 days you must send us notice of the birth or adoption and pay the required premium.

EFFECTIVE AND TERMINATION DATES

The Policy is a Non-Renewal One Year Term Policy. The Master Policy on file at the College becomes effective at 12:01 a.m., August 22, 2005. Coverage becomes effective on that date or the date the application and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 12:01 a.m., August 19, 2006. 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. Refunds of premiums are allowed only upon entry into the armed forces.

	Student	Spouse	Each Child
Annual 8/22/05 to 8/18/06	\$926.00	\$3,719.00	\$1,396.00
Fall 8/22/05 to 1/8/06	\$371.00	\$1,486.00	\$557.00
Spring 1/9/06 to 5/7/06	\$269.00	\$1,064.00	\$400.00
Summer 5/8/06 to 8/18/06	\$287.00	\$1,169.00	\$439.00

**EXTENSION OF BENEFITS
AFTER TERMINATION**

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured Person 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 Person for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits After Termination" provision has been exhausted, all benefits end and under no circumstances will further payments be made.

CONTINUOUS COVERAGE

If an insured is continuously covered for 3 months under the policy offered through Mars Hill Graduate School they will be covered for any sickness diagnosed or injury sustained while so covered. If an insured is continuously covered less than the 3 month period they will be given credit for the time covered. To qualify as Continuous Coverage, the insured must enroll for coverage through the Mars Hill Graduate School within 63 days of the end of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 63 days occurs. Credit will also be given for Prior Creditable Coverage. Prior Creditable Coverage is coverage under another similar eligible group health plan. Coverage must be in force with 63 days of the Effective Date under this policy.

**CERTIFICATION OF GROUP HEALTH
PLAN COVERAGE**

If an Insured Person is no longer eligible to be insured under the plan, the Insured may request a copy of the Certification of Health Plan Coverage. This request can be made by phone or in writing. This request must include the name of the school and the name of each person who is no longer eligible to be insured under the plan. Please address your request to:

Patricia Wylie
USI Northwest
700 NE Multnomah, Suite #1300
Portland, OR 97232
1-800-251-4246

OUTPATIENT PRESCRIPTIONS

Prescriptions may be filled at any pharmacy. The Covered Person must purchase the prescription and send an itemized receipt to PIA, with a completed claim form to receive reimbursement. The claim will be processed and any reimbursement will be mailed directly to the Covered Person. Benefits will only be paid for prescriptions for covered Injury or Sickness and are subject to the policy limitations. A claim form may be obtained at the Office of Student Affairs, by calling USI NW at 1-800-251-4246 or by downloading from www.piaclaims.com.

MATERNITY TESTING

The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound reports that are Medically Necessary. Additionally, the following tests will be considered for women over 35 years of age: AFP Blood Screening; Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call PIA toll free at 1-800-468-4343.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

LOSS OF LIFE, LIMB OR SIGHT

The Company will pay a benefit for accidental death or dismemberment according to the schedule below for loss incurred within 180 days after the date of the Injury. The Injury must occur while the Insured Person is covered under the plan.

FOR LOSS OF:

Life	\$1,000
Two or More Members	\$1,000
One Member	\$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.

ADDITIONAL BENEFITS

Benefits are payable subject to the policy limitations for chemical dependency, dental anesthesia for certain individuals; mammograms; reconstructive breast surgery following a mastectomy; diabetes treatment, supplies and self-management training; formulas necessary for treatment of PKU, and neurodevelopmental therapies for children age 6 and under.

DEFINITIONS

1. **Coinsurance** means the percentage amount of covered expenses for which you are responsible for any medical service or supply. The coinsurance is shown in the Schedule. We will pay the remaining amount of covered expenses, subject to the maximum amount for specific services and the maximum benefit for all services.
2. **Complications of pregnancy** means:
 - a. Conditions whose diagnosis is distinct from but adversely affected or caused by pregnancy and which require a hospital stay (when pregnancy is not terminated). Such conditions include, but are not limited to, acute nephritis; nephrosis; cardiac decompensation; missed abortion; hyperemesis gravidarum; pre eclampsia; and similar conditions of comparable severity; or
 - b. Non elective cesarean section; therapeutic abortion; ectopic pregnancy which is terminated; and spontaneous termination of a pregnancy during a period of gestation when a viable birth is not possible.Complications of pregnancy do not include:
 - False labor;
 - Occasional spotting;
 - Doctor-prescribed rest during pregnancy;
 - Morning sickness; or
 - Similar conditions associated with a difficult pregnancy that are not classified as a complication of pregnancy.
3. **Covered expenses** means charges:
 - a. Not in excess of usual, reasonable and customary charge;
 - b. Not in excess of the maximum benefit amount payable per service as shown in the Schedule;
 - c. Made for medical services and supplies not excluded under the policy;
 - d. Made for services and supplies which are medically necessary; and
 - e. Made for medical services specifically included in the Schedule.
4. **Covered person** means you and your eligible spouse and dependents covered under the policy. The proper premium payment must be made to be covered under the policy.
5. **Deductible** means the amount of covered expenses paid on behalf of a covered person before benefits are payable under the policy. The deductible amount is shown in the Schedule.
6. **Dependent** means your unmarried child who:
 - a. Has his principal residence with you;
 - b. Chiefly relies on you for support and maintenance; and
 - c. Is within the following age groups unless otherwise shown in the Schedule:

DEFINITIONS, CONT'D

- 1) Under 19 years of age;
- 2) 19 but less than 25 years of age and enrolled in a School as a full time student; or
- 3) 19 or more years of age, and primarily supported by you and incapable of self sustaining employment by reason of physical handicap or developmental disability. Proof of the child's condition and dependence must be submitted to us within 31 days after the date the child ceases to qualify as a dependent under (1) or (2) above. We may, from time to time, require proof of the continuation of such condition and dependence. After that, we may require proof no more than once a year.

"Child" can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

7. **Doctor** means a licensed practitioner of the healing arts acting within the scope of his license.

Doctor does not include:

- a. You;
- b. Your spouse, dependent, parent, brother, sister, or;
- c. A person who ordinarily resides with you.

8. **Hospital** means an institution:

- a. Operated pursuant to law;
- b. Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- c. Under the supervision of a staff of doctors;
- d. Providing 24 hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
- e. With medical, diagnostic and treatment facilities, and with major surgical facilities;
 - 1) On its premises; or
 - 2) Available on a prearranged basis; and
- f. Charging for its services.

Hospital does not include a clinic or facility for:

- Convalescent, custodial, educational or nursing care;
- The aged, drug addicts or alcoholics; or
- Rehabilitation.

9. **Hospital stay** means a medically necessary overnight confinement in a hospital when room and board and general nursing care are provided and a per diem charge is made by the hospital.

10. **Injury** means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered one injury.

11. **Intensive care** means:

- a. A specifically designated facility of the hospital that provides the highest level of medical care; and
- b. Restricted to those patients who are critically ill or injured.
Such facility must be separate and apart from the surgical recovery room and from rooms,

[continued on page 8]

2005 / 2006 STUDENT ACCIDENT AND SICKNESS PLAN SCHEDULE OF BENEFITS

The Policy provides for the medically necessary Usual, Customary and Reasonable Charges (UCR) incurred by a Covered Person for loss due to a covered Injury or Sickness. Subject to policy limitations and exclusions (as outlined in plan booklet).

Lifetime Maximum Up to \$25,000 per injury or sickness
 Policy Year Deductible \$200 per insured per policy year
 After your deductible has been met covered expenses will be paid up to the maximum benefit as scheduled below:

INPATIENT EXPENSES

HOSPITAL EXPENSES <i>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, medications (excluding take home medications), therapeutic services, and supplies, Radiation Therapy and Chemotherapy. In computing the number of days payable under this benefit the date of admission will be counted, but not the date of discharge.</i>	.80% of UCR/ \$800 aggregate maximum per day
Physician's Visits <i>benefits are limited to one visit per day and does not apply when related to surgery.</i>	.80% of UCR

INPATIENT / OUTPATIENT EXPENSES

Surgeon/Asst. Surgeon's Fees <i>No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.</i>	.80% of UCR
Anesthetist	.25% of Surgery Allowance
Registered Nurse's Services <i>Private duty nursing care</i>	.80% of UCR
Consultant Physician Fees <i>when requested by the attending Physician</i>	.80% of UCR/ \$200 maximum per Injury or Sickness

OUTPATIENT EXPENSES

Physiotherapy <i>Benefit limited to one visit per day payable for a condition that required surgery or hospital confinement: 1) within 30 days immediately preceding such physiotherapy, or 2) within 30 days immediately following the attending physician's release of the insured for rehabilitation.</i>	Paid under Outpatient Miscellaneous Benefit
Pre-admission Testing	Paid under Hospital Expense
Dental Treatment <i>Made necessary by Injury to Natural Teeth</i>	Paid under Outpatient Miscellaneous Benefit
Radiation Therapy and Chemotherapy	Paid under Outpatient Miscellaneous Benefit
Outpatient Miscellaneous Benefit , <i>includes benefits designated as "paid under outpatient miscellaneous."</i>	.80% of UCR/\$500 maximum per Injury or Sickness, per school year
Physician's Visits <i>benefits are limited to one visit per day and does not apply when related to surgery.</i>	Paid under Outpatient Miscellaneous Benefit
Day Surgery Miscellaneous <i>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. Reasonable and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Index.</i>	.80% of UCR/ \$800 maximum, per Injury/Sickness
Chiropractic Care	Paid under Outpatient Miscellaneous Benefit
Emergency Room Expenses <i>attending doctor's charges, x-rays, laboratory procedures, injections</i>	Paid under Outpatient Miscellaneous Benefit
Diagnostic X-ray Services and Laboratory Services	Paid under Outpatient Miscellaneous Benefit
Tests and Procedures <i>diagnostic services and medical procedures performed by Physician, other than Physician's visits</i>	Paid under Outpatient Miscellaneous Benefit
Prescription Drugs <i>based on a 30 day supply</i>	.80% of UCR

OTHER EXPENSES

Ambulance Services	.80% of UCR \$500 maximum per Injury or Sickness
Maternity/Complications of Pregnancy	Paid as any other Sickness

DEFINITIONS, CONT'D

beds and wards customarily used for patient confinement. It must be:

- (i) Permanently equipped with special life-saving equipment for the care of the critically ill or injured; and
- (ii) Under constant and continuous observation by nursing staffs assigned on a full-time basis, exclusively to the Intensive Care Unit.

Intensive care does not mean any of these step-down units:

- Progressive care;
- Sub-acute intensive care;
- Intermediate care units;
- Private monitored rooms;
- Observation units; or
- Other facilities not meeting the standards for intensive care.

12. **Medical Emergency** means the occurrence of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect in the absence of immediate medical attention to result in:
 - a. placing one's health (for a pregnant woman this includes the health of the newborn) in serious jeopardy;
 - b. Serious impairment to bodily functions; or
 - c. Serious dysfunction of any body organ or part.

Expenses incurred for medical emergency will be paid only for a sickness or injury fulfilling the above conditions. These expenses will not be paid for minor sickness or minor injuries.

13. **Medically necessary** means those services or supplies provided or prescribed by a hospital or doctor:
 - a. Essential for the symptoms and diagnosis or treatment of the sickness or injury;
 - b. Provided for the diagnosis, or the direct care and treatment of the sickness or injury;
 - c. In accordance with the standards of good medical practice;
 - d. Not primarily for your convenience or that of your doctor; and
 - e. That are the most appropriate supply or level of service that can safely be provided.
14. **Natural teeth** means natural teeth or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.
15. **Negative X-ray** means an X-ray that shows the absence of a fracture, pathology, or disease.
16. **Nurse** means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).
17. **Participating institution** means the college or university you attend during your term of coverage.
18. **Physiotherapy** means any form of the following: physical or mechanical therapy; diathermy;

DEFINITIONS, CONT'D

- ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a doctor.
19. **Policyholder** means the entity to which the policy is issued. The policyholder is shown on the first page of the policy.
 20. **Positive X-Ray** means an X-ray that shows the presence of a fracture, pathology, or disease.
 21. **Prescription** means any authorization, including authorized refills, issued by a doctor for dispensing medication for the purpose and in the amount specified.
 22. **Prescription drug** means:
 - a. A legend drug;
 - b. A compound medication when at least one ingredient is a prescription legend drug;
 - c. Any other drug which under applicable state law may only be dispensed by prescription, including injectable insulin; or
 - d. Drugs and medications dispensed by a licensed pharmacist that are not specifically excluded by other provisions applicable to this coverage.
 23. **Primary insured** means you.
 24. **Sickness** means illness or disease diagnosed during the term of coverage under the Policy for the covered person. Sickness includes complications of pregnancy. All related conditions and recurring symptoms of sickness will be considered one sickness.
 25. **Spouse** means your lawful spouse.
 26. **Term of coverage** means the period of coverage beginning with your Effective Date and ending upon completion of a trimester, semester or other measure of an academic session determined by the participating institution.
 27. **Usual, reasonable and customary** means:
 - a. Charges and fees for medical services or supplies that are the lesser of:
 1. The usual charge by the provider for the service or supply given; or
 2. The average charged for the service or supply in the area where service or supply is received; and
 3. Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

EXCLUSIONS

No benefits will be paid for loss or expense caused by or resulting from:

1. Any Sickness, as defined, that was initially diagnosed, treated or recommended for treatment prior to the Term of Coverage for a Covered Person for a period of 3 months, unless Continuous Coverage is applied.
2. Services and supplies furnished normally without charge by the school's infirmary, its employees, or doctors who work for the school.
3. Services covered or provided by the student health fee.
4. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of injury; unless specifically provided for in the Schedule.
5. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a covered expense associated with a sickness or injury covered by the policy.
6. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a covered expense associated with an injury covered by the policy.
7. Dental treatment, except as specifically provided for in the Schedule.
8. War or any act of war, declared or undeclared, or while in the armed forces of any country.
9. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
10. Intentionally self inflicted injury, suicide or any attempt thereat.
11. Injury of any covered person sustained while:
 - a. Participating in any school, professional or organized sports contest or competition, unless specifically list in the Schedule;
 - b. Traveling to or from such sport, contest or competition as a participant; or
 - c. During participation in any practice or conditioning program for such sport, contest or competition.
12. Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.
13. Treatment in a military or Veterans Hospital or a hospital contracted for or operated by a national government or its agency unless:
 - a. The services are rendered on an medical emergency basis; and
 - b. A legal liability exists for the charges made on behalf of a covered person for the services given in the absence of insurance.

EXCLUSIONS, CONT'D

14. Injury caused by, or resulting from, the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person's doctor.
15. Mental and nervous disorders.
16. Elective surgery and elective treatment, including but not limited to: acne; acupuncture; allergy & allergy vials, including allergy testing; biofeedback-type services; breast implants; breast reduction; circumcision; cosmetic treatment or cosmetic surgery; deviated nasal septum, including submucous resection and/or other surgical correction thereof; elective abortion; family planning; expenses incurred for birth control drugs, procedures, supplies or devices, except prescription contraceptives; hair growth, replacement or removal, alopecia; impotence, organic or otherwise; infertility diagnosis or treatment, including in-vitro fertilization, artificial insemination, and any other form of assisted conception; expenses incurred for sterilization or sterilization reversal, or vasectomy or vasectomy reversal; learning disabilities, except for testing and as specifically provided; nonmalignant warts, moles and lesions, except for diagnostic purposes; obesity and any condition resulting therefrom, except for Treatment of an underlying Covered Sickness; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia and temporomandibular joint dysfunction (TMJ); sleep disorders, including testing thereof; smoking cessation; vitamins; antitoxins; and weight increase or reduction, except as required to correct an injury for which benefits are otherwise payable under the policy.
17. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act.
18. Braces and appliances, except as specifically provided for in the Schedule.
19. Replacement braces and appliances.
20. That part of medical expense payable by any automobile insurance policy without regard to fault.
21. Any accident where the covered person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
22. Preventive medicines, serums, vaccines.
23. Rest cures or custodial care.
24. Personal services such as television and telephone or transportation.
25. Hernia of any kind.

HOW TO FILE A CLAIM

In the event of Injury or Sickness, the student should:

IF A MEDICAL EMERGENCY, CALL 911 OR REPORT TO THE NEAREST EMERGENCY ROOM

- 1) Obtain a claim form from USI NW by calling 1-800-251-4246, or by printing from www.piaclaims.com.
- 2) The completed claim form and all hospital and medical bills must be submitted within 30 days of Injury or first treatment for a Sickness. The Company should receive bills within 90 days of service. In no event, except in the absence of legal capacity, will a claim be honored later than 12 months from the date when the proof was originally required. A completed Claim Form must accompany each Injury or Sickness.

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on Medical Necessity.

- 3) Send claim forms along with itemized hospital and medical bills to:

Personal Insurance Administrators, Inc.

PO Box 6040

Agoura Hills, CA 91376-6040

1-800-468-4343

COORDINATION OF BENEFITS:

Benefits will be coordinated with any other group medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

SUBROGATION:

The Company shall be fully and completely subrogated, unless otherwise prohibited by law, to the rights of the Covered Person's against parties who may be liable to provide indemnity or make a contribution in respect to any matter that is the subject of a claim under the Policy.

The Covered Person further agrees to cooperate fully with the Insurers in seeking such indemnity or contribution including, where appropriate, when the company is instituting proceedings as its own expense against such parties in the name of the Covered Person.

NOTES

Insured By:

**FAIRMONT PREMIER INSURANCE COMPANY
TINTON FALLS, NJ**

Insured

Student of

**MARS HILL GRADUATE SCHOOL
2005-2006 Student Health Insurance Plan
Policy No. 18025**

Both the effective and termination dates of coverage are 12:01 a.m. and subject to verification by the Company.

PERMANENT IDENTIFICATION CARD

Underwritten and Insured through:

**FAIRMONT PREMIER
INSURANCE COMPANY
TINTON FALLS, NJ**

*For Benefits, Eligibility or Claim
Inquiries Contact:*

**Personal Insurance Administrators, Inc.
PO Box 6040
Agoura Hills, CA 91376-6040
1-800-468-4343
www.piaclaims.com**

Agents:

USI NW

Rico Bocala
Patricia Wylie
Brysis Boyd
Portland, Oregon
1-800-251-4246

A Partner Company  *Insurance Services Corp.*

7/05

This brochure describes the important features of Student Accident and Sickness Policy No. 18025. Please be sure to retain this brochure as it outlines the provisions of the Master Policy which is on file at the Director of Administrative Services Office. No individual policies or certificates are issued. Any discrepancies between this brochure and the Master Policy, the Master Policy will prevail.

Medical Claims Administered by:

**Personal Insurance Administrators, Inc.
PO Box 6040
Agoura Hills, CA 91376-6040
1-800-468-4343
www.piaclaims.com**