

2. If away from School, consult a doctor and follow his/her instructions. Pay the bill and obtain a receipt. Notify Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, NY 13502, 800-756-3702 by sending a Student Insurance Medical claim form as soon as possible. Bills that are not receipted are paid directly to the doctor or hospital.

Claim forms and instructions on claim procedures are available at the College Health Center or by visiting the website: www.studentplanscenter.com Written notice of injury or sickness upon which claim may be based must be provided to the Claims Administrator within 30 days of the date of the commencement of the first loss for which benefits arising out of each such injury or sickness may be claimed, or as soon thereafter as is reasonably possible.

NOTE: The time you were covered under this plan may count as creditable coverage under State and Federal Law if you leave this plan and go to an employer's plan within 63 days thereafter. You are eligible to receive a certification from the Company regarding the periods you were covered. Please contact Acordia at 1-800-228-6768 when you need such verification.

HOW TO FILE AN APPEAL

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator listed on the back panel.

Underwritten and Claims Administered by
Special Risk Claims
Commercial Travelers Mutual Insurance Company
70 Genesee Street, Utica, NY 13502
Toll Free: 800-756-3702
www.studentplanscenter.com

as policy form # SH-M3A04-89

For a copy of the Company's Privacy Notice,
you may go to:
www.commercialtravelers.com/privacy.html

or Request one from the Health office at your school

or Request one from:

Commercial Travelers Mutual Insurance Company
c/o Privacy Officer
70 Genesee Street • Utica, NY 13502

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

Local Representative

Acordia
P.O. Box 276 • Columbus, Ohio 43216-0276
800-228-6768 • www.acordia.com/colleges

Claims Administered by
Special Risk Claims
Commercial Travelers Mutual Insurance Company
70 Genesee Street, Utica, NY 13502
Toll Free: 800-756-3702
www.studentplanscenter.com

Network Provider

Beech Street
800-432-1776 • www.beechstreet.com

Representations of this plan must be approved by the Company.

This is not the Policy. Rather it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.



STUDENT ACCIDENT AND SICKNESS INSURANCE PROGRAM



TIFFIN, OHIO

2006-2007

Policy No. 2006M3A04

This is not the Policy. Rather it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.

This outline of coverage should be retained as no individual certificate will be issued.

HEIDELBERG COLLEGE TIFFIN, OHIO

Phone: (419) 448-2041

Dear Heidelberg Students and Parents:

The Stoner Health Center at Heidelberg College provides day to day medical care for all students. This brochure outlines the details of the Health Program for students at the College.

The Health Center is fully staffed and is prepared to provide professional service for emergency cases. Regular clinic hours are maintained for ordinary cases. These services are explained on the following pages. However, unexpected accidents and illnesses can result in the need for care that is beyond the scope of the Stoner Health Center and result in additional costs to the students. It is because of these unexpected expenses that we are offering an Insurance Program that supplements the regular health services.

Because of the continued increases in health care costs, we seriously recommend your participation in this excellent Insurance Program. The period of coverage is the twelve month period beginning August 15, 2006 at an annual charge of only \$579.00.

You will note that the billing for this Insurance is listed separately on the Fall statement. The Insurance is offered to you under a waiver plan. If a student has other comparable insurance, and does not wish to participate in this Program, he must complete the enclosed waiver card and return it to the Business Office, not later than September 1, 2006. PLEASE NOTE: All students participating in intercollegiate athletics and those students involved in any off-campus interim programs will be expected to carry the Insurance as offered, unless they present evidence of other comparable insurance.

If the Insurance Program is not desired, and you have returned your waiver card to the Business Office by September 1, 2006, the \$579.00 Health Insurance Fee should be deducted from your Fall statement of fees.

We believe the expanded protection to be most worthwhile. If you have any questions regarding this Student Insurance Program, please feel free to contact me.

Yours sincerely,

Vice President for Administration

STUDENT HEALTH FACILITIES

The Stoner Health Center located in the Campus Center includes a small dispensary and modern clinical facilities. A physician is available at the Health Center at prescribed hours Monday through Friday. A staff of consulting physicians is available when needed.

Students should come to the Stoner Health Center for dispensary service when necessary. In cases of prolonged or serious illnesses, students or their parents should arrange care and treatment in a local hospital or at home.

Twenty-four hour service is provided by the Emergency Care Center of Tiffin Mercy Hospital, 485 W. Market St., Tiffin, Ohio, about two miles west of the Heidelberg Campus.

The Health Center is unable to provide student physical examinations for graduate school, future employment and foreign travel. Students anticipating the need for physical examinations should arrange to have them done during vacation periods.

Stoner Health Center is not prepared to provide on-site X-rays, dental work, or eye correction. If necessary, the Student will be informed where such services are available. If, for ill health or similar reason, a Student must be taken by the College to a transportation center for travel to his or her home, any charges incurred will be placed against the Student's account.

STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

The following describes the Student Accident and Sickness Insurance Plan that is important as a supplement to the Student Health Services described in the preceding paragraphs. This Student Health Insurance Plan is designed to give you substantial protection against the expense of accident and sickness 24 hours a day, both at Heidelberg College and when away from Campus.

ELIGIBILITY AND COST

All full-time students attending Heidelberg College are eligible for and included in the Student Accident and Sickness Insurance Plan unless coverage has been specifically waived. The premium for the entire College year August 15, 2006 to August 15, 2007 is \$579.00 and is payable along with your student fees at the beginning of the Fall Term.

Students who enroll in this Plan may also provide coverage on an optional basis for their dependent spouse and/or dependent child/ren. This coverage may be applied for through the Business Office.

COVERAGE

This Plan, *subject to the benefits and exclusions outlined in this brochure*, protects the Insured Student of Heidelberg College and his or her insured dependents at home, at School, or while traveling—24 hours a day—anywhere in the world, during the term of the Student's Policy.

1. Benefits become effective at 12:01 a.m. on August 15, 2006 and continue during the period for which the premium has been paid. The Master Policy expires at 12:01 a.m. on August 15, 2007.
2. In the event a Student ceases to be a Student at the College, coverage remains in effect until the end of the period for which premium has been paid. *No premium refunds are permitted, except when the Insured enters the armed forces of any country, at which time coverage will automatically terminate, and a pro-rata return of premium will be made upon request.*
3. Protection is in effect during all interim vacation periods.
4. **Alternative Coverage**—If you do not meet the eligibility requirements of this plan, please call Acordia at 1-800-228-6768 or visit our website: www.acordia.com/colleges for information on alternative insurance plans.

GENERAL INFORMATION

The Policy is underwritten by Commercial Travelers Mutual Insurance Company, Utica, New York and the Local Representative is Acordia, P.O. Box 276, Columbus, Ohio 43216-0276. All claims will be administered by Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, NY 13502, 800-756-3702. The benefits of this plan will be coordinated with any other insurance that the student may have (other than automobile or membership in any hospital association).

In the event you need to seek treatment or file for benefits under the Insurance Program, it is important that you first visit or notify the nurse at Stoner Health Center.

If you have other medical coverage, such as dependent coverage under your parent's insurance, you should review that plan's requirements prior to seeking medical attention, *as in some cases you may not be able to collect benefits without meeting certain requirements*. It is important to understand your insurance coverage(s) and financial responsibility for all deductibles, co-pays, and/or resulting medical bills.

BASIC PLAN BENEFITS

When hospital or medical care is required because of accidental bodily injuries received or sickness causing loss while the Insured's coverage is in force, the reasonable and customary expense actually incurred will be paid by the Insurance Company as provided by the Policy. Pre-existing conditions for sickness are covered provided the condition (1) is not congenital; and (2) did not require medical advice or treatment, or medication or special diet during the six months immediately preceding the date on which coverage begins. Following is a summary of the benefits payable for each accident or sickness.

Accident Medical Expense . . .

If a covered accident causes you to incur covered medical expenses while you are insured within 52 weeks of the date of such accident, eligible expenses will be paid at 80% of Usual & Customary up to \$1,000.00 for the expense of hospital confinement when hospital room and board benefits are payable, legally qualified physicians' and surgeons' fees, the services of an anesthetist or anesthesiologist, graduate nurse who is neither a relative of the Insured nor an employee of the hospital of confinement, drugs, dressings, X-rays,

ambulance service to and from the hospital of confinement, blood transfusions, plasma, wheelchair, crutches or other appliances, casts and splints, and any other service or facility required for the proper care and treatment of the Student which has been prescribed by a legally qualified physician, including dental treatment for injuries to sound, natural teeth to a maximum of \$300.00. Expenses incurred for injuries sustained in the play or practice of intercollegiate athletics will be paid at 100% of Usual & Customary.

Sickness Medical Expense . . .

If a covered sickness causes you to incur eligible medical expenses while you are insured, the reasonable and customary expense incurred within 52 weeks of the date of first treatment for such sickness will be paid according to the following Policy Schedule.

1. Hospital Room and Board up to \$400 per day for the first 5 days.
2. Miscellaneous Expense, while confined in any hospital including, but not limited to: operating room, anesthetics, drugs, medicines, tests, X-rays, etc., up to \$350.00
3. Surgeons Fees, for operations up to a maximum of \$400.00 according to the Schedule on file at the Student Health Center.
4. Anesthesia Administration Expense, up to 35% of the charge for the applicable surgical procedure.
5. Physician's Visit Expense, while hospital confined, for non-surgical cases up to \$30.00 for the first such visit, then up to \$10.00 per visit per day to a maximum of \$150.00.
6. Miscellaneous Outpatient Expense, up to \$150.00 for Hospital Emergency Room treatment and Diagnostic Laboratory and X-ray expense, when approved by Heidelberg College Student Health Center.
7. Special Nurse Service, during a period of hospital confinement, for which expense is payable under the Hospital Room and Board provision up to \$8.00 per day to a maximum of \$100.00.
8. Consultant's Fee, when required by the attending physician up to a maximum of \$50.00.
9. Ambulance Service Expense, to and from the hospital of confinement up to \$125.00.
10. Prescription Drug, up to \$100.00 when prescribed by the attending physician, in excess of a \$10 deductible.

11. Mental and Nervous Outpatient when expenses are incurred for services legally performed by or under the clinical supervision of a physician or licensed psychologist, whether performed in a physician's or psychologist's office, in a hospital, or in a community mental health facility, the Company will pay 50% of expenses incurred, to a maximum payment of \$550.00 for each sickness.

MAJOR MEDICAL EXPENSE BENEFIT

When, as the result of injury or sickness, the Insured receives treatment by a currently licensed physician or surgeon, x-ray examination, surgical or medical supplies or the service of a licensed or graduate nurse, the Insurance Company will pay 80% of all reasonable medical expenses incurred therefor and which exceed by more than \$250.00 the expenses paid or payable under all other provisions of the Basic Plan Benefits, subject to the following provisions:

1. Since it is not intended that the student receive greater benefits than the actual expenses incurred, any other coverage will be taken into account in determining the amount of benefits payable under this portion of the Policy. **BENEFITS ARE PAYABLE ONLY IN EXCESS OVER ALL OTHER VALID AND COLLECTIBLE INSURANCE OR PREPAYMENT PLAN.** The Major Medical Rider is supplemental coverage in that the deductible shall be equal to the amount that is contributed by other insurance.
2. The deductible amount for all Major Medical Expense Benefits must be incurred within a period of 12 consecutive months commencing while the Insurance is in force as to the Insured for each accident or sickness.
3. The Major Medical Expense Benefit will not be payable for expenses incurred prior to the date the deductible amount has been satisfied, nor for expenses incurred more than 12 months after the date the first expense included in the deductible amount is incurred.
4. The Major Medical Expense Benefit will not apply toward medical expenses incurred for dental treatment as the result of injury to sound, natural teeth nor for expense incurred as the result of injuries sustained in the practice or participation of intercollegiate athletics.
5. The aggregate maximum amount payable under the Major Medical Expense for any one (1) accident or sickness other than Mental or

Nervous Disorder is \$10,000. The maximum for Mental and Nervous is limited to \$1,500.00.

TREATMENT OF ALCOHOLISM

Treatment of alcoholism will be paid, in lieu of all other Policy benefits, for expense incurred for services legally performed by or under the clinical supervision of a physician or licensed psychologist, whether performed in a physician's or psychologist's office, in a hospital, in a community mental health facility, or in an alcoholism treatment facility, after a \$25.00 deductible, 50% of expense incurred, to a maximum payment of \$550.00.

REPATRIATION

In the event of the death of an insured individual, the Plan will pay the actual charges for adequate mortician's services with due regard to applicable international requirements, and for shipping and transporting the remains of the deceased individual from the place of death to his home country, provided that the expenses do not exceed \$5,000. No benefit will be paid in the event of suicide.

MEDICAL EVACUATION

If the Insured Person must be transported to his or her country or state of origin for continuing medical treatment of a covered Injury or Sickness, the Company will pay the expense of such transportation, up to a total of \$5,000.00 with no deductible or coinsurance, provided that: 1) as the result of the covered Injury or Sickness, the Insured has been hospital-confined for a period of at least five days for which benefits are payable under the Policy, and 2) such evacuation has the prior approval of both the attending physician and the Company.

MANDATED BENEFITS

The following benefits are mandated in the state of Ohio. They will be included in all plans issued under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and co-insurance conditions of the Policy as well as all other terms and conditions applicable to any other covered sickness.

Mandated benefits include, but are not limited to: Cancer Screening Tests; Mastectomy, Reconstructive Surgery and Prosthetic Devices; Child Health Supervision Services; Medical Emergency Expenses and Alcoholism and Drug Abuse Treatment. See the Policy on file with the school for further details on these benefits.

EXCLUSIONS AND LIMITATIONS

Although the Student Accident and Sickness Insurance Plan provides coverage in the majority of cases, there are certain conditions under which the Insurance does not apply. These should be carefully noted. The Policy will not cover loss due to:

1. Injury or sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Act or Law or similar legislation.
2. Dental treatment or dental x-ray except as otherwise provided and then only when injury occurs to sound, natural teeth.
3. Treatment in a Veterans Administration or Federal hospital where there is no legal obligation for payment.
4. Injury sustained while flying, except as a fare-paying passenger on a regularly scheduled commercial aircraft.
5. Cost of eyeglasses, routine eye examinations or prescriptions therefor.
6. Elective surgery, except cosmetic surgery made necessary by injury which occurs while the policy is in force.
7. Preventive medicines, serums, or vaccines, or routine exams.
8. Elective termination of pregnancy.
9. Services provided at the Policyholder's Health Service by employees or salaried full-time physicians of the Policyholder except as specifically provided.
10. Riot or civil strife in which the Insured Person participates.
11. Self-inflicted injury or suicide or attempt thereat, while sane or insane.
12. Voluntary use of narcotics except those prescribed by a qualified and licensed physician.
13. Injury or sickness contracted while in the service of the Armed Forces of any country.
14. Expenses involving the major medical portion of the Policy which are payable by other valid and collectible group insurance or group prepayment plan.
15. Declared or undeclared war or any act thereof.
16. Treatment of Alcoholism and Mental or Nervous Disorders, except as provided.
17. Medical expenses incurred as the result of an accident involving a motor vehicle to the extent that benefits are payable therefor under any Automobile Medical Expense Insurance.

18. Benefits for multiple surgical procedures performed within the same operative field are limited to 150% of the amount payable for the primary procedure.

PRE-EXISTING CONDITION LIMITATION

The Policy does not cover Pre-existing Conditions for the first six (6) months following effective date of an Insured Person's coverage. However, We will waive this Limitation for an Insured who: 1) Has been Continuously Insured, as defined in the Policy, for at least 6 consecutive months under one or more student insurance policies issued to the Policyholder; or 2) Can provide satisfactory evidence of prior Creditable Coverage, as defined in the Policy. To qualify for this waiver, an Insured or his or her insured Dependent must fulfill all of the following requirements: a) He or she must not be covered under any other health insurance. b) He or she must have had health insurance for a total of 18 months, with no break in coverage longer than 63 days. c) His or her most recent coverage must meet the definition of Creditable Coverage shown in the Policy. d) He or she must have elected and exhausted any continuation of coverage under COBRA or similar state program.

Pre-existing Condition means any health condition, Sickness or Injury that existed any time prior to the effective date of coverage and for which medical advice was given or for which a Physician recommended or provided treatment within the six months immediately preceding the Insured's effective date of coverage under the Policy.

CLAIM PROCEDURE

The Student is responsible for initiating all insurance claim forms for payment of medical bills. In the event of an accident or sickness, the Student should:

1. If at School, report immediately to the College Health Center so that proper treatment or assistance can be arranged. Contact the Stoner Health Center at 1-419-448-2041.

Beech  Street
CORPORATION

Your out-of-pocket costs may be lower when you utilize a Beech Street provider. For a listing of Beech Street providers go to: www.beechstreet.com • 800-432-1776