

# BLANKET ACCIDENT AND HEALTH PLAN

*Designed for the students of:*

## CINCINNATI

CHRISTIAN UNIVERSITY

2700 Glenway Ave.  
Cincinnati, OH 45204

**PLEASE NOTE:** *Students with other medical insurance are also eligible for this insurance and should consider this opportunity to obtain this low cost coverage. It is an ideal supplement and will help protect against medical expense not fully covered by other insurance.*

## 2009-2010

Policy # 09200632

**Please keep this outline of coverage for future reference.**

# **INTRODUCTION**

Hospitalization, surgery and accompanying medical Expenses are at an all time high. Many students are not prepared to meet the added cost of an unexpected Accident or Sickness. Costly medical bills can impose tremendous hardship, and even necessitate withdrawal from school. The University is concerned with the health and well being of its students. Student Accident and Sickness insurance is designed to provide low-cost coverage for unanticipated medical Expenses.

# **ELIGIBILITY**

All students enrolled for a minimum of 12 credit hours are included in this insurance plan and the premium for coverage is added to the tuition billing unless proof of comparable coverage is furnished.

# **REFUND PROVISION**

In the event an Insured person leaves school to enter active military service, coverage will cease and a pro rata refund of premium will be made upon request. Other than as stated here, no refunds are available.

# **TERM OF COVERAGE**

The policy for the current year becomes effective on 08/13/09 at 12:01 a.m. and expires on 08/13/10 at 12:01 a.m. Coverage remains in effect during holiday and vacation periods. Should an Insured person graduate or withdraw from the institution, the insurance shall remain in effect until the end of the period for which premium has been paid. The plan protects the Insured students of Cincinnati Christian University at home, at school, or wherever they are 24 hours a day.

# **WAIVER/ENROLLMENT DEADLINE**

If You have proof of comparable insurance and wish to waive coverage, the deadline to waive out this plan is 9/4/09. To waive out of this insurance plan, log onto [www.niagaranational.com](http://www.niagaranational.com) and follow the instructions using Your policy number 09200632.

# **ANNUAL COST**

Student .....\$522.

## DEFINITIONS

**Accident** means a sudden, unexpected and unintended event which is identifiable and caused solely by an external physical force resulting in Injury to an Insured person. Accident does not include a Loss due to or contributed to by disease or Sickness.

**Deductible** means the amount an Insured is required to pay as provided by the applicable coverage under the policy in the event of a Loss.

**Expense** means the Usual and Customary charges for Medically Necessary treatment, service or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

**Hospital** means a licensed institution including a tax-supported institution of the state which has on the premises, or prearranged access to, medical and surgical facilities. It must maintain permanent facilities for the care of overnight resident patients under the care of a Physician. It must have a Registered Nurse (R.N.) always on duty or on call. Confinement in the special wing of a Hospital used primarily as a nursing, rest, convalescent or extended care facility is not confinement in a Hospital, unless such confinement is because of a lack of space in the Hospital's full wing.

**Injury** means bodily harm caused by an Accident which occurs while the policy is in force and is the sole cause of the Loss.

**Insured** means an eligible student or an eligible student's dependent (if dependent coverage is available under the policy).

**Loss** means medical Expense caused by Injury or Sickness and covered by the Policy.

**Medically Necessary** means medical services, supplies or treatment authorized by a Physician to treat an Insured person's bodily Injury or Sickness which are: a) consistent with the symptoms or diagnosis; b) appropriate and accepted according to good medical practice standards; c) not primarily for the convenience of the Insured person, Physician or other providers; and d) consistent with the most appropriate supply or level of services which can safely be provided to the patient.

**Physician** means any practitioner of the healing arts, licensed by the state in which he practices and acting within the scope of his license, including a duly licensed podiatrist, surgeon, osteopath, dentist, chiropractor, optometrist, psychologist, physical therapist, and graduate nurse. Physician shall not include a member of the Insured's immediate family.

**Pre-Existing Condition** means a condition for which medical advice, diagnosis, care or treatment was received or recommended within the six months immediately preceding Your effective date of coverage. This exclusion applies for 12 months after Your effective date of coverage. This exclusion does not apply to a pregnancy existing on Your effective date of coverage. We shall credit the time You

were previously covered under a previous health insurance plan or policy or employer provided health benefit arrangement, if the previous coverage was continuous to a date no more than 63 days prior to the effective date of the new coverage. Such credit shall apply to the extent that the previous coverage was substantially similar to the new coverage. The creditable coverage outlined above means any prior health care coverage as defined in HIPAA which includes group coverage; individual coverage; Medicare; Medicaid; military service related care; Indian health service or tribal organization coverage; state health benefits risk pool; a public program offered under the Federal Employees Health Benefits Program; a public health plan; Peace Corps Act health plan; state children's health programs (S-CHIP); and foreign national health plans.

**Sickness** means disease or illness which causes a Loss while the Insured is covered by the policy. Sickness includes normal pregnancy and complications of pregnancy.

**Usual and Customary Expense** means an Expense which: (a) is charged for treatment, supplies or medical services Medically Necessary to treat the Insured's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the Expense is incurred.

**We, Us** or **Our** means Markel Insurance Company.

**You, Your** or **Yours** means the Insured.

#### **EXTENSION OF BENEFITS**

Extension of Benefits means the coverage provided under the policy ceases, on the expiration date. However, if on the expiration date, the Insured is under a Physician's care for a condition covered by the policy, benefits will be extended for the condition for up to nine months after the expiration date. This Extension of Benefits only applies to the Insureds who are not eligible to continue coverage under the new or renewal policy issued to the Policyholder. Benefits paid for a covered condition before the expiration date and during the Extension of Benefits will not exceed the limits of the policy.

## SECTION I

### BASIC ACCIDENT BENEFITS

When Your Injury requires: (a) treatment by a Physician; (b) Hospital confinement; (c) services of a licensed practical nurse or R.N.; (d) x-ray service; (e) use of an operating room, anesthesia, including the administration thereof, laboratory service; (f) use of an ambulance; (g) use of an ambulatory surgical center or ambulatory medical center; (h) if ordered by a Physician, prescription medicines, drugs, or any other therapeutic services or supplies; or (i) home health care Expenses, We will pay the Expense incurred up to an aggregate maximum of \$1,000. This benefit includes coverage for treatment of Injury to natural teeth.

## SECTION II

### BASIC SICKNESS BENEFITS

When You suffer a Loss from a Sickness, We will pay the Expense incurred up to maximum benefit. Benefits are allocated as follows:

**Hospital Room and Board Expense:** When Your Sickness requires Hospital confinement, We will pay the Hospital room and board Expense up to the semi-private rate to a maximum of 4 days.

**Hospital Miscellaneous Expense:** We will pay the Expenses incurred by You during a Hospital confinement or as an outpatient for day surgery for services provided by a Hospital, ambulatory surgical center or ambulatory medical center up to a maximum benefit of \$1,000. We will pay for anesthesia, operating room, laboratory tests, x-rays, oxygen, drugs, medicines, dressings, and other necessary non-room and board Expenses.

**Surgical Expense:** When Your Sickness requires surgery, We will pay the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 80th percentile, subject to the maximum surgical benefit of \$1,000. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.

If the surgery requires the services of an anesthetist who is not employed or retained by the Hospital in which the surgery is performed, We will pay the Loss incurred up to a maximum benefit of \$200. If the surgery requires the services of an assistant surgeon, We will pay the Loss incurred up to a maximum of \$150.

**In-Hospital Physician's Fees Expense:** If, while confined to a Hospital, Your Sickness requires the services of a Physician, We will pay the Expense for such services, up to a maximum of \$50 per day to a maximum of five days.

**Outpatient Physician Fees Expense:** When Your Sickness requires the services of a Physician, while not confined to a Hospital, We will pay the Expense up to a maximum of \$50 per visit to a maximum five days

**Ambulance Expense:** When Your Sickness requires the use of an ambulance or air ambulance, We will pay the Expense up to a maximum benefit of \$100.

**Outpatient Diagnostic X-Ray and Laboratory Expense:** When Your Sickness requires diagnostic x-ray including ultrasound, MRI and CAT Scan or laboratory services, under the Physician's direction, We will pay the Expense up to a maximum benefit of \$100.

**Hospital Outpatient Expense:** When Your Sickness requires the use of outpatient facilities of a hospital for an emergency room under the Physician's direction, We will pay the Expense up to a maximum benefit of \$100.

**Outpatient Prescribed Medicines Expense:** When Your Sickness requires prescribed medicines, We will pay the Expense up to a maximum benefit of \$50 Per Cause.

### **SECTION III**

#### **SUPPLEMENTAL EXPENSE BENEFIT**

If the covered medical Expense for Your Injury or Sickness exceeds the aggregate maximum We pay under the basic Accident or basic Sickness benefits, We will pay 80% of the Expense up to a maximum benefit of \$25,000. Covered Expenses for daily Hospital room and board will not be more than the usual semi-private room charge. Outpatient Psychiatric Expense are not eligible under the Supplemental Expense Benefit.

#### **MANDATED BENEFITS**

**The following benefits are mandated by state regulation. These benefits are provided: 1) to the extent that the type of Expense is covered under the basic policy; and 2) at the same payment level as any other Sickness or Injury, unless otherwise stated below.**

#### **Outpatient Mental and Emotional Disorders Expense:**

If, while not confined to a Hospital, an Insured's Sickness requires the services of a licensed Physician, licensed psychiatrist, licensed psychologist, professional clinical counselor, professional counselor, independent social worker, or a clinical nurse specialist whose nursing specialty is mental health for Outpatient services or evaluations for the treatment of mental and emotional disorders, excluding Biologically Based Mental Illness, We will pay the Expense up to \$550 per policy period. Coverage includes Outpatient services or evaluations performed in an office, Hospital or community mental health facility is approved by the joint Commission on Accreditation of Healthcare Organizations, the Council on Accreditation for Children and Family Services, or the Rehabilitation Accreditation Commission. The services

shall be performed in accordance with a treatment plan that describes the expected duration, frequency, and type of services to be performed and the plan shall be reviewed and approved by the healthcare professional every three months. "Biologically Based Mental Illness" means schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, and panic disorder, as these terms are defined in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American Psychiatric Association.

**Biologically Based Mental Illness Expense:** We will pay the Expense for the diagnosis and treatment of Biologically Based Mental Illness to the same extent as any other Sickness if both of the following apply: a) the Biologically Based Mental Illness is clinically diagnosed by a licensed Physician authorized to practice medicine and surgery or osteopathic medicine and surgery; a licensed psychologist; a professional clinical counselor, professional counselor, or licensed independent social worker, or a licensed clinical nurse specialist whose nursing specialty is mental health; and b) the prescribed treatment is not experimental or investigational, having proven its clinical effectiveness in accordance with generally accepted medical standards. "Biologically Based Mental Illness" means schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, and panic disorder, as these terms are defined in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American Psychiatric Association.

**Mammogram Expense:** We will pay the Expense incurred with mammograms as follows: a) one screening mammogram for women at least 35 but under 40 years of age; b) if a women is at least 40 but under 50 years of age, either of the following: 1) one screening mammogram every two years; or 2) if a licensed Physician has determined the women has the risk factors to breast cancer, one screening mammogram every year; and c) one screening mammogram if the woman is at least 65 years of age.

**Child Health Supervision Services Expense:** We will pay the Expense incurred for child health supervision services performed by a Physician, or a health care professional under the supervision of a Physician from birth until age nine. Services include the following: a) history; b) complete physical examination; c) developmental assessment; d) hearing screening; e) anticipatory guidance; f) appropriate immunizations; and g) laboratory tests. Benefits for child health supervision services provided from birth to age one shall not exceed a maximum limit of \$500. including hearing screening.

The hearing screening shall not exceed a maximum limit of \$75. Benefits provided to an Insured child during any year thereafter shall not exceed a maximum of \$150 per year.

**Maternity Care Expense:** We will pay the Expense incurred in connection with maternity care as follows: a) inpatient hospitalization services for a covered mother and newborn child for a minimum of 48 hours after an uncomplicated vaginal delivery; and b) for a minimum of 48 hours after an uncomplicated vaginal delivery; and b) for a minimum of 96 hours after an uncomplicated cesarean delivery. Follow-up visits shall include the following: 2) physical assessment; b) parent education; c) assistance and training in breast or bottle feeding; d) assessment of the home support system; e) Medically Necessary and appropriate clinical test; and f) any other service consistent with the follow-up care in guidelines developed by a national organization representing pediatric, obstetric, and nursing professional.

**Cytologic Screening Expense:** We will pay the Expense incurred with cytologic screening for the presence of cervical cancer. The benefits provided under this section shall be provided only for cytologic screenings that are processed and interpreted by the College of American Pathologists or in a Hospital.

### **COORDINATION OF BENEFITS**

This policy coordinates with other plans under which an individual is covered so that the total benefits available will not exceed 100% of the allowable Expenses. When a claim is made, other valid and collectible group insurance pays its benefits without regard to this policy. This policy then adjusts benefits so that the total benefits available will not exceed the allowable Expenses. No plan pays more than it would without the coordination provision. In the absence of other valid and collectible group insurance, it is Our intention that Expenses incurred in connection with any covered Injury or Sickness shall be fully payable subject to the terms, conditions and limitations of this policy.

"Other valid and collectible group insurance" shall mean any plan providing medical Expense benefits for or by reason of dental, Physician, nurse, Hospital care, treatment, or confinement, or the performance of surgery and/or anesthesia, which benefits are provided by (1) any type of service plan contracts, any group or blanket insurance, employee benefit plan or any plan arranged through an employer, trustee, union or employee benefit association; or (2) any plan or program created or administered by national or state government, or agencies thereof. We will not limit or exclude payment on a claim because the Insured person is eligible for or is provided medical assistance under the provisions of Title XIX of the Social Security Act.

A plan without a coordinating provision is always the primary plan.

## **Conformity with State Statutes**

Any provision of this plan of insurance which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes.

**Any Expense not specifically listed in the preceding sections is not covered.**

## **EXCLUSIONS**

The policy does not cover Loss nor provide benefits for:

- Expenses for dental treatment, except for treatment resulting from Injury to natural teeth; or as specifically provided by a Sickness Dental Expense Benefit, if included in the policy;
- Services normally provided without charge by the Policyholder's health service, infirmary, Hospital, or employees;
- Routine eye exams and contacts; replacing eyeglasses or prescriptions, therefore; routine examinations and services related to hearing examinations or hearing aids; or treatment for hearing defects not related to an Injury or Sickness;
- Routine physical examinations; preventive care; elective surgery and elective treatment; services solely to improve appearance; for personal hygiene; services specifically for dietary control; custodial, sanitarial or rest care; or fertility testing;
- Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery which results from trauma, infection or other diseases of the involved part; reconstructive surgery because of congenital disease or deformity of a dependent child. Cosmetic surgery due to congenital defects will be covered for newborn children
- False labor; occasional spotting; Physician prescribed rest during the period of pregnancy; morning sickness; or similar conditions associated with the management of a difficult pregnancy, but not constituting a distinct complication pregnancy;
- Treatment or supplies for the newborn infant except that required for treatment of a covered Accident or Sickness;
- Voluntary termination of pregnancy;
- 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;
- Injury or Sickness resulting from any declared or undeclared war;

- Injury due to participation in a riot; commission of or attempt to commit a felony;
- Suicide, attempted suicide or intentionally self-inflicted Injury;
- Injury or Sickness while in the armed forces of any country. When an Insured enters such armed forces, We will refund the unearned pro rata premium to the Insured;
- Injury or Sickness covered by any workers' compensation or occupational disease law;
- Injury or Sickness resulting from being under the influence of alcohol or drugs unless taken on a Physician's advice;
- Treatment provided in a governmental Hospital unless the Insured is legally obligated to pay such charges;
- Injury resulting from the practice or play of intercollegiate sports; or
- Pre-Existing Conditions.

To file a claim under the Accident and Health Plan, the student should:

1. Complete a claim form, if applicable, and submit it to the Claims Administrator. Claim forms must be completed and signed for accident claims. A claim form is not required for sickness claims, although in certain circumstances one may be requested by the Claims Administrator for completion. Claim forms are available from the Claims Administrator or online at Our website [www.MarkelAH.com](http://www.MarkelAH.com).
2. Submit itemized medical and Hospital bills within 90 days from the date of loss to the Claim Administrator. Please indicate in your submission, the student's school name, student name, policy number and student ID number even if the charges are for a spouse or dependent.
3. Preauthorization and precertification of benefits to providers of medical service are not required nor provided by Us.
4. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator.



### **Markel Privacy Practices**

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect Your personal information. We do not use or disclose Your information for any fundraising, marketing or research activities.

We use and disclose Your information to determine Your eligibility for plan benefits, to facilitate payment for treatment and services provided to You, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claims inquiry. We may also disclose Your information to law or government agencies when required by law to do so.

Under the privacy laws, You have unlimited access to Your information. You may limit how We use and disclose Your information and get a listing of instances where it was disclosed. You may request that We correct inaccurate information or add missing information.

If You have any questions about Your rights, Our Privacy Practices or You want to file a complaint, please contact Our Privacy Officer at:

**Phone (800) 431-1270 or [www.markelah.com](http://www.markelah.com).**

### **The Plan is Underwritten by:**



**MARKEL  
INSURANCE  
COMPANY**

**MARKEL INSURANCE COMPANY  
GLEN ALLEN, VIRGINIA 23060**

### **The Plan is administered by:**



**NIAGARA NATIONAL INC.**  
INSURANCE GROUP

5001 Genesee Street, Buffalo, New York 14225

716.684.6000 800.444.5530 f 716.684.6285

niagaranational.com EMAIL: [nninfo@niagaranational.com](mailto:nninfo@niagaranational.com)



### **Mail claims to:**

Pioneer Administrative Services  
A POMCO Company  
A Markel Business Partner  
PO Box 186  
Syracuse, NY 13206

Telephone number 866-653-2542

Email: [studentinfo@pomcogroup.com](mailto:studentinfo@pomcogroup.com)

### **IMPORTANT**

THIS OUTLINE OF COVERAGE IS INTENDED ONLY FOR QUICK REFERENCE AND DOES NOT LIMIT OR AMPLIFY THE COVERAGE DESCRIBED IN THE MASTER POLICY WHICH CONTAINS COMPLETE TERMS AND PROVISIONS.

A COPY OF THE MASTER POLICY IS ON FILE AT THE INSTITUTION.