

# BLANKET ACCIDENT AND HEALTH PLAN

*Designed for the students of:*



Gwynedd-Mercy  
College

1325 Sunneytown Pike  
Gwynedd Valley, PA 19437

**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.*

## 2010-2011

Policy # 10200658

Please keep this outline of  
coverage for future reference.

## **INTRODUCTION**

Hospitalization, surgery and accompanying medical Expenses are at an all time high. Many students and their parents are not prepared to meet the added cost of unexpected Accidents and Sicknesses. Although many families have some form of health insurance, these plans often do not cover a college student after age 18 or when the student is out of the provider's area. Costly medical bills can impose tremendous hardship, and even necessitate withdrawal from school.

The College 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. Please read the provisions of this insurance plan carefully and retain this brochure for future reference.

## **ELIGIBILITY**

All full-time undergraduate students enrolled at Gwynedd-Mercy College are automatically enrolled in this insurance plan, the cost of \$727 will be included in the tuition bill unless proof of comparable coverage is furnished.

Students enrolled in the basic plan may also enroll in the Increased Supplemental Limit as well. Students who elect to enroll in this option must submit the enrollment form and premium to Niagara National, Inc. Insurance Company with a postmark date prior to the school's effective date of coverage, August 21, 2010.

## **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 August 21, 2010 at 12:01 a.m. and expires on August 21, 2011 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 Gwynedd-Mercy College at home, at school, worldwide, 24 hours a day.

## **WAIVER/ENROLLMENT DEADLINE**

If You have proof of comparable insurance and wish to waive coverage, the deadline to waive out of this plan is September 11, 2010. To waive out of this insurance plan, log onto [www.niagaranational.com](http://www.niagaranational.com) click on Student Insurance and follow the instructions.

## ANNUAL COST

Student.....	\$727
Spouse .....	\$1,715
Child(ren).....	\$1,090
Spouse/Child(ren).....	\$2,805

## 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 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 service 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.

**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.

## **DESCRIPTION OF BENEFITS**

### **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 Sickness, We will pay the Expense incurred up to an aggregate maximum of \$1,000. 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, not to exceed \$250. per day.

**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 of \$500. 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 90th percentile, subject to the maximum surgical benefit of \$750. 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 of \$250.

If the surgery requires the services of an assistant a surgeon, We will pay the Loss incurred up to a maximum benefit of \$250.

**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, \$75 per day up to a maximum of 5 days.

**Consultant or Specialist Expense:** When Your Sickness requires the services of a consultant or specialist, as requested by the attending Physician, We will pay the Expense up to a maximum of \$75.

**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 \$75.

**Ambulance Expense:** When Your Sickness requires the use of an ambulance or air ambulance, We will pay the Expense up to a maximum of \$200.

**Outpatient Diagnostic X-ray and Laboratory Expense:** When Your Sickness requires diagnostic x-ray, including ultrasound, MRI and CAT Scan, laboratory services, under the Physician's direction. We will pay the Expense up to a maximum of \$200.

**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 of \$500.

**Outpatient Psychiatric Expense:** If, while not confined to a Hospital, Your Sickness requires the services of a licensed psychiatrist or licensed psychologist, We will pay the Expense up to an annual maximum of \$500.

**Outpatient Prescribed Medicines Expense:** When Your Sickness requires prescribed medicines, We will pay the Expense up to an annual maximum of \$250.

### **SECTION III SUPPLEMENTAL EXPENSE BENEFIT**

If the covered medical Expense for Your Injury or Sickness exceeds the aggregate maximum We owe under the basic Accident or basic Sickness benefits, We will pay 80% of the Expense up to a maximum of \$9,000. Covered Expenses for daily Hospital room and board will not be more than the usual semi-private room charge.

### **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.**

**Minimum Maternity Stay Expense:** We will pay the Expense for maternity benefits for: 1) inpatient stay of 48 hours after a normal delivery; and 2) inpatient stay of 96 hours after a cesarean section. A shorter length of stay may be provided, but only if the treating or attending Physician determines that the mother and newborn meet medical criteria for safe discharge contained within guidelines developed by or in cooperation with treating Physicians. We shall provide coverage for at least one home health care visit within 48 hours after discharge when discharge occurs when prior to the times listed in 1 and 2 above.

**Mammography Expense:** We will pay the Expense for mammographic examinations. The minimum coverage shall include all costs associated with a mammogram every year for women 40 years of age or older and with any mammogram based on a Physician's recommendation for women under 40 years of age.

**Cervical Cancer Screening Expense:** We will pay the Expense for annual gynecological examination, including a pelvic examination and clinical breast examination and routine pap smears in accordance with the recommendations of the American College of Obstetricians and Gynecologists.

**Breast Reconstruction Surgery Expense:** We will pay the Expense for reconstruction of the breast on which surgery has been performed and surgery and reconstruction of the other breast to produce a symmetrical appearance if the patient elects reconstruction and in the manner chosen by the patient and the Physician. Reconstructive surgery shall also include prosthetic devices incident to any mastectomy. The coverage for prosthetic devices inserted during reconstructive surgery will be limited to such surgical procedures performed within six years of the date of mastectomy. "Reconstructive surgery" means a surgical procedure performed on one breast or both breasts following a mastectomy, as determined by the treating Physician, to reestablish symmetry between the two breast or alleviate functional impairment caused by the mastectomy. Reconstructive surgery shall include, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy.

**PKU Formula Expense:** We will pay the Expense for coverage of formulas that are equivalent to a prescription drug Medically Necessary for the therapeutic treatment of such rare hereditary genetic metabolic disorders and administered under the direction of a Physician.

**Diabetes Supplies and Education Expense:** We will pay the Expense for diabetes equipment, supplies, and outpatient self-management training and education, including medical nutrition therapy for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin-using diabetes, if prescribed by a health care professional legally authorized to prescribe such items under the law. Equipment and supplies shall include the following: a) blood glucose monitors; b) monitor supplies; c) insulin; d) injection aids; e) syringes; f) insulin infusion devices; g) pharmacological agents for controlling blood sugar; and h) orthotics. Diabetes outpatient self-management training and education shall be provided under the supervision of a licensed health care professional with expertise in diabetes to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetes, including information on proper diets. Coverage for self-management education and education relating to diet and prescribed by a licensed Physician shall include: a) visits Medically Necessary upon the diagnosis of diabetes; b) visits under circumstances whereby a Physician identifies or diagnoses a significant change in the patient's symptoms or conditions that necessitates changes in a patient's self-management; and c) where a new medication or therapeutic process relating to the person's treatment and/or management of diabetes has been identified as Medically Necessary by a licensed Physician.

**Well Child Expense:** We will pay the Expense for well-child care as follows: a). routine nursery care for a newborn child; and b) Medically Necessary child immunizations, up to 150% of the average wholesale price of the immunizing agent, which are provided in accordance with the current schedule of the Advisory committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP). Such immunization charges will be exempt from any Deductible amount applicable under this policy.

**Minimum Mastectomy Stay Expense:** We will pay the Expense for a mastectomy as follows: a) not less than 48 hours of inpatient care; and b) a home health care visit that the treating Physician determines necessary within 48 hours after discharge when the discharge occurs within 48 hours following admission for the mastectomy.

**Alcohol and Drug Abuse and Dependency Expense:** We will pay the Expense for services for inpatient alcohol and drug detoxification services which are provided in: a) a licensed Hospital; b) a licensed psychiatric Hospital; c) a free standing treatment facility; d) a health care facility which has a written agreement with a Hospital for emergency, medical and psychiatric or psychological support services, meets minimum standards for client-to-staff ratios and staff qualifications which shall be established by the Department of Health and is licensed as an alcoholism and/or drug addiction treatment program. The following services shall be covered under inpatient detoxification: 1) lodging and dietary services; 2) Physician, psychologist, nurse, certified addictions counselor and trained staff services; 3) diagnostic x-ray; 4) psychiatric, psychological and medical laboratory testing; and 5) drugs medicines, equipment use and supplies. Treatment may be limited to four admissions for detoxification and reimbursement per admission may be limited to seven days of treatment.

Non-Hospital residential alcohol or other drug services: a) coverage shall be provided in a facility which meets minimum standards for client-to-staff ratios and staff qualifications which shall be established by the Office of Drug and Alcohol Programs and is appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Before an Insured may qualify to receive benefits under this section, a licensed Physician or licensed psychologist must certify the Insured as a person suffering from alcohol or other drug abuse or dependency and refer the Insured for the appropriate treatment; and b) the following services shall be covered under non-Hospital residential alcohol or other drug services: 1) lodging and dietary services; 2) Physician, psychologist, nurse, certified addictions counselor and trained staff services; 3) rehabilitation therapy and counseling; 4) family counseling and intervention; 5) psychiatric, psychological and medical laboratory tests; and 6) drugs, medicine, equipment use and supplies. Treatment may be limited to a minimum of 30 days per year for residential care.

Outpatient alcohol or other drug services: a) coverage shall be provided in a facility appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Before an Insured may qualify to receive benefits under this section, a licensed Physician or licensed psychologist must certify the Insured as a person suffering from alcohol or other drug abuse or dependency and refer the Insured for the appropriate treatment; and b) the following services shall be covered under outpatient alcohol or other drug services: 1) Physician, psychologist, nurse, certified addictions counselor and trained staff services; 2) rehabilitation therapy and counseling; 3) family counseling

and intervention; 4) psychiatric, psychologist and medical laboratory test; and 5) drugs, medicines, equipment use and supplies. Treatment may be for a minimum of 30 outpatient, full-session visits or equivalent partial visits per year. In addition, treatment under this section shall be covered for a minimum of 30 separate sessions of outpatient or partial hospitalization services per year, which may be exchanged on a two-to-one basis to secure up to 15 additional non-hospital residential alcohol treatment days.

“Alcohol or drug abuse: means any use of alcohol or other drugs which produces a pattern of pathological use causing impairment in social or occupational functioning or which produces physiological dependency evidenced by physical tolerance or withdrawal. “Drugs” shall be defined as addictive drugs and drugs of abuse listed as scheduled drugs in the act of April 14, 1972 (P.L. 233, No. 64), known as “The Controlled Substance, Drug, Device and Cosmetic Act.”

## **INCREASED SUPPLEMENTAL LIMIT**

**Eligibility:** This benefit is optional. Students who elect to purchase this option must have purchased the basic plan as well. See eligibility section for details.

**Term of Coverage:** Students who elect to purchase the Increased Supplemental Limit must submit the enrollment form and additional premium to Niagara National, Inc. with a postmark date prior to the College’s effective date of coverage, August 21, 2010.

**Increased Supplemental Limit:** Coverage is available to registered, students who elect to purchase it. The additional premium for this coverage is noted on the enrollment form.

If the covered medical expense for an Injury or Sickness exceed the maximum paid under the basic Accident and Sickness benefit, Policy Number 10200658, basic benefit of \$1,000 and the basic supplemental benefit of \$9,000, payment will be made for 80% of the remaining covered Accident or Sickness Expenses and will not exceed \$240,000.

The combined maximums under the basic plan and Increased Supplemental Limit will not exceed \$250,000.

The total benefits payable for all policy terms for which You are enrolled for the increased Supplemental Limit will not exceed \$250,000 for any one Accident or Sickness.

Covered medical Expenses under this coverage will be the same as covered medical Expenses under the basic policy. All other terms and conditions of the basic policy will apply to this coverage as well.

Provisions relating to coverage for Pre-existing Conditions will apply to the Increased Supplemental Limit Benefit separately from the basic policy.

# INCREASED SUPPLEMENTAL LIMIT ENROLLMENT FORM

## 2010 - 2011

School Name: **Gwynedd-Mercy College** Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School ID #: \_\_\_\_\_

- Premium enclosed:  \$599. for students age 25 and under (annual)  \$399. for students age 25 and under (spring)  
 \$901. for students over 25 (annual)  \$601. for students over 25 (spring)

I hereby certify that as the full-time student applicant named above, the information contained on this enrollment form is true. I understand that the effective date of this coverage under the Increased Supplemental Limit is the same as under my basic plan.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make check or money order payable to:  
**Niagara National, Inc.**

Mail to:

**Niagara National, Inc.  
5001 Genesee Street  
Buffalo, NY 14225**

**IMPORTANT:** Injury resulting from the practice or play of intercollegiate sports is excluded from this plan.

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

### **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 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 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 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; or (3) individual insurance. 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.

### **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; or
- Injury resulting from the practice or play of intercollegiate sports.

## **Claim Procedure**

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  
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:**

Co-ordinated Benefit Plans  
A Markel Business Partner  
PO Box 24322  
Tampa, FL 33632-4322

Telephone number 877-794-6908

Fax number 727-499-7884

Email claims to: [claims@cbpinsure.com](mailto:claims@cbpinsure.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.