



2013-2014

BLANKET STUDENT ACCIDENT ONLY INSURANCE PLAN

Designed Especially for the Intercollegiate Athletes of

Community College of Allegheny County

THIS POLICY CONTAINS A PREFERRED PROVIDER PROVISION

Non-Participating. Non-Renewable One Year Term.



Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-800-505-4160.

Eligibility

All registered full-time Intercollegiate Sports participants, except hockey or in-line hockey, are automatically enrolled in this insurance Plan at registration, and the premium for coverage is added to their tuition billing.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Effective and Termination Dates

The Master Policy becomes effective at 12:01 a.m., August 17, 2013. The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 11:59 p.m., August 16, 2014. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

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

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

Covered Loss Time Limits

Covered Medical Expenses will be paid under the Schedule of Benefits for loss: due to Injury to an Insured Person provided that treatment by a Physician: a) begins within 30 days after the date of Injury; and, b) is received within 12 months after date of Injury.

Excess Provision

No benefits are payable for any expense incurred for Injury which has been paid or is payable by other valid and collectible insurance. However, this insurance will not be applied to the first \$100 of Covered Medical Expenses.

If the Policy contains a Deductible provision, the Deductible provision will also not be applied to the first \$100 of medical expenses incurred.

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

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

Definitions

INJURY: means bodily injury: 1) causing loss directly or independently of all other causes 2) treated by a Physician within 30 days after the date of accident; and 3) which is sustained on or after the Effective Date of insurance as to the Insured Person during the term of the policy.

USUAL AND CUSTOMARY CHARGES: means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality where service is rendered. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charge.

Accidental Death and Dismemberment Benefits

If such Injury shall independently of all other causes solely result in any one of the following specific losses, the Company will pay the applicable amount below in addition to payment under the Medical Expense Benefits.
Loss of Life, Limb or Sight

| | |
|-----------------------|----------|
| Life | \$50,000 |
| Two or More Members | \$50,000 |
| One Member | \$25,000 |
| Thumb or Index Finger | \$12,500 |

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.

Claim Procedure

- In the event of Injury, students should:
- 1) Report to the Student Health Service for treatment, or when not in school, to the nearest Physician or Hospital.
 - 2) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the college under which the student is insured. A Company claim form is not required.
 - 3) File claim within 30 days of Injury. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Pre-Admission Notification

UMR Care Management should be notified of all Hospital Confinements prior to admission.

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

UMR Care Management is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m. C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720. IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

Find a Doctor, Hospital, or Lab

The Preferred Provider network for this plan is the United Healthcare Options PPO. Preferred Provider can be found using the following link, www.firststudent.com.

SCHEDULE OF MEDICAL EXPENSE BENEFITS INTERCOLLEGIATE SPORTS COVERAGE - INJURY ONLY (2013-200952-98)**Up To \$90,000 Maximum Benefit (For Each Injury)****\$5,000 Deductible (For Each Injury)****Preferred Provider Coinsurance 100% (Except as noted below) / Out-of-Network Coinsurance 80% (Except as noted below)**

The Deductible must be satisfied by the Basic Plan Benefit 2013-200952-91.

If care is received from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.

The Preferred Provider for this plan is UnitedHealthcare Options PPO.

This policy provides benefits for Injury sustained by an Insured Person while: 1) actually engaged, as an official representative of the Policyholder, in the play or practice of an intercollegiate sport under the direct supervision of a regularly employed coach or trainer of the Policyholder; or 2) actually being transported as a member of a group under the direct supervision of a duly delegated representative of the Policyholder for the purpose of participating in the play or practice of a scheduled intercollegiate sport. Coverage for intercollegiate hockey and in-line hockey are not included.

All benefit maximums are combined Preferred Provider and Out-of-Network, unless noted below. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

| PA = Preferred Allowance | | U&C = Usual & Customary Charges | |
|--|--|--|-------------|
| INPATIENT | | INJURY | |
| Hospital Expense , daily semi-private room rate; and general nursing care provided by the Hospital; Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-rays examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge. | | 100% of PA | 80% of U&C |
| Intensive Care | | 100% of PA | 80% of U&C |
| Physiotherapy | | 100% of PA | 80% of U&C |
| Surgeon's Fees , in accordance with data provided by FAIR Health, Inc. If two or more procedures are performed through the same incision at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures. | | 100% of PA | 80% of U&C |
| Assistant Surgeon | | No Benefits | |
| Anesthetist , professional services in connection with inpatient surgery. | | 25% of Surgery Allowance | |
| Registered Nurse's Services , private duty nursing care. | | 100% of PA | 80% of U&C |
| Physician's Visits , benefits do not apply when related to surgery. | | 100% of PA | 80% of U&C |
| Pre-Admission Testing | | No Benefits | |
| OUTPATIENT | | INJURY | |
| Surgeon's Fees , in accordance with data provided by FAIR Health, Inc. If two or more procedures are performed through the same incision at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures. | | 100% of PA | 80% of U&C |
| Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index. | | 100% of PA | 80% of U&C |
| Assistant Surgeon | | No Benefits | |
| Anesthetist , professional services administered in connection with outpatient surgery. | | 25% of Surgery Allowance | |
| Injections | | No Benefits | |
| Physician's Visits , Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy. | | 100% of PA | 80% of U&C |
| Physiotherapy , (Review of Medical Necessity will be performed after 12 visits per Injury.) | | 100% of PA | 80% of U&C |
| Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury. | | 100% of PA | 80% of U&C |
| Diagnostic X-Ray & Laboratory Procedures | | 100% of PA | 80% of U&C |
| Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's visits, Physiotherapy, x-rays and lab procedures. | | 100% of PA | 80% of U&C |
| Prescription Drugs | | 100% of U&C | 100% of U&C |
| OTHER | | | |
| Ambulance Service , (\$475 maximum) | | 100% of U&C | 100% of U&C |
| Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered. | | 100% of PA | 100% of U&C |
| Dental Treatment , made necessary by Injury to Sound, Natural Teeth. (\$5,000 maximum -Intercollegiate Sports) | | 100% of PA | 100% of U&C |
| CAT Scan / MRI | | 100% of PA | 80% of U&C |

Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Assistant Surgeon Fees;
2. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
3. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
4. Elective Surgery or Elective Treatment as defined in the policy; except cosmetic surgery necessitated by a covered Injury;
5. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except where treatment is a Medical Necessity due to a covered Injury;
6. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
7. Hearing examinations or hearing aids; except where treatment is a Medical Necessity due to a covered Injury. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
8. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
9. Injury caused by, contributed to, or resulting from the Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician;
10. Injury for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
11. Injury outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency when traveling for academic study abroad programs, business or pleasure;
12. Injury sustained while a) participating in contest or competition of hockey or in-line hockey; b) traveling to or from such sport, contest or competition as a participant; or c) while participating in any practice or conditioning program for such sport, contest or competition;
13. No benefits under the policy will duplicate any benefits provided by the Pennsylvania Motor Vehicle Financial Responsibility Law;
14. Experimental organ transplants, including organ donation;
15. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
16. Prescription Drugs, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
 - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - d) Products used for cosmetic purposes;
 - e) Anabolic steroids used for body building;
 - f) Anorectics - drugs used for the purpose of weight control;
 - g) Growth hormones; or
 - h) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
17. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury;
18. Sickness or disease in any form; or hernia, regardless of how caused;
19. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
20. 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;
21. Suicide or attempted suicide; or intentionally self-inflicted Injury;
22. Supplies, except as specifically provided in the policy;
23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and
24. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).

This plan is underwritten by UnitedHealthcare Insurance Company and is based on school policy # 2013-200952-98. For a full description of coverage including cost, benefits, exclusions, any reductions and limitations and the terms under which coverage may remain in force, please visit www.firststudent.com. In the drop down box that says "Find Your School", choose the option that says "Community College of Allegheny County (CCAC)." From the menu on the left, select "Review Brochures."

If you have any questions, please contact Customer Service at 1-800-505-4160 or visit our website at www.firststudent.com.