STUDENT HEALTH INSURANCE

The plan will pay 80% of all covered charges, in excess of the deductible, in the event of treatment of covered accidents or sickness during the period.

Accident & Sickness

Deductible
1,200 Per Policy Year

Out-of-Pocket Maximum
$3,000 Individual

Maximum Benefit
Unlimited

SCHEDULE OF BENEFITS—PLAN B

The plan will include coverage for Essential Health Benefits in the following general categories and the items and services covered within those categories. For example, within the category of Physician Services, Hospitalization, Maternity and newborn care, Mental health and substance use disorder services, including behavioral health services, and durable medical equipment. Preventive and habilitative services and devices; laboratory services; Preventive and wellness services; and other preventive, diagnostic, and treatment services, including oral and vision care. Essential Health Benefits are not subject to annual or lifetime dollar limits. If additional care, treatment or services are added to the list of Essential Health Benefits by a governing authority, the policy benefits will be amended to comply with such change. Please refer to: www.melandp.comcenter.com for an updated copy of this brochure when additional care, treatment or services are added to your Student Health Insurance Plan.

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 all other plans.

1. Preventive medicines, serums or vaccines of any kind, except as specifically provided by the Policy.
2. Charges incurred as the result of an automobile accident that is not caused by the Insured Person.
3. Claim forms and instructions on claim procedures are available, upon request, to the Insured Person; bills for which benefit is to be paid must be submitted within 90 days of the treatment.
4. Effective abortions.
5. Loss incurred as the result of a covered accidental Injury, or as otherwise provided.
6. Services or supplies in connection with eye examinations, cyglosses or contact lenses or hearing aids, except those resulting from a covered accidental Injury, or as otherwise provided.
7. Surgery.
8. Effective dental services or cosmetic surgery, unless they result directly from a covered Injury that necessitates medical treatment within 24 hours of the Accident or results from reconstructive surgery: a) for the purposes of this provision, reconstructive surgery performed to correct or repair abnormal structures of the body caused by disease, developmental anomalies, trauma, cancer, infection, tumors or disease to other improve function or to create a normal appearance, to the extent possible, b) for the purposes of this provision, cosmetic surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient’s appearance.
10. Medical services rendered by provider employed for or contracted with the School, including team physicians or trainees.
11. The aggregate Maximum Benefit for each Covered Injury or Sickness.
12. The Benefit Period specified in the Benefit Schedule.

EXCLUSIONS

The Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by specifically Excluded or as specifically provided by the Policy.

1. Preventive medicines, serums or vaccines of any kind, except as specifically provided by the Policy.
2. Expenses covered under any Workers’ Compensation, occupa- tional benefit plan, military or federal employee health plan, public assistance program or government plan, except Medicaid.
3. Dental treatment including orthodontic braces and orthodont- ization device expenditures, except as specifically provided for in the Schedule of Benefits.
4. Treatment, care, services or supplies furnished by or at the direction of an individual other than the Insured Person, or by or at the direction of a patient, within any hospital or medical facility.
6. Room and Board Expense.
7. Benefits or supplies in connection with eye examinations, cyglosses or contact lenses or hearing aids, except those resulting from a covered accidental Injury, or as otherwise provided.
8. Services or supplies in connection with eye examinations, cyglosses or contact lenses or hearing aids, except those resulting from a covered accidental Injury, or as otherwise provided.
10. Surgery.
11. Effective dental services or cosmetic surgery, unless they result directly from a covered Injury that necessitates medical treatment within 24 hours of the Accident or results from reconstructive surgery: a) for the purposes of this provision, reconstructive surgery performed to correct or repair abnormal structures of the body caused by disease, developmental anomalies, trauma, cancer, infection, tumors or disease to other improve function or to create a normal appearance, to the extent possible, b) for the purposes of this provision, cosmetic surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient’s appearance.
12. Effective abortions.
13. Medical services rendered by provider employed for or contracted with the School, including team physicians or trainees.
14. The aggregate Maximum Benefit for each Covered Injury or Sickness.
15. The Benefit Period specified in the Benefit Schedule.

CLAIMS PROCEDURE

In the event of accident or sickness, the insured should:

1. If at the University, report immediately to the University Health Services, and obtain a Student Insurance Medical Claim Form.
2. If away from the University, 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 Geneseo Street, U.S.A., 13502 or the Student Health Center at your school.

Written notice of injury or sickness upon which claim may be based must be provided to the Company within 30 days of the date of the commencement of the cause of action, even if arising out of such each injury or sickness may be claimed, or as soon thereafter as is reasonably possible. Bills for which benefit is to be paid must be submitted within 90 days of the treatment.

HOW TO FILE AN APPEAL

In the event of denial of any claim, we will notify the Insured Person immediately in writing of our decision and the reason for the denial or partial denial. The notice will also describe the right to appeal.

For a copy of the Company’s Privacy Notice, go to: www.cmri.com/privacy.html

For any a copy of the Company’s Privacy Notice, go to: www.melandp.com

Requests for a copy of the Company’s Privacy Notice, go to: www.melandp.com

Ambulance Service 80% U&R
Maternity Benefit 80% U&R
Routine Newborn Care 80% U&R
Braces and Appliances 80% U&R
Durable Medical Equipment 80% U&R
Consultant Physician Services 80% U&R
Accidental Dental Expense 80% U&R

Ambulance Service 80% U&R
Maternity Benefit 80% U&R
Routine Newborn Care 80% U&R
Braces and Appliances 80% U&R
Durable Medical Equipment 80% U&R
Consultant Physician Services 80% U&R
Accidental Dental Expense 80% U&R

Commercial Travelers Mutual Insurance Company
70 Geneseo Street, U.S.A., 13502 • Toll Free: 800-766-1700
For Summary of Benefits & Coverage, Brochures, Forms & Claim Information go to: www.melandp.comcenter.com
For a copy of the Company’s Privacy Notice, go to: www.cmri.com/privacy.html

Claims Administered by
Commercial Travelers Mutual Insurance Company
70 Geneseo Street, U.S.A., 13502 • Toll Free: 800-766-1700

Ambulance Service 80% U&R
Maternity Benefit 80% U&R
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Durable Medical Equipment 80% U&R
Consultant Physician Services 80% U&R
Accidental Dental Expense 80% U&R

Commercial Travelers Mutual Insurance Company
c/a Privacy Officer • 70 Geneseo Street • U.S.A. 13502

Local Representative
Wells Fargo Insurance Services USA, Inc.
P.O. Box 276 • Columbus, Ohio 43216-0276 • 800-228-6768
P.O. Box 276 • Columbus, Ohio 43216-0276 • 800-228-6768

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Wells Fargo Insurance Services USA, Inc.
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Request one from:

or

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Wells Fargo Insurance Services USA, Inc.
P.O. Box 276 • Columbus, Ohio 43216-0276 • 800-228-6768

Policy No.
2014-B1A02 (Bro.)

Underwritten by
Companion Life Insurance Company • Columbia, SC
Policy form # CEBL-280-1011(COH) (GT)

or

Commercial Travelers Mutual Insurance Company
70 Geneseo Street, U.S.A., 13502 • Toll Free: 800-766-1700

Cooperative Life Insurance Company • Columbia, SC
Policy form # CLBH-280(2011)(OH) et al

This brochure provides a summary of the essential provisions of the Student Health Insurance Plan. KEEP IT! Visit: www.melandp.comcenter.com

The Master Policy describing the provisions of this Student Health Insurance Plan is located at the University Business Office. No individual certificates will be issued to participants. 2014-B1A02 (Rev.)
To students truly as large as Ashland’s, it is inevitable that each year a number will become ill, or be involved in an accident. The purpose of this pamphlet is to outline the facilities and programs that are available to students to help care for, and protect against their medical episodes.

The first part of a strong student health program is providing a Student Health Center that accommodates the physical needs of its students, manned by a very capable medical staff. Ashland is understandably proud of its Student Health Center and the high quality medical services provided by Health Care Practitioners. They urge you to carefully study this material which outlines the details of the Student Health Center and its services.

The Student Health Center provides the following services for the Students of Ashland University according to the indicated operating procedures:

1. All full-time graduate Students enrolled in the Student Health Insurance Program are eligible to enroll in both the Basic Accident-Only and Health Insurance Plans. To enroll, please contact the Student Accounts Office at 419-289-5958.
2. Undergraduate 8/12/14 to 8/12/15 1/01/15 to 8/12/15

**STUDENT INSURANCE**

**GENERAL ENROLLMENT PRACTICE**—All full-time undergraduate Students enrolled in the Student Health Insurance Program either as Policyholders or Dependents are enrolled in Plan A, the Basic Accident-Only policy and the cost is included in the regular term cost. Coverage is provided to the Student at the time of enrollment under the Policy. Under enrollee participation in Plan B, the Health Insurance policy is optional, at the costs shown below, full-time undergraduate Students will automatically be enrolled in this portion of coverage unless the Student has provided the Business Office with a “Waiver of Coverage” by September 12, 2014 for Fall Term and January 10, 2015 for Spring Term. Please refer to the on-line Waiver at: www.studentcenters.ashland.edu

**EXCEPTIONS**—The University carries special coverage for injuries resulting from the play or practice of intercollegiate athletics which is separate from the Student Accident-Only policy. Although participation in Plan A, the Health Insurance policy is optional, at the costs shown below, all full-time undergraduate Students will automatically be enrolled in this portion of coverage unless the Student has provided the Business Office with a “Waiver of Coverage” by September 12, 2014 for Fall Term and January 10, 2015 for Spring Term. Please refer to the on-line Waiver at: www.studentcenters.ashland.edu

**CLASS ABSENCES DUE TO ILLNESS OR ACCIDENT**—Class absences due to illness or accident in this brochure. Whenever a Student is hospitalized, the parents or guardian will be advised as soon as a basic minimum day of hospitalization has occurred. The University reserves the right to temporarily suspend the Student until satisfactory medical clearance has been obtained.

**FORBIDDEN**—The Policies are underwritten by Companion Life Insurance Company, and the Local Representative is Wells Fargo Insurance Services USA, Inc. For more information about the policies, visit www.studentcenters.com Click on your school name, then click “Online Waiver.” Print out the confirmation for your records as this is your electronic waiver confirmation. For Spring Faf Term, a waiver for Spring. Only new students beginning in Spring have the option to waive the insurance for Spring Term. If the University does not receive this notification as outlined above, you will be automatically included in the Plan.

**PAYMENT**—The Policies are underwritten by Companion Life Insurance Company, and the Local Representative is Wells Fargo Insurance Services USA, Inc. For more information about the policies, visit www.studentcenters.com Click on your school name, then click “Online Waiver.” Print out the confirmation for your records as this is your electronic waiver confirmation. For Spring Faf Term, a waiver for Spring. Only new students beginning in Spring have the option to waive the insurance for Spring Term. If the University does not receive this notification as outlined above, you will be automatically included in the Plan.

**GENERAL INFORMATION**—The Policies are underwritten by Companion Life Insurance Company, and the Local Representative is Wells Fargo Insurance Services USA, Inc. For more information about the policies, visit www.studentcenters.com Click on your school name, then click “Online Waiver.” Print out the confirmation for your records as this is your electronic waiver confirmation. For Spring Faf Term, a waiver for Spring. Only new students beginning in Spring have the option to waive the insurance for Spring Term. If the University does not receive this notification as outlined above, you will be automatically included in the Plan.

**ACCIDENT AND SICKNESS BENEFITS**—The Policies are underwritten by Companion Life Insurance Company, and the Local Representative is Wells Fargo Insurance Services USA, Inc. For more information about the policies, visit www.studentcenters.com Click on your school name, then click “Online Waiver.” Print out the confirmation for your records as this is your electronic waiver confirmation. For Spring Faf Term, a waiver for Spring. Only new students beginning in Spring have the option to waive the insurance for Spring Term. If the University does not receive this notification as outlined above, you will be automatically included in the Plan.

**DEFINITIONS**—Useful (and Realistic) Means refers to the normal charge, in the absence of insurance, of the provider for a service or supply not more than the prevailing charge in the area for (1) like service in a similar setting, (2) the same or similar duration, (3) in a similar manner; or (4) Supply that is identical or substantially equivalent.**