

STUDENT HEALTH INSURANCE  
SCHEDULE OF BENEFITS—PLAN B

The plan will pay 80% of all covered charges, in excess of the deductible amount, for treatment of covered accident or sickness during the benefit period.

Benefits	Accident & Sickness
Deductible	\$250 Per Policy Year
Benefit Period	Policy Term
Out-of-Pocket Maximum	\$6,350 Individual \$12,700 Family
Maximum Benefit	Unlimited

INPATIENT BENEFITS	
Room and Board Expense	80% U&R
Intensive Care	80% U&R
Hospital Miscellaneous Expenses	80% U&R
Preadmission Testing	80% U&R
Physical Therapy	80% U&R
Surgery	80% U&R
Anesthetist Services	80% U&R
Assistant Surgeon	80% U&R
Registered Nurse's Services	80% U&R
Physician's Visits	80% U&R
Skilled Nursing Facility	80% U&R

OUTPATIENT BENEFITS	
Surgery	80% U&R
Anesthetist Services	80% U&R
Assistant Surgeon	80% U&R
Outpatient Surgery Miscellaneous	80% U&R
Physician's Visits	80% U&R
Rehabilitation Therapy	80% U&R
Habilitative Services for Children	80% U&R
Outpatient Miscellaneous Expense (excluding surgery)	80% U&R

Medical Emergency Expenses	80% U&R
Diagnostic X-ray Services	80% U&R
Laboratory Procedures	80% U&R
Prescription Drugs (RESTAT) Rx Card (no copay for generic contraceptives)	100% U&R Copays: \$10/\$30/\$60
Home Health Care	80% U&R
Hospice	80% U&R

OTHER BENEFITS	
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
Preventive Services* (not subject to deductible)	100% U&R

Medical Evacuation	Up to \$25,000
Repatriation	Up to \$20,000

\*Go to: <https://www.healthcare.gov/what-are-my-preventive-care-benefits/> for further information.

**ESSENTIAL HEALTH BENEFITS**

The plan will include coverage for Essential Health Benefits in the following general categories and the items and services covered within the categories: Ambulatory patient services; Emergency services, Hospitalization, Maternity and newborn care; Mental health and substance use disorder services, including behavioral health treatment; Prescription drugs; Rehabilitative and habilitative services and devices; Laboratory services; Preventive and wellness services and chronic disease management; and Pediatric 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.studentplanscenter.com](http://www.studentplanscenter.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 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; Cancer Clinical Trials; Mastectomy, Reconstructive Surgery and Prosthetic Devices; Child Health Supervision Services; Biologically Based Mental Illness; Diabetes Benefit; and Pediatric Dental and Vision. See the Policy on file with the school for further details on these benefits. If any Preventive Services Benefit is subject to the mandated benefits required by state law, they will be administered under the federal or state guideline, whichever is more favorable to the student.

**EXCLUSIONS**

The Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of the Policy and as shown in the Schedule of Benefits. Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirements of that Act.

1. Preventive medicines, serums or vaccines of any kind, except as specifically provided by the Policy.
2. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
3. Dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person's teeth, or as otherwise provided by the Policy.
4. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.

5. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
6. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury, or as otherwise provided.
7. Elective surgery or treatment.
8. Expenses incurred for plastic 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 means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either 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.
9. Elective abortions.
10. Medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as provided in the Schedule of Benefits.
11. An Insured's: a) Committing or attempting to commit a felony; b) Being engaged in an illegal occupation; or c) Participation in a riot.
12. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Insurance Information Schedule.
13. Charges incurred as the result of an automobile accident that are in excess of the amount shown in the Schedule of Benefits.
14. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any intercollegiate or professional sports.
15. Expenses incurred after: a) The date insurance terminates as to the Insured Person; b) The Aggregate Maximum Benefit for each Covered Injury or Sickness has been attained; and c) The end of the Benefit Period specified in the Benefit Schedule.

**CLAIM PROCEDURE**

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

1. If at the University, report immediately to the University Health Center so that proper treatment can be prescribed or approved.
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, as soon as possible by submitting a Student Insurance Medical Claim Form. Bills that are not receipted are paid directly to the doctor or hospital.

3. Claim forms and instructions on claim procedures are available at the Health Center or by visiting the website: [www.studentplanscenter.com](http://www.studentplanscenter.com) Be sure to send completed claim form to Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee St., Utica, NY 13502 or to the Student Health Center as soon as possible. Bills may be sent later.

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 first loss for which benefits arising out of each such 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 a denial of all or a portion on a 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 include a description of any additional information that might be necessary for reconsideration of the claim and the notice will also describe the right to appeal.

**Claims Administered by**  
Special Risk Claims

Commercial Travelers Mutual Insurance Company  
70 Genesee St., Utica, NY 13502 • Toll Free: 800-756-3702

*For Summary of Benefits & Coverage, Brochures,  
Forms & Claim Information go to:*  
[www.studentplanscenter.com](http://www.studentplanscenter.com)

*For a copy of the Company's Privacy Notice, go to:*  
[www.commercialtravelers.com/privacy.html](http://www.commercialtravelers.com/privacy.html)  
or *Request one from the Health Center 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**

Wells Fargo Insurance Services USA, Inc.  
P.O. Box 276 • Columbus, Ohio 43216-0276 • 800-228-6768  
[wfs.wellsfargo.com/colleges](http://wfs.wellsfargo.com/colleges)

**Network Provider • HealthSmart**  
800-513-7177 • [www.novanetppo.com](http://www.novanetppo.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 Health Services  
and Student Health  
Insurance Program  
Especially for  
Ashland University Students**



**ASHLAND  
UNIVERSITY**

**2014—2015**

**Accident Only—Plan A**  
Policy No. 2014M3B30

**Accident & Sickness—Plan B**  
Policy No. 2014B1A02

**Underwritten by**  
Companion 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.studentplanscenter.com](http://www.studentplanscenter.com)

The Master Policy describing the provisions of this Insurance Plan is retained at the University Business Office. No individual certificates will be issued to participants.

2014-B1A02 (Bro.)

## STUDENT HEALTH CENTER

**CONTACT:** Tina Oswalt, Administrative Assistant

### HOURS—BY APPOINTMENT ONLY

9:30 a.m. to 12 Noon • Last Appointment—11:45 a.m.  
1 p.m. to 5 p.m. • Last Appointment—4:45 p.m.

MONDAY through FRIDAY

OPEN FALL & SPRING SEMESTERS ONLY

### CLASS ABSENCES DUE TO ILLNESS OR ACCIDENT

1) There are no excused absences which absolve a Student of his/her responsibilities. Any absenteeism which may be justifiable is a matter to be resolved with each Professor or Instructor. 2) If ill, injured or hospitalized at home, advise the Health Center of your delay. (Area Code 419-289-5200.)

## TO PARENTS, GUARDIANS AND STUDENTS

*In a student body 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 can accommodate the less serious medical problems by its facilities, 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 so you will be completely familiar with them.*

*The Student Health Center provides the following services for the Students of Ashland University according to the indicated operating procedures: 1) Medical care for common illness and injuries at the Student Health Center during clinic hours. Students may visit any physician at their own expense. 2) Arrange for consultation with the Student Health Center Physician or counseling services. 3) Arrangements for consultation with a Specialist if indicated. 4) Continuation of Allergy or other Health Program, as directed by your Physician. 5) Commonly prescribed medication may be furnished. Students having a requirement for regularly prescribed medications must furnish their own, such as insulin, thyroid, etc. 6) When Urgent Care is required: a) During Student Health Center hours, report to the Student Health Center. B) After hours-contact Safety Services. c) If home or out of town-report to your own Physician or nearest Emergency Room. 7) All Students are provided with Accident Insurance Coverage under a separate policy (optional Sickness Coverage is also available). Students must report to the Student Health Center to complete the necessary forms whenever you have incurred expenses for Medical or Surgical services. See description of Insurance Benefits shown*

*in this brochure. 8) Whenever a Student is hospitalized, the parents or guardian will be advised as soon as a basic appraisal can be made, generally by the Hospital. Don't ask another Student to call your parents prematurely. 9) when in the opinion of the Student Health Center, a Student requires medical or psychological care, the University reserves the right to temporarily suspend the Student until satisfactory medical clearance has been obtained.*

*The other part of the health program is the Student Health Insurance Program which will help to meet medical expenses that arise from the covered accident or illness that is too serious to be treated in the Student Health Center. As in previous years, full-time undergraduate students are automatically included in the Basic Accident portion and the cost is included in your regular term fee. Coverage under the Basic Accident Plan is provided under a separate policy.*

*Because students can also experience serious illness, Ashland has arranged to supplement the Accident Insurance with Basic Sickness Insurance. The cost of the coverage is \$1,150 for a full year. Details are outlined in this brochure.*

*We believe you will share Ashland's enthusiasm in the facilities and practices that is provides in caring for the health problems of its students.*

## STUDENT INSURANCE

**GENERAL ENROLLMENT PRACTICE**—All full-time undergraduate Students of the University are enrolled in Plan A, the Basic Accident-Only policy and the cost is included in a regular term fee. Coverage under the Basic Accident Plan is provided under a separate policy. Although participation in Plan B, 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 30, 2015 for Spring Term, **or Complete the On-line Waiver at: [www.studentplanscenter.com](http://www.studentplanscenter.com) Click on your school name, then click "On-line Waiver."** **Print out the confirmation for your records as this is the only documentation that the form was submitted. This option will not be available after September 12, 2014 for Fall Term and no later than January 30, 2015 for Spring Term. Students need only to complete the waiver once. If you've completed the waiver for Fall Term, you do not need to complete a waiver for Spring. Only new students beginning in the Spring have the option to waive the insurance for Spring Term. If the University does not receive this waiver form by the time indicated above, you will be automatically included in the Plan.**

Students desiring to participate in the Health Insurance portion must enter the Plan during their first regular term of the academic year in which they are eligible, otherwise, they must wait until the following policy year, except in the case of a qualifying event.

All full-time graduate Students 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.

In order for a Student to remain covered after the effective date of coverage, the Student must actively attend classes for at least 31 days.

### PLAN B MEDICAL BENEFIT COSTS

Undergraduate Student:	8/12/14 to 8/12/15 Fall Semester	1/01/15 to 8/12/15 Second Semester
Student Only*	\$ 1,150.00	\$ 769.00
Spouse	\$2,567.00	\$1,720.00
Child	\$1,577.00	\$1,057.00

\*The Student Health Insurance Rates include premium payable to Companion Life Insurance Company, as well as administrative fees payable to Wells Fargo Insurance Services USA, Inc.

### GRADUATE AND SEMINARY STUDENTS:

Please contact the Student Accounts Office at 419-289-5958 for details of coverage, costs and effective dates of insurance.

### INTERNATIONAL STUDENTS:

English Language Students should contact the ACCESS office for details of coverage, costs and effective dates of insurance. Phone 419-289-5111. All other international students should contact the International Student Services' Office. Phone 419-289-5631.

**SPECIAL NOTICE FOR INSURED DEPENDENTS**—The insurance benefits are available for eligible dependents. However, *dependents are not entitled to services provided by the Student Health Center*, since those are reserved for full-time Students only. A Student wishing to insure his/her dependents must obtain a separate enrollment form from the Business Office.

**INTERCOLLEGIATE ATHLETIC ACCIDENT INSURANCE**—The University carries special coverage for injuries resulting from the play or practice of intercollegiate athletics which is separate from the Student Accident-Only Insurance Plans. This special insurance will only pay benefits after the Student Health Insurance has exhausted their benefit payments when coverage is purchased under that plan. Further details are available from the Student Health Center.

**GENERAL INFORMATION**—The Policies are underwritten by Companion Life Insurance Company, and the Local Representative is Wells Fargo Insurance Services USA, Inc., P.O. Box 276, Columbus, OH 43216-0276. All claims are paid by the Claims Administrator, Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, NY 13502. Coverage extends for the entire 12-month period from August 12, 2014 to August 12, 2015—24 hours a day—at home, at school, or while traveling, including all vacation periods such as Christmas, Easter and summer. The coverage is world-

wide. Benefits will be paid on a primary basis, other than expenses covered by Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance or government plan (except medicaid).

### OTHER MEDICAL COVERAGE

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. In some cases, you may not be able to collect benefits without meeting certain requirements. The student health insurance plan is a primary plan which may function as secondary when other insurance is available to the insured student.

**NOTICE:** If an insured person is covered by more than one health care plan, he or she may not be able to collect benefits from both plans. Each plan may require an insured to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. An insured should read all of the rules very carefully, including the coordination of benefits section and compare them with the rules of any other plan that covers an insured or his/her family.

### PLAN A—BASIC ACCIDENT-ONLY BENEFITS

*(for all full-time Undergraduate Students)*

Benefit Period: Policy Term

Provided under Policy No. 2014M3B30

When hospital or medical care is required because of injury sustained due to a covered accident during the period of coverage, all full-time Students will be covered for eligible expenses occurring during the policy term from the date of the accident up to a maximum of \$2,000. Eligible expenses include X-rays, laboratory costs, hospital confinement, services of a registered graduate nurse not related to the Insured by blood or marriage and who is not an employee of the hospital of confinement, physicians' and surgeons' fees, medicines, ambulance expenses, surgical appliances or other medical costs incurred as the result of any one accident. Payment for dental expense actually incurred is limited to \$750, and then only in the event of accidental injury to sound, natural teeth. For injuries sustained in the play or practice of intercollegiate athletics the maximum amount payable shall not exceed \$2,000, within the policy period.

**ACCIDENTAL DEATH BENEFITS**—Regardless of any other benefits, if Insured dies within 100 days from the accident, independently of all other causes, a benefit of \$2,000 will be paid.

**GENERAL EXCLUSIONS AND LIMITATIONS**—The Policy does not cover nor provide benefits for: 1) Services normally provided without charge by the Policyholder's student health service center, infirmary, or Hospital, or by Health Care Providers

employed by the Policyholder; 2) Injury or Sickness resulting from declared or undeclared war; or any act thereof; 3) Injury due to participation in a riot; 4) Expenses for any service or supply not specified in this Policy as a covered service; 5) Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route; 6) Suicide, attempted suicide, or intentionally self-inflicted injury while sane, or insane; 7) Medicines not taken in the dosage or for the purpose prescribed by the Insured Person's Doctor; 8) Services that have already been paid by another insurance carrier, even if those services would have otherwise been covered by this Plan.

### PLAN B—ACCIDENT AND SICKNESS BENEFITS

*(Optional Coverage)*

Benefit Period: Policy Term

Provided under Policy No. 2014B1A02

Accident and Sickness expense benefits are available to all full-time undergraduate Students for a cost of \$1,150 per year. The charge for the coverage will appear on your first semester invoice. If you do not wish to be covered by the Accident and Sickness Medical insurance, you must complete the Waiver Form on-line at: [www.studentplanscenter.com](http://www.studentplanscenter.com) (follow the instructions on panel 3). No waivers will be accepted after September 12, 2014 for Fall semester and January 30, 2015 for Spring semester. Only new students for Spring have the option to waive the health insurance for Spring semester.

### DEFINITIONS

Usual and Reasonable (U&R) means the normal charge, in the absence of insurance, of the provider for a service or supply, but not more than the prevailing charge in the area for a: 1) Like service by a provider with similar training or experience; or 2) Supply that is identical or substantially equivalent.