
11. Expenses incurred after: a) The date insurance terminates as to the Insured Person; b) The Aggregate Lifetime Maximum Benefit for each Covered Injury has been attained; and c) The end of the Benefit Period specified in the Benefit Schedule.

9. Intentionally self-inflicted Injury, attempted suicide, or suicide, while sane or insane.

7. 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.

5. Expenses covered under any Workers’ Compensation 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 provided in the Schedule of Benefits.

2. Medical services rendered by provider employed or served in connection with the Veterans Administration or its agencies, except when a charge is made which counts as creditable coverage under State and Federal Law, if you leave this Plan and go to an employers’ plan within 63 days thereafter, you are eligible to receive a certification from the Company regarding the periods you were covered. Please contact Wells Fargo Insurance Services at 800-228-6768 when you need such verification.

14. An Insured’s a) committing or attempting to commit a felony, but being engaged in an illegal occupation, or c) participation in a riot.

15. Treating of nervous or mental disorders or treatment of alcoholism or substance abuse except as provided for in the schedule of benefits.

16. Loss resulting from playing, practicing, traveling to or from or participation in or conditioning for Club Boxing and Club Rugby.

17. Expenses incurred as the result of an accident involving a motor vehicle, to the extent that benefits are payable under any Automobile Medical Expense Insurance.

18. Conditions due to accidental bodily injury occurring prior to the Insured Person’s effective date of coverage.

CLAIM PROCEDURE

In the event of injury/accident or illness, the student should:

• Consult a physician if necessary.
• Follow the physician’s instructions.
• Show the medical provider your Insurance Plan Cards.

When using Student Health Insurance ask the medical provider for all claims/bills to:

Student Health Insurance Plan, Cedarville University Medical Services, 251 North Main Street, Cedarville, OH 45314 or Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee St., Utica, NY 13502.

If you have any questions, call 937-766-7864 or write to the above address.

The Plan has been described in a general manner in this brochure. The Master Policy 2012B1A08 describing the provisions of this Student Health Insurance Plan is on file at the Student Life Office. No individual certificates will be issued to participants.

INTERNAL REVIEW PROCEDURE

In the event of a denial of all or a portion on a claim, the Company 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 claimed amount and the notice will also describe the right to appeal. Please submit all appeal requests to the Claims Administrator.

Underwritten by

Companion Life Insurance Company
Columbia, SC

as Policy Form # CLBH-280 (2011) (OH)

Claims Administered by
Special Risk Claims
Commercial Travelers
Mutual Insurance Company
70 Genesee St. • Utica, NY 13502

(800) 756-3702 • www.studentplancenter.com

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

or Request one from the Health office 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
P.O. Box 276 • Columbus, Ohio 43216-0276
800-228-6768 • wfsi.wellsfargo.com/colleges

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.

The effective date of this Plan is prior to the July 1st compliance requirement of the March 16th HHS ruling pertaining to Student Health Insurance. This plan is not PPACA compliant.
The following describes the Graduate Student Health Insurance Plan for Cedarville University.

**THE STUDENT HEALTH INSURANCE PLAN...**

1. is available to graduate students, non-student spouses and eligible dependents.
2. offers new students and their eligible dependents arriving on or after June 15, 2012 and receiving classes prior to August 15, 2012, to enroll in the Voluntary Summer Session Plan by completing the enrollment form located online at: [studentplanscenter.com](http://studentplanscenter.com) Go to Cedarville University and click on the link “Forms.” Complete the Summer Session enrollment form and send it to Wells Fargo Insurance Services at the address located at the bottom of the enrollment form. Coverage begins on June 15, 2012 or the day following the postmark date on the envelope containing your payment, whichever is later. Coverage will terminate August 15, 2012.
3. starts benefits for the Fall (12month) Term becoming effective August 15, 2012, or the date correct premium & enrollment form is received by the University Medical Services. Benefits for Fall Term terminates midnight January 6, 2013. Spring Term begins effective January 7, 2013, or the date correct premium & application is received by the University Medical Services and will terminate midnight August 14, 2013. Graduate Students’ Fall Term Enrollment Forms are available at Cedarville University Medical Services. The cost is $251 per term.
4. provides maternity benefits within the scope of the policy if the expectant mother is insured. There is no additional premium for maternity benefits.
5. is a primary plan which may function as second- ary when other insurance is available to the insured student.
6. IS A LIMITED MEDICAL INSURANCE PLAN. It is not designed to be the student’s only insurance.
7. protects the insured student 24-hours a day, anywhere in the world, during the Term of the policy. 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.
8. terminates if a student leaves Cedarville University and sends it to Wells Fargo Insurance Services at the address located at the bottom of the enrollment form. Coverage begins on June 15, 2012 or the day following the postmark date on the envelope containing your payment, whichever is later. Coverage will terminate August 15, 2012.
9. terminates at the start of the following term or 8/15/13, whichever comes first, when a student withdraws from Cedarville University.

**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.

**ADDITIONAL BENEFITS**

**The Accident Benefit**...

1. will pay covered expenses if the accident occurred while the insured’s coverage is in force.
2. will pay up to the usual & reasonable expense incurred while the Insured’s coverage is in force.
3. will pay covered expenses incurred within 52 weeks after the date of accident.
4. will pay up to $15,000 per accident.
5. will pay for the following eligible expenses:
   - ER/ Urgent Care; hospital confinement; legally qualified physician’s & surgeon’s fees; services of anesthetist or anesthesiologist; graduate nurse where neither a relative of the Insured or an employee of the hospital of confinement; prescription drugs; dressings; X-rays; lab tests; ambulance service to and from the hospital of confinement; blood transfusion; insulin; oxygen; wheelchairs, crutches (durable medical equipment) or other braces and appliances; casts, splints; any service or facility required for the proper care and treatment of the student which has been prescribed by a legally qualified physician.

**Limitations**...

1. The first treatment of a Covered Injury must begin within 90 days of accident.
2. Physicians Expense Benefit will pay up to $85 for the first visit then $50 per visit for the next 4 visits per accident.
3. Dental Expense Benefit up to a maximum amount of $1,000 for treatment of natural teeth per accident.
4. Physiotherapy Benefit will pay up to 80% of covered charges limited to $1,000 per accident.
5. Medical Expenses incurred involving a motor vehicle must first be filed with the Automobile Medical Expense Insurance.

**ILLNESS BENEFIT**

The Illness Benefit...

1. will pay covered medical expenses incurred within 52 weeks from the date of first treatment for illness.
2. will pay according to the following Schedule of Benefits.

**Hospital Confinement as an In-Patient**

1. Hospitalization and Board—Pays semi-private rate for the first 3 days, when confinement is prescribed by a physician then up to $356 per day for the next 67 days per illness.
2. Hospital Miscellaneous Expenses—Pays up to $3,000 per illness for eligible expense other than room and board, incurred during the period covered by the room and board benefit; for necessary services and supplies (except for normal medical expenses for the insured person’s home country). Payment of this benefit is subject to the conditions outlined in the Policy.
3. Physician’s Fee—Pays for one visit per day up to 30 visits per illness, not to exceed $30 per visit or more than one visit per day, during the period covered by the room and board benefit.

**In or Out of Hospital**

4. Outpatient Surgery Miscellaneous—Pays Hospital Room and miscellaneous expenses up to $3,000 per illness when outpatient surgery is performed.
5. Surgery—Pays expenses incurred up to $2,000 according to the percentages specified in the surgical schedule attached to the Policy. Benefits for multiple surgical procedures performed within the same operative field are limited to 150% of the amount payable for the primary procedure.
6. Anesthetist Fee—Pays up to 20% of the surgical benefit.
7. Specialist’s Fee—Pays up to $85 per illness when approved and/or referred by University Medical Services or by the attending physician for services recommended by a specialist or consultant.
8. Emergency Medical Expense, Diagnostic Lab & X-ray—Pays eligible expenses for emergency room charges, urgent care charges, Diagnostic Laboratory and/or X-ray expenses not to exceed a maximum benefit of $2,000 per illness.
9. Physician’s Fee—Pays $30 per visit per illness, starting with the first visit when away from Campus or when referred and approved by the Cedarville University Medical Services, maximum total benefit of $150 per illness.
10. Prescription Drugs—Pays up to $100 per illness for drugs prescribed by a physician, subject to a $10 deductible.
11. Ambulance Service—Pays up to $50 per illness for professional ambulance service to or from the hospital.

**Mandated Benefits**

The following benefits are mandated in the state of Ohio. They are 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: Cancer Screening Tests; Mastectomy, Reconstrucive Surgery and Prosthetic Devices; Child Health Supervision Services; Medical Emergency Expenses; Off Label Drugs; Biologically Based Materials; Addiction Treatment; and Infertility Services. See the Policy on file with the school for further details on these benefits.

**Repatriation**

In the event of the death of an Insured Person, while he or she is covered under the Policy, the Company will pay the necessary reasonable and customary charges for preparation, including cremation, and transportation of the remains to the Insured Person’s place of residence in his or her home country provided expenses do not exceed $10,000. No benefit will be paid in the event of suicide.

**Medical Evacuation**

If an Insured Person is unable to continue their academic program as the result of a Covered Injury or Sickness occurring while he or she is covered under the Policy, the Company will pay the necessary reasonable and customary charges for transportation, including accommodation and travel, to return the Insured Person to his or her home country. Payment of this benefit is subject to the conditions outlined in the Policy. Covered expenses include those incurred for accompanying physician or nurse, if prescribed by the attending physician. Coverage is limited to a maximum of $15,000 per illness. Medical Evacuation benefits must be pre-approved by the Insurance Company.

**Exclusions and Limitations**

The Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided in the benefits of the Policy and as shown in the Schedule of Benefits:

1. Preventive medicines, vaccines or any kind of routine medical or other examinations where there are no objective indications of impairment of normal health.

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If you have any questions please call 937-766-7864.