6. Intentionally self-inflicted Injury, attempted suicide, including drug overdose, 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 interna-
tional authority, unless indicated otherwise on the Insurance Information Schedule.

8. Loss incurred as the result of riding as a pas-
senger or otherwise (including skydiving) in a
vehicle or device for aerial navigation, except
as a fare paying passenger in an aircraft oper-
ated by a scheduled airline maintaining regular publi-
ished schedules on a regularly established
route anywhere in the world.

9. Dental treatment including orthodontic braces
and orthodontic appliances, except as speci-
fied for accidental Injury to the Insured
Person’s teeth.

10. Expenses covered under any Workers’
Compensation, occupational benefits plan,
mandatory automobile no-fault plan, public
assistance program or government plan,
except Medicaid.

11. Preventive medicines, serums or vaccines of
any kind.

12. Treatment, 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.

Preexisting Condition Limitation—The Policy
does not cover Preexisting Conditions for the first
twelve (12) months following effective date of
an Insured Person’s coverage. However, the Company
will waive this Limitation for an Insured who: 1. Has
been Continuously Insured, as defined in the Policy,
for at least 12 consecutive months under one or
more student insurance policies issued to the
Policyholder; or 2. Can provide satisfactory evi-
dence of prior Creditable Coverage, as defined in
the Policy. To qualify for this waiver, an Insured must
fulfill all of the following requirements: a) He or she
must not be covered under any other health insur-
ance, b) He or she must have had health insurance
for a total of 18 months, with no break in coverage
longer than 63 days. c) His or her most recent cov-
erage must meet the definition of Creditable
Coverage shown in the policy.

In so far as this Limitation is concerned, Continu-
ously Insured means that the Insured Person has
maintained continuous coverage under the Policy
and/or prior student health insurance policies issued
to the Policyholder. Previously Insured Persons
who enroll for coverage within the time limits shown
in the Insurance Information Schedule following
expiration of coverage under a preceding student
health insurance Policy will have maintained contin-
uous insurance. An Insured Person who does not
enroll within this time frame will have a break in con-
tinuous insurance. Any Injury sustained or any
Sickness originating before or during such break will
be considered a Preexisting Condition.

Claim Procedure
In the event of an accident or sickness the Student
should: If on or off campus, secure treatment at the
nearest hospital or care provider. Send claim form
along with itemized hospital and medical bills to
Commercial Travelers Mutual Insurance Company.

Written notice of injury or sickness upon which
claim may be based must be provided to
Commercial Travelers Mutual Insurance Company
within 30 days of the date of the commencement
of the first loss for which benefits arising out of
each injury or sickness may be claimed, or as
sooner thereafter as is reasonable possible. Bills for
which benefit is to be paid must be submitted with-
in 90 days of the treatment.

Claim forms and instructions on claim procedures
are available at the Business Office or by visiting
the website: www.studentplanscenter.com.

Any person who, with intent to defraud or know-
ing that he/she is facilitating a fraud against an
insurer, submits application or files a claim con-
taining a false or deceptive statement may be
guilty of insurance fraud.

How to File an Appeal
Once a claim is processed and upon receipt of
an Explanation of Benefits (EOB), an insured
student who disagrees with how a claim was
processed may appeal that decision. The
student must request an appeal in writing
within 60 days of the date appearing on the
EOB. The appeal request must include why they dis-
agree with the way the claim was processed.
The request must include any additional infor-
mation they feel supports their request for
appeal, e.g. medical records, physician records,
etc. Please submit all appeal requests to the
Claims Administrator listed on the back panel.

Protecting Health Information—Commercial Travelers
Mutual Insurance Company is committed to guarding the
protected health information of those we insure. In the
course of conducting our business, we create and maintain
the confidentiality of protected health information as
required by the Health Insurance Portability and
Accountability Act of 1996 (HIPAA), and we will follow the
terms of our Notice of Privacy Practices. A copy of this
Notice is available from the College Business Office or on
our website at www.commercialtravelers.com.

Underwritten and Claims Administered by
Commercial Travelers Mutual Insurance Company
70 Genesee Street, Utica, NY 13502
Toll Free: 800-756-3702
www.studentplanscenter.com
as Policy Form # CTBH-280 (Rev. 04) (GA)

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

Representative
Wells Fargo Insurance Services
P.O. Box 276 • Columbus, Ohio 43216-0276
800-228-6768 • wfs.wellsfargo.com/colleges

Representations of this plan
must be approved by the Company.

This is not the Policy. Rather it is a brief descrip-
tion 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.

Please keep this description of coverage
for future reference
Emmanuel College has always been vitally concerned with the promotion of good health for its students. We are pleased to announce that a STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN will be provided to all students who are enrolled for twelve (12) or more credit hours on a mandatory basis. The plan will cover eligible expenses arising from both covered Injury and Sickness, whether sustained at the College or elsewhere during the period of coverage. Eligible expenses will be paid up to a maximum of $30,000 per Sickness and $8,000 per Covered Injury.

The insurance covers eligible expenses arising from both covered Injury and Sickness, whether sustained at the College or elsewhere during the entire policy term. The policy also has limitations, which should be noted. This brochure describes the main points of the Accident and Sickness Insurance Plan in force for Emmanuel College, and the full terms are found in the master policy issued to Emmanuel College by Commercial Travelers Mutual Insurance Company. It may be seen at the College during business hours. Payment of benefits will be made according to the terms of the policy. If any statement in this brochure and any provisions outlined in this brochure, protects the Insured Student of Emmanuel College at home, at school, or while traveling—24 hours a day—anywhere in the world, during the term of the Student’s Policy. The Policy becomes effective at 12:01 a.m. on August 14, 2010 and continues during the period for which the premium had been paid. The Master Policy expires at 12:01 a.m. on July 14, 2011.

ACCIDENT BENEFITS

When a Covered Injury requires treatment, benefits will be paid up to a maximum of $8,000 for Eligible Expenses Incurred for each accident occurring during the period of coverage. Eligible expenses include physician’s and surgeon’s fees, hospital confinement, X-rays, laboratory tests, nurse expenses, medicines, and other usual and reasonable medical expenses which result from the accident. Dental expenses are paid up to a maximum of $100 per tooth for Expenses Incurred from accidental injury to sound natural teeth. Payment will be made for eligible Expenses Incurred for each Sickness, not to exceed $8,000 as allocated below.

HOSPITAL ROOM AND BOARD—Up to $300 per day beginning with the first day.

HOSPITAL ROOM AND BOARD EXPENSE—Up to a maximum of $500 for X-ray examinations, laboratory tests, anesthesia, medicines, use of operating room, or temporary surgical appliances, when an insured person is confined as a bed patient in a hospital.

SURGERY (in or out of hospital)—Benefits are payable in accordance with a graduated schedule ranging up to a maximum of $500, depending on the nature of the operation. This surgical schedule is a part of the policy held by the College.

PHYSICIAN’S VISITS BENEFIT (in or out of hospital)—Up to $50 per day for Sickness beginning with the first visit.

CONSULTANT PHYSICIAN SERVICES—When the insured person requires the services of a consultant physician and such services are deemed necessary and ordered by the attending physician for the purpose of determining the diagnosis, the Expenses Incurred will be paid up to $100 for any one Sickness.

AMBULANCE EXPENSE—Up to $250 when the use of an ambulance is required for any one Sickness.

DIAGNOSTIC X-RAY AND LABORATORY EXPENSE: When X-ray and laboratory studies are necessary in the outpatient department of a hospital, the Company will pay for such services up to a maximum of $300 per Sickness.

PRESCRIPTION DRUGS: When prescribed by the attending Physician, up to $100 per illness after a $10 deductible (Note: The student must pay for the prescription up front then file a claim for reimbursement.)

MANDATED BENEFITS

The following benefits are mandated in the state of Georgia. 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: Cosmetic surgery; Breast augmentation; Mastectomy; Liposuction; Rhinoplasty; Breast reduction; Ear reconstruction; Botox; and any surgery related to gender reassignment. The Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided in the Schedule of Benefits and as shown in the Schedule of Benefits.

1. 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.

2. Professional services rendered by an Immediate Family Member or any other person who is living with the Insured Person.

3. Loss resulting from playing, practicing, traveling to, or participating in, sports or fitness, or any collegiate or professional sports, except as provided in the Schedule of Benefits.

4. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury.

5. 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. For the purposes of this provision, reconstructive surgery means surgery performed to correct or repair abnomal structures of the body caused by congenital defects, developmental abnormalities, trauma, or disease to either improve function or to create a normal appearance, to the extent possible. 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.

EXCLUSIONS

医疗服务由提供商提供或与学校签订合同，包括队医或训练师，除非在计划范围内提供。除外，所有此类服务都将受到任何可扣除、支付和共保险条件的政策的影响，以及所有其他适用条件适用于任何其他已覆盖的疾病。

要求，包括但不限于：整形手术；乳房成形术；乳房切除术；乳头重建术；耳部重建术；取脂术；鼻整形术；乳房减少术；耳重建术；肉毒杆菌毒素；以及任何与变性相关的手术。该政策不涵盖损失，也不提供任何其他类型的保险。

学生因医疗事故而造成的医疗事故。

体育或健身，或任何大学或职业体育的校友或其他任何与学校住在一起的人。

除由于医疗事故而造成的医疗事故外，还可能涉及体育或健身，或任何大学或职业体育的校友或其他任何与学校住在一起的人。

为直接由医疗事故导致的医疗事故提供治疗的24小时，或结果来自重建手术。为了此条款的目的，重建手术意味着进行手术以纠正或修复身体异常结构，由先天缺陷、发育异常、创伤或疾病引起的，旨在改善功能或创造正常外观，尽可能达到

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