

## IMPORTANT NUMBERS

THE SINGLE SOURCE FOR ALL OF YOUR INQUIRIES

### ▶ **GENERAL INSURANCE QUESTIONS**

**USI** | **Collegiate**  
AFFINITY | **Insurance Resources**

Student Health Division.....800-322-9901

Website.. [www.cirstudenthealth.com/marygrove](http://www.cirstudenthealth.com/marygrove)

### DIRECT CONTACT INFORMATION

**The Plan is Underwritten by:**  
Combined Insurance Company of America  
Policy Number: CUH201765

**Claims Administrator:**  
Administrative Concepts, Inc.  
994 Old Eagle School Road, Suite 1005  
Wayne, PA 19087-1802  
Phone: 888-293-9229  
Fax: 610-293-9299  
[www.visit-aci.com](http://www.visit-aci.com)

**On Campus Contact:**  
Dave Sichterman  
1-313-927-1391  
[dsichterman@marygrove.edu](mailto:dsichterman@marygrove.edu)

**For a List of Preferred Providers**  
visit the website: [www.cofinity.net](http://www.cofinity.net)

**For Prescription Drug Information**  
visit the website: [www.medco.com](http://www.medco.com)

This brochure is a brief description of the Plan Benefits. The exact provisions governing the insurance are contained in the Master Policy issued to Marygrove College.

## STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

Designed for the Students of



Detroit, Michigan

**2009-2010**

This insurance plan includes a Preferred Provider Organization (PPO) Provision.

**Policy No. CUH201765**

**TABLE OF CONTENTS**

Welcome to the Student Health Plan.....1  
 Policy Term .....1  
 Premiums .....1  
 Eligibility.....2  
 Dependent Coverage .....2  
 Premium Refund Policy.....3  
 Definitions.....3-5  
 Benefits Summary .....5-9  
 Supplemental Expense Benefit .....9-12  
 Benefit Descriptions .....12-17  
 Prescription Drug Expense.....17  
 Preferred Provider Network .....18  
 Pre-Existing Conditions .....18  
 Continuous Insurance.....18  
 Coordination of Benefits Provision .....19  
 Appeals Procedure .....19  
 Subrogation and Recovery Rights.....19  
 Extension of Benefits .....20  
 Claims Procedure .....20  
 Emergency Medical Evacuation Expense Benefit.....21  
 Repatriation of Remains Expense Benefit.....21  
 Travel Assistance Services .....21-22  
 24-Hour Nurse Advice Line.....22  
 Exclusions .....22-25  
 Important Numbers.....26

**WELCOME TO THE STUDENT HEALTH PLAN**

Protecting the health of students is an important concern of Marygrove College. That's why the College sponsors this student insurance program. This program is designed to help pay the high costs of hospital, surgical and other medical expenses.

We suggest that you retain this brochure so you will have a ready reference to the benefits of the Plan. Any provision of the Policy or the brochure, which is in conflict with the statutes of the state in which the Policy is issued will be administered to conform with the requirements of such state statutes.

Under HIPAA's Privacy Rule We are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with your insurance identification card. If, at anytime, you wish to request a copy of Combined Insurance Company of America's Privacy Notice, write to 5050 Broadway, Chicago, IL 60640 Attn: HIPAA Privacy Office, call 1-800-225-4500, select HIPAA or online at <http://www.combinedinsurance.com/customer-center/hipaa-insurance.html>.

**POLICY TERM**

The insurance under Marygrove College's Student Accident and Sickness Insurance Plan for the Annual Policy is effective 12:01 a.m., Eastern Standard Time on September 1, 2009. An eligible student's coverage becomes effective on that date or the date the application and full premium are received by the Company or Plan Administrator, whichever is later. The Annual Policy terminates at 12:01 a.m. Eastern Standard Time on September 1, 2010 or at the end of the period through which the premiums are paid. Coverage is effective 24-hours a day on a worldwide basis.

**PREMIUMS**

	<u>Annual</u>	<u>Fall</u>	<u>Winter/Summer</u>
	9/1/09 - 9/1/10	9/1/09 - 1/3/10	1/3/10 - 9/1/10

**UNDERGRAD**

Student	\$ 597.00	\$199.00	\$398.00
Spouse	\$1,194.00	\$398.00	\$796.00
Child(ren)	\$1,052.00	\$350.00	\$702.00

**GRADUATE**

Student	\$ 669.00	\$223.00	\$446.00
Spouse	\$1,285.00	\$428.00	\$857.00
Child(ren)	\$1,132.00	\$377.00	\$755.00

## **ELIGIBILITY**

All full-time Marygrove College students are encouraged to have adequate health insurance. Enrollment must be submitted online at [www.cirstudenthealth.com/marygrove](http://www.cirstudenthealth.com/marygrove). Part-time students may also purchase the coverage through the same website.

Insured students may also purchase dependent coverage. Eligible dependents are the legal Spouse and unmarried children under nineteen years of age who are not self-supporting, and reside with the Insured Student. Dependent eligibility expires concurrently with that of the Insured Student.

## **DEPENDENT COVERAGE**

Students who are enrolled in the Student Accident and Sickness Insurance Plan may also enroll their Dependents. The term "**Dependent**" means: (a) the Insured Student's spouse residing with the Insured Student; (b) the Insured Student's unmarried Children under the age of nineteen years, if they are full-time students at an accredited school. We cover dependent children who are full-time students during medically necessary leaves of absence for a period not to exceed the lesser of 1 year or the date on which coverage would otherwise end under the terms of this Policy. Coverage for newborn children will consist of coverage for Sickness or Accident, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth. Such coverage will start from the moment of birth, if the Insured Student is already insured for dependent coverage when the child is born. If the Insured Student does not have dependent coverage when the child is born, We cover the newborn child for dependent benefits from and after the moment of birth, or any minor child placed with an Insured Student for adoption for dependent benefits from and after the moment the child is placed in the physical custody of the Insured Student for adoption. To continue the newborn child's dependent benefits past the first 31 days, the Insured Student must notify Us in writing within 31 days of the child's birth.

The term "children" includes an Insured Student's biological children; step-children; adopted children from the date of placement in the Insured Student's home and who depend on the Insured Student for their full support.

A child's coverage will not end because the child has reached the age limit shown above, if he or she: (a) is not able to earn his or her own living as a result of physical handicap or mental retardation; and (b) became so handicapped before reaching the age limit; and (c) is chiefly dependent on the Insured Student for support and maintenance.

Within 31 days after the child reaches the age limit, the Insured Student must send us proof of the child's dependency or handicap. We may ask for more proof of the child's dependency and handicap, but We will not ask for proof more frequently than annually after the two year period following the child's attainment of the limiting age.

Any Dependent on active duty in any military, naval, or air force of any country is not eligible for coverage under this Policy.

## **PREMIUM REFUND POLICY**

Insured Students entering the Armed Forces of any country will not be covered under this Plan as of the date of such entry. Those students withdrawing from the school to enter military service will be entitled to a pro rata refund of premium upon written request. Premium received by the Company is fully earned upon receipt. **No other requests for a refund of premium will be considered.**

## **DEFINITIONS**

**Accident** means a specific unforeseen event, which happens while the Insured Person is covered under this Policy and which directly, and from no other cause results in an Injury.

**Alcohol Abuse** means a condition that is characterized by a pattern of pathological use of alcohol with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

**Covered Charge or Expense** as used herein means those charges for any treatment, services or supplies that are: (a) for Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Reasonable and Customary Expenses; (c) not in excess of the charges that would have been made in the absence of this insurance.

**Covered Percentage** means that part of the Covered Charge that is payable by the Company after the Deductible or Copayment has been met.

**Cytologic Screening** means a pap test to detect cervical cancer through the simple microscope examination of cells scraped from the surface of the cervix.

**Detoxification Facility** means a facility that provides direct or indirect services to an acutely intoxicated individual to fulfill the physical, social, and emotional needs of the individual by: (a) monitoring the amount of alcohol and other toxic agents in the body of the individual; (b) managing withdrawal symptoms; and (c) motivating the individual to participate in the appropriate addictions treatment programs for Alcohol or Drug Abuse.

**Doctor** as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of residence of such practitioner; or (c) a certified nurse midwife while acting within the scope of that certification. Whenever the Policy provides for reimbursement for any service that may be lawfully performed by a person licensed in Colorado for the practice of osteopathy, medicine, dentistry, dental hygiene, optometry, psychology, chiropractic, podiatry, reimbursement under the Policy shall not be denied when such service is rendered by a person so licensed. This shall also include registered professional nurses and licensed clinical social workers.

**Drug Abuse** means a condition which is characterized by a pattern of pathological use of a drug with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

**Elective Treatment** means medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Insured Person's Effective Date of coverage.

Elective Treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction; breast implants; sexual reassignment surgery; impotence (organic or otherwise); submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered chronic purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; treatment of infertility and routine physical examinations.

**Injury** means bodily injury caused by an Accident which is the sole cause of the Loss. All injuries due to the same or a related cause are considered one Injury.

**Insured Person** means an Insured Student and his or her covered Dependent(s) while insured under this Policy.

**Insured Student** means a student of the Policyholder who is eligible and insured for coverage under this Policy.

**Loss** means medical expense covered by this Policy as a result of Injury or Sickness as defined in this Policy, and other expenses as specifically covered.

**Mammogram** means an X-ray examination of the breast using dedicated equipment, including X-ray tube, filter, compression device, screens, films and cassettes specifically for mammography that delivers an average radiation exposure of less than one rad mid-breast with two views for each breast. The term includes the professional interpretation of the film.

**Medical Emergency** means the unexpected onset of an Injury or Sickness which requires immediate or urgent medical attention which, if not provided, could result in a Loss of life or serious permanent damage to a limb or organ or pain sufficient to warrant immediate care. A Medical Emergency does not include elective or routine care.

**Medically Necessary** means that a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice. A service or supply will not be considered as Medically Necessary if: (a) it is provided only as a convenience to the Insured Person or provider; (b) it is not the appropriate treatment for the Insured Person's diagnosis or symptoms; (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

**Mental or Nervous Conditions** means those conditions listed in the standard nomenclature of the American Psychiatric Association.

**Orthotic Device** means a mechanical device, such as braces (but not dental) or shoes, that: (1) is directly related to the treatment of an Injury or Sickness; and (2) is prescribed by the Insured Person's Doctor who documents the necessity for the item.

**Per Condition Aggregate Maximum** means the total amount of benefits payable for each Injury or Sickness under this

Student Health Insurance Policy or Policies issued to the Policyholder immediately before this Policy.

**Policy Effective Date** means the date the Policy takes effect as shown in the Plan of Insurance.

**Preferred Allowance** means the amount a Network Provider will accept as payment in full for Covered Charges.

**Prosthetic Appliance** means a device, or artificial appliance, that: (1) maintains or replaces the body part of an Insured Person whose covered Injury or Sickness has required the removal of that body part; and (2) is prescribed by the Insured Person's Doctor who documents the necessity for the item.

**Reasonable and Customary Expenses** means fees and prices generally charged within the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature.

**Sickness** means sickness or disease which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

**We, Us and Our** mean the Combined Insurance Company of America.

**You and Your** mean the Insured Student.

## BENEFITS SUMMARY

	BASIC ACCIDENT	BASIC SICKNESS
Covered Percentage	100% of Reasonable and Customary to a maximum of \$2,500	100% of Reasonable and Customary to a maximum of \$2,500
HOSPITAL EXPENSE BENEFITS		
<b>Miscellaneous Hospital Expense.</b> Services include anesthesia, operating, delivery and treatment rooms and equipment, oxygen tent, blood and blood services, diagnostic X-rays, laboratory tests, prescribed drugs and medicines, medical and surgical dressings, supplies, casts and splints, radiation therapy, intravenous chemotherapy, kidney dialysis, inhalation therapy, chemotherapy treatment with radioactive substances, intravenous injections and solutions, and their administration, physical and occupational therapy, other necessary prescribed hospital expenses; we will cover these expenses during a hospital confinement or for a surgical procedure performed on an outpatient basis	Covered as any other Injury	\$500 per Sickness

	BASIC ACCIDENT	BASIC SICKNESS
<b>HOSPITAL EXPENSE BENEFITS continued</b>		
<b>Hospital Room and Board Expense</b> , Services include semi-private room, nursing services, special care unit	Covered as any other Injury	\$400 per day
<b>In Hospital Doctor's Fees and Medical Expense</b> , Services include visits by a doctor who may or may not have performed surgery	Covered as any other Injury	\$50 for the first visit, then \$20 per visit thereafter, limited to one visit per day
<b>SURGICAL EXPENSE BENEFITS (INPATIENT OR OUTPATIENT)</b>		
<b>Surgical Expense Benefit</b>	Covered as any other Injury	\$ 750 per Sickness
<b>Multiple Surgical Procedures Expense Benefit</b> , We will pay an amount not less than that for the most expensive procedure being performed. Multiple Surgical Procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the Covered Percentage of the Covered Charge of the most expensive Surgical Procedure then being performed, and with regard to the less expensive Surgical Procedure in an amount equal to 50 percent of the Covered Percentage of the Covered Charge for these procedures.		
<b>Anesthetist Expense</b>	Covered as any other Injury	100% of the Covered Charges
<b>Assistant Surgeon Expense</b>	Covered as any other Injury, 25% of the allowed Surgeon's fees	100% of the Covered Charges
<b>Second Surgical Opinion Consultation Expense</b> , Covered Charges include any required x-rays and diagnostic tests	Covered as any other Injury	\$150 per Sickness
<b>OUTPATIENT BENEFITS</b>		
<b>Doctor's Office Visit Expense</b> , 1 visit per day when Surgery Benefit is not paid	Covered as any other Injury	100% with a \$10 copay
<b>Physical Therapy, Occupational Therapy and Chiropractic Care</b>	Covered as any other Injury	100% with a \$10 copay

	BASIC ACCIDENT	BASIC SICKNESS
<b>OUTPATIENT BENEFITS continued</b>		
<b>Hospital Outpatient Department</b>	Covered as any other Injury	Covered under Miscellaneous Outpatient Expense
<b>Emergency Room</b> to a maximum of \$500	Covered as any other Injury	\$50 copay per Sickness, waived if admitted
<b>Miscellaneous Outpatient</b> , (other than emergency room) Diagnostic X-rays and Laboratory Tests Expense	Covered as any other Injury	\$500 maximum per Sickness
<b>High Cost Procedure Expense</b> , Services include, but are not limited to CAT scan, MRI, Ultrasound and Laser Treatment	Covered as any other Injury	Additional \$400 per Sickness
<b>Ambulance Expense</b>	100% to \$500	
<b>Voluntary Abortion Expense</b>	N/A	N/A
<b>Pre-Admission Testing</b>	Covered as any other Injury	Covered under Miscellaneous Outpatient
<b>MENTAL ILLNESS EXPENSE</b>		
<b>Mental Health , General (Inpatient/Outpatient)</b>	N/A	<b>Inpatient-</b> Same as any other Sickness up to 30 days <b>Outpatient-</b> Paid as any other Sickness, subject to \$10 copay, maximum of 20 visits
<b>Alcohol and Substance Abuse</b>	N/A	<b>Inpatient-</b> Paid as any other Sickness up to 30 days <b>Outpatient-</b> Paid as any other Sickness, subject to \$10 copay, no less than 20 visits or no less than \$1,500 per Policy Year

	BASIC ACCIDENT	BASIC SICKNESS
<b>MANDATED BENEFITS</b>		
<b>Breast Cancer Diagnostic and Rehabilitation Benefit</b>	N/A	Paid as any other Sickness, not subject to deductibles
<b>Maternity Expense Benefit</b>	N/A	Paid as any other Sickness
<b>Diabetes Treatment Expense Benefit</b>	N/A	Paid as any other Sickness

	BASIC ACCIDENT	BASIC SICKNESS
<b>ADDITIONAL BENEFITS</b>		
<b>Accidental Death and Dismemberment</b>	Principal Sum: \$5,000	N/A
<b>Accident Dental Expense, Injury to sound natural teeth</b>	Covered as any other Injury	N/A
<b>Dental Sickness - extractions of wisdom teeth and abscesses</b>	N/A	\$25 per tooth to a maximum of \$500
<b>Consultant Expense</b>	Covered as any other Injury	\$150 per Sickness
<b>Durable Medical Equipment Expense</b>	Covered as any other Injury	Not Covered
<b>Home Health Care Expense</b>	75% of Covered Charges, subject to a \$50 deductible, up to 40 visits	75% of Covered Charges, subject to a \$50 deductible, up to 40 visits
<b>Cytological Screening (Pap Smear) Expense</b>	N/A	Paid as any other Sickness

	BASIC ACCIDENT	BASIC SICKNESS
<b>ADDITIONAL BENEFITS continued</b>		
<b>Licensed Nurse Expense</b>	Covered as any other Injury	\$30 per day, 10 days maximum
<b>Prescription Drug Expense, including prescription contraceptive drugs and devices</b>	\$600 per Policy Year Generic: \$10 co-pay Brand Name: \$25 copay Brand when Generic available: \$35 copay	\$600 per Policy Year Generic: \$10 co-pay Brand Name: \$25 copay Brand when Generic available: \$35 copay
<b>Prosthetic Appliance or Orthotic Device</b>	Covered as any other Injury	Not Covered
<b>Intercollegiate Sports Injury</b>	Not Covered	Not Covered
<b>Medical Evacuation and Repatriation - Limited to \$10,000</b>		

### **SUPPLEMENTAL EXPENSE BENEFIT**

We will pay 80% of the Preferred Allowance for In-Network Providers up to \$47,500 per Injury or Sickness.

We will pay 60% of Reasonable and Customary for Out-of-Network Providers up to \$47,500 per Injury or Sickness.

The per Condition Aggregate Maximum Benefit is \$50,000.

<b>HOSPITAL EXPENSE BENEFITS</b>
<b>Hospital Room and Board Expense, Services include semi-private room, nursing services, special care unit. See Covered Percentages</b>
<b>Miscellaneous Hospital Expense, Services include anesthesia, operating, delivery and treatment rooms and equipment, oxygen tent, blood and blood services, diagnostic x-rays, laboratory tests, prescribed drugs and medicines, medical and surgical dressings, supplies, casts and splints, radiation therapy, intravenous chemotherapy, kidney dialysis, inhalation therapy, chemotherapy treatment with radioactive substances, intravenous injections and solutions, and their administration, physical and occupational therapy, other necessary prescribed hospital expenses; we will cover these expenses during a hospital confinement or for a surgical procedure performed on an outpatient basis. See Covered Percentages</b>
<b>In Hospital Doctor's Fees and Medical Expense, Services include visits by a doctor who may or may not have performed surgery. See Covered Percentages</b>

<b>SURGICAL EXPENSE BENEFITS (INPATIENT OR OUTPATIENT)</b>
<b>Surgical Expense Benefit</b> , See Covered Percentages
<b>Multiple Surgical Procedures Expense Benefit</b> , We will pay an amount not less than that for the most expensive procedure being performed. Multiple Surgical Procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the Covered Percentage of the Covered Charge of the most expensive Surgical Procedure then being performed, and with regard to the less expensive Surgical Procedure in an amount equal to 50 percent of the Covered Percentage of the Covered Charge for these procedures.
<b>Anesthetist Expense</b> , See Covered Percentages
<b>Assistant Surgeon Expense</b> , See Covered Percentages
<b>Second Surgical Opinion Consultation Expense</b> , Covered Charges include any required x-rays and diagnostic tests, NIL

<b>OUTPATIENT BENEFITS</b>		
<b>Doctor's Office Visit Expense</b> , 1 visit per day when Surgery Benefit is not paid	80% after \$10 copay	60% after \$10 copay
<b>Physical Therapy, Occupational Therapy and Chiropractic Care</b>	80% after \$10 copay	60% after \$10 copay
<b>Hospital Outpatient Department</b> , See Covered Percentages		
<b>Emergency Room</b> , See Covered Percentages		
<b>Miscellaneous Outpatient, Diagnostic X-ray and Laboratory Test Expense</b> , See Covered Percentages		
<b>Ambulance Expense</b> , paid under Basic Benefit		
<b>Voluntary Abortion Expense</b> , N/A		
<b>Pre-Admission Testing</b> , See Covered Percentages		

<b>OUTPATIENT BENEFITS</b>
<b>MENTAL ILLNESS EXPENSE</b>
<b>Biologically Based Mental Illness</b> , Includes: Inpatient, Outpatient and Prescription Drug. The Prescription Drug portion is paid under the Prescription Drug benefit. Paid as any other Sickness
<b>Mental Health, General (Inpatient/Outpatient)</b> , <b>Inpatient</b> - Same as any other Sickness up to 45 days. <b>Outpatient</b> - Paid as any other Sickness up to \$1000 per year
<b>Alcohol and Substance Abuse</b> , <b>Inpatient</b> - Paid as any other Sickness <b>Outpatient</b> - Paid as any other Sickness, no less than 20 visits per year or no less than \$1000 per year.

	<b>BASIC ACCIDENT</b>	<b>BASIC SICKNESS</b>
<b>MANDATED BENEFITS</b>		
<b>Breast Cancer Diagnostic and Rehabilitation Benefit</b>	N/A	Paid as any other Sickness, not subject to deductibles
<b>Maternity Expense Benefit</b>	N/A	Paid as any other Sickness
<b>Diabetes Treatment Expense Benefit</b>	N/A	Paid as any other Sickness

<b>ADDITIONAL BENEFITS</b>
<b>Accident Dental Expense, Injury to sound natural teeth,</b> See Covered Percentages
<b>Dental Sickness, Nil</b>
<b>Consultant Expense,</b> See Covered Percentages
<b>Durable Medical Equipment Expense,</b> Paid under Outpatient Miscellaneous
<b>Home Health Care Expense,</b> See Covered Percentages
<b>Licensed Nurse Expense,</b> See Covered Percentages
<b>Prosthetic Appliance or Orthotic Device,</b> Paid under Outpatient Miscellaneous

## **BENEFIT DESCRIPTIONS**

**Maternity and Newborn Child Expense Benefit:** We will pay benefits for an Insured Person's Covered Charges for maternity care, including Hospital, surgical and medical care.

We cover charges for a minimum of 48 hours of inpatient care following an uncomplicated vaginal delivery and a minimum of 96 hours of inpatient care following an uncomplicated cesarean section for a mother and her newborn child in a health care facility, unless the attending Doctor in consultation with the mother, makes a decision for an earlier discharge from the Hospital. If 48 hours or 96 hours following a delivery falls after 8 p.m., coverage will continue until 8 a.m. the following morning.

Coverage for a Hospital stay for a newborn following a normal vaginal delivery will not be limited to less than 48 hours and following a cesarean section will not be limited to less than 96 hours. If 48 hours or 96 hours following a delivery falls after 8 p.m., coverage will continue until 8 a.m. the following morning. These lengths of stay do not apply in any case in which the decision to discharge the newborn prior to the minimum length of stay is made by the attending Doctor in agreement with the mother of the newborn. This provision does not require an Insured Person to give birth in a Hospital or to stay in a Hospital for a fixed period of time after the birth of her child.

**Child Health Supervision Services Expense Benefit:** We will pay the Covered Percentage of the Covered Charges incurred for child health supervision services (preventive services and immunizations) for Dependent children to age 13 who are covered under the Policy as follows:

Age 0 - 12 months - One newborn home visit during first week of life if the newborn is released from the Hospital less than 48 hours after delivery. 5 Well-Child Visits. 1 PKU

Age 13 - 35 months - 2 Well Child Visits

Age 3 - 6 years - 3 Well Child Visits

Age 7 - 12 years - 3 Well Child Visits

All children to age 13 - Immunizations as recommended by the American Academy of Pediatrics. **"Well Child Visit"** means a visit to a Doctor that includes the following elements: age appropriate physical exam (but not a complete physical exam unless this is age appropriate), history, anticipatory guidance and education (e.g., examine family functioning and dynamics, injury prevention counseling, discuss dietary issues, review age appropriate behaviors, etc.), and growth and development assessment. For older children, this also includes safety and health education counseling.

Child health supervision services rendered during a periodic review is covered only to the extent such services are provided during the course of one visit by or under the supervision of a single physician, physician's assistant or registered nurse.

We cover such charges the same way We treat Covered Charges for any other Sickness, except that this benefit is not subject to any Deductible or Maximum Benefit provision.

What We pay is shown in the Plan of Insurance.

**Mental and Nervous Conditions Expense Benefit:** If an Insured Person requires treatment for a Mental or Nervous Condition, We will pay for such treatment as follows:

### **BENEFITS FOR INPATIENT HOSPITAL CONFINEMENT**

When the Insured Person requires Hospital Confinement for treatment of a Mental or Nervous Condition, We will pay the Covered Percentage of the Covered Charges incurred for such Hospital Confinement on the same basis as any other Sickness as described in Part A, Hospital Room and Board Expense of the Hospital Expense Benefit.

Such confinement must be in a licensed or certified facility, including Hospitals.

What We pay is shown in the Plan of Insurance.

### **BENEFITS FOR OUTPATIENT SERVICES**

We will pay the Covered Percentage of the Covered Charges incurred as shown in the Plan of Insurance for covered outpatient services for the treatment of Mental and Nervous Conditions;

The Mental and Nervous Condition must, in the professional judgement of health care providers, be treatable, and the treatment must be Medically Necessary.

Outpatient Treatment and Doctor services include charges made by an outpatient treatment department of a Hospital or community mental health facility or charges for services rendered in a Doctor's office. Treatment may be provided by any properly licensed Doctor, psychologist or other provider as required by law.

What We pay is shown in the Plan of Insurance.

**Alcohol and Drug Abuse Expense Benefit:** If an Insured Person requires treatment on account of alcoholism, Alcohol Abuse, Drug Abuse or drug dependency, We will pay for such treatment as follows:

#### **BENEFITS FOR INPATIENT HOSPITAL CONFINEMENT**

When the Insured Person is confined as an inpatient in: (i) a Hospital; or (ii) a Detoxification Facility for the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or drug dependency, We will pay the Covered Percentage of the Covered Charges incurred for such Hospital Confinement on the same basis as any other Sickness as described in Part A, Hospital Room and Board Expense of the Hospital Expense Benefit.

Such confinement must be in a licensed or certified facility, including Hospitals.

What We pay is shown in the Plan of Insurance.

#### **BENEFITS FOR OUTPATIENT SERVICES AND INTERMEDIATE CARE**

We will pay the Covered Percentage of the Covered Charges incurred as shown in the Plan of Insurance for covered outpatient services and intermediate care for the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or drug dependency.

Outpatient Treatment and Doctor services include charges for services rendered in a Doctor's office or by an outpatient treatment department of a Hospital, community mental health facility or alcoholism treatment facility, so long as the Hospital, community mental health facility or alcoholism treatment facility is approved by the Joint Commission on the Accreditation of Hospitals or certified by the Department of Health. The services must be legally performed by or under the clinical supervision of a licensed Doctor or a licensed psychologist who certifies every three months that the Insured Person needs to continue such treatment.

Intermediate Care includes the use, in a full 24-hour residential therapy setting, or in a partial, less than 24-hour, residential therapy setting, of any or all of the following therapeutic techniques, as identified in a treatment plan for Insured Persons physiologically or psychologically dependent upon or abusing alcohol or drugs:

- (a) chemotherapy
- (b) counseling
- (c) detoxification services
- (d) other ancillary services, such as medical testing, diagnostic evaluation, and referral to other services identified in a treatment plan.

What We pay is shown in the Plan of Insurance.

**Breast Cancer Diagnostic and Rehabilitative Expense Benefit:** We will pay the Covered Percentage of the Covered Charges for the following.

- (a) breast cancer diagnostic services rendered while Hospital confined or on an outpatient basis, including but not limited to surgical breast biopsy, pathologic examination and mammography screening performed for diagnostic purposes as follows:
  1. one baseline mammogram for insured women age 35 through 39;
  2. one mammogram every year for insured women age 40 and over.
- (b) breast cancer outpatient treatment services, including but not limited to surgery, radiation therapy, chemotherapy, hormonal therapy and related medical follow-up services.
- (c) breast cancer rehabilitative services to improve the result of, or ameliorate the debilitating consequences of, treatment of breast cancer. Covered services may be rendered while Hospital confined or on an outpatient basis and include, but are not limited to, reconstructive plastic surgery, physical therapy and psychological and social support services.

We cover such charges the same way We treat Covered Charges for any other Sickness.

What We pay is shown in the Plan of Insurance.

**Cytologic Screening (Pap Smear) Expense Benefit:** We cover charges for Expenses incurred for an annual Cytologic Screening (Pap Smear) or more frequently when recommended by a Doctor, nurse practitioner, or a certified nurse midwife. Such benefits will include the examination, laboratory fee, and the Doctors interpretation of the laboratory results.

We cover such charges the same way We treat Covered Charges for any other Sickness.

What We pay is shown in the Plan of Insurance.

**Prosthetic Appliance and Orthotic Device Expense Benefit:** If, by reason of Injury or Sickness, an Insured Person requires the use of a Prosthetic Appliance or Orthotic Device, We will pay the Covered Percentage of the Covered Charges incurred by the Insured Person for the purchase, initial fitting, and needed adjustment of such appliances or devices, as shown in the Plan of Insurance.

We do not pay for the replacement of Prosthetic Appliances or Orthotic Devices.

What We pay is shown in the Plan of Insurance.

**Diabetes Expense Benefit:** Covered Charges include those incurred for the following equipment, supplies and educational training for the treatment of an Insured Person with diabetes as determined to be Medically Necessary and prescribed by a Doctor. The term "**diabetes**" includes an Insured Person with:

(a) gestational diabetes; (b) insulin-dependent diabetes; and (c) non-insulin-dependent diabetes.

(a) blood glucose monitors and blood glucose monitors for the legally blind;

(b) test strips for glucose monitors, visual reading and urine testing strips, lancets and spring-powered lancet devices;

(c) syringes;

(d) insulin pumps and medical supplies required for the use of an insulin pump;

(e) diabetes self-management training to ensure that Insured Persons with diabetes are trained as to the proper self-management and treatment of their diabetic condition, subject to the following:

1. Coverage is limited to completion of a certified diabetes education program upon occurrence of either of the following:

(i) if considered Medically Necessary upon the diagnosis of diabetes by a Doctor who is managing the Insured Person's diabetic condition and if the services are needed under a comprehensive plan of care to ensure therapy compliance or to provide necessary skills and knowledge;

(ii) if a Doctor diagnoses a significant change with long-term implications in the Insured Person's symptoms or conditions that necessitates changes in the Insured Person's self-management or a significant change in medical protocol or treatment modalities.

2. Training must be provided by a diabetes outpatient training program certified to receive Medicaid or Medicare reimbursement or certified by the department of community health. Training shall be conducted in group settings whenever practicable.

We cover such charges the same way We treat Covered Charges for any other Sickness.

What We pay is shown in the Plan of Insurance.

**Pre-Admission Tests Expense Benefit:** Notwithstanding any provision in the Policy to the contrary, We will pay benefits for Covered Charges made by a Hospital for use of its outpatient facilities for tests ordered by a Doctor. The tests must be performed as a planned preliminary to the Insured Person's admission as an inpatient for surgery in that same Hospital. However: (a) the test must be necessary for, and consistent with, the diagnosis and treatment of the condition for which surgery is to be performed; (b) reservations for a Hospital bed and for an operating room must be made prior to the date the tests are done; (c) the surgery actually takes place within seven days of pre-surgical tests; and (d) the Insured Person is physically present at the Hospital for the tests.

No benefit shall be payable under this provision in excess of either: (1) the benefits that would have been provided under this Policy had the Insured Person received those tests while confined in the Hospital as a resident bed-patient; or (2) the

Miscellaneous Hospital Expense Maximum shown in the Plan of Insurance for the Miscellaneous Hospital Expense Benefit.

If, by reason of similar benefit provisions elsewhere contained, the Policy provides for reimbursement for the same charges, no benefits shall be payable under these provisions, except to the extent by which the amount of benefit produced under those provisions for a given charge exceeds the amount of benefits produced for that same charge under this provision.

This provision shall apply with respect to the Insured Person only to the extent that the Insured Person is insured under this Policy for Hospital Expense Benefits.

What We pay is shown in the Plan of Insurance.

## **PRESCRIPTION DRUG EXPENSE**

After a co-payment of \$10.00 for generic, \$25.00 for a brand name, or \$35.00 for brand name when generic drug is available. The cost of prescription drugs is payable in full, up to a maximum of \$600 per policy year. Prescriptions must be filled at a Medco Participating Pharmacy. Insured Persons will be given an insurance ID card to show to the Pharmacy as proof of coverage. Before you receive your insurance ID card, if you need to have a prescription filled, go to any pharmacy, pay for the medication in full and save the receipt. Your insurance ID card will include instructions on how to file for reimbursement of prescriptions filled before you received your card. Reimbursement will be at the Medco contracted discount rate and will be less than the rate charged by the pharmacy.

Not all medications are covered. Before you receive your insurance ID card you may contact Collegiate Insurance Resources for a list of participating pharmacies and covered medications or exclusions. After you receive your insurance ID card, no claim forms need to be completed. After you receive the card you may call the toll-free customer service number listed on your card for assistance with pharmacy locations (800-400-0136). The number is effective for

enrolled members only. You will need the Group Number and 15-digit Member Number printed on your insurance ID card. Home Delivery Pharmacy Service is available for medication taken to treat ongoing health conditions. Instructions on how to order will be included with your insurance ID card. If you need your Health Insurance ID card early, please contact Collegiate Insurance Resources.

**PRESCRIPTION DRUG EXPENSE** - Including prescription contraceptive drugs and devices. Up to a maximum of \$600 per Policy Year. Register online at [www.medco.com](http://www.medco.com) for prescription refills, view up to 18 months of prescription history, medication pricing and coverage comparisons, search for a local retail pharmacy, get valuable health information and more.

## **PREFERRED PROVIDER NETWORK**

The Marygrove College Student Accident and Sickness Insurance Plan provides access to hospitals and health care providers locally through the Preferred Provider Organization of Cofinity. The advantage to using a Network Provider is that these providers have agreed to accept a predetermined fee or Preferred Allowance as payment for their services. Consequently, when Insured Persons use Network Providers, Out-of-Pocket expenses will be based on a Preferred Allowance. The Insured Person should be aware that network Provider Hospitals may be staffed with Non-Network Providers. Receiving services or care from a Non-Network Provider does not guarantee that all charges will be paid at the Network Provider level of benefits. It is important that the Insured Person verify that his or her Doctors are Network Providers each time he or she calls for an appointment or at the time of service. The most efficient and accurate way to identify Cofinity Network Providers is by visiting their web site at [www.cofinity.net](http://www.cofinity.net).

## **PRE-EXISTING CONDITIONS**

Pre-existing Condition means a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received during the six (6) months immediately preceding the Effective Date of the Insured Person's coverage under this Policy. The term does not include genetic information in the absence of a diagnosis of the condition related to such information.

The Pre-existing Condition Waiting Period is six (6) months. If an Insured Person receives treatment or service for a Pre-existing Condition: (a) We will not pay benefits for such condition until the day after a six (6) consecutive month period has passed from the Insured Student's effective date, and (b) We will pay only for Loss or expense incurred after such six (6) consecutive month period.

## **CONTINUOUS INSURANCE**

This Policy may be replacing a Prior Plan with another insurer.

**Prior Plan** means the Student Health Insurance policy or policies issued to the Policyholder immediately before the current Policy.

"Injury" or "Sickness" shall include an Injury sustained, or a Sickness first manifesting itself, while the Insured Person is continuously insured under the Prior Plan and became insured under this Policy without a break in coverage.

But no benefits shall be payable for such Injury or Sickness to the extent that such benefits are payable under the Prior Plan for the same expenses. This will apply even though the Prior Plan provided that it will not duplicate the benefits under another Policy.

Also, the total amount of benefits payable for Injury or Sickness under this Policy and the Prior Plan cannot exceed the the Per Condition Aggregate Maximum.

## **COORDINATION OF BENEFITS PROVISION**

Michigan State Law permits Coordination of Benefits when an Insured Person is covered under more than one valid and collectible health insurance plan. A complete description of the Coordination of Benefits provision is included in the Master Policy on file with Marygrove College.

## **APPEALS PROCEDURE**

If a claim is wholly or partially denied, a written notice will be sent to the Insured Person containing the reason for the denial. The notice will include a reference to the provision in the Plan description and a description of any additional information which might be necessary for reconsideration of the claim. The notice will also describe the right to appeal.

A written appeal, along with any additional information or comments, may be sent within 6 months after notice of denial. In preparing the appeal, the Insured Person, or his or her representative, may review all documents related to the claim and submit written comments and issues related to the denial. After the written notice is filed and all relevant information is presented, the claim will be reviewed and a final decision sent within 60 days after receipt of the notice of the appeal. Under special circumstances, an extension for further review will be granted, but not for longer than 60 additional days.

## **SUBROGATION AND RECOVERY RIGHTS**

**RIGHT TO SUBROGATION:** If, after payments have been made under this Policy, any person has the right to recover damages from a responsible third party, Our right will be subrogated to that person's right to recover. The Insured Person will do whatever is necessary to enable Us to exercise Our right and will do nothing after Loss to prejudice it. If We are precluded from exercising Our Right to Subrogation, We may exercise Our Right to Reimbursement.

**RIGHT TO REIMBURSEMENT:** If benefits are paid under this Policy and any person recovers from a responsible third party by settlement, judgement or otherwise, We have a right to recover from that person an amount equal to the amount We paid. However, We will reimburse the Insured Person for any charges on a pro-rata basis for any expense incurred in securing the settlement, judgment or otherwise.

**LIMITATION TO OUR RECOVERY RIGHTS:** We may exercise Our Right to Subrogation against responsible third parties unless We are precluded from enforcing such right where a responsible third party has extinguished its liability or has been relieved of liability by contract or operation of law. If We are precluded from exercising Our Right to Subrogation, We may exercise Our Right to Reimbursement.

We, in exercising Our Right to Subrogation, will not seek to recover more than We paid under the Policy. We, in exercising Our Right to Reimbursement, will not seek to recover more than the amount recovered from a responsible third party.

## **EXTENSION OF BENEFITS**

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If an Insured Person is confined to a Hospital on the day his or her insurance terminates, expenses incurred after such termination date and during the continuance of that hospital confinement shall be payable in accordance with this Plan, but only for Expenses incurred during the 31-day period following such termination of insurance.

## **CLAIMS PROCEDURE**

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In the event of an Injury or Sickness the Insured Person should:

1. If at Marygrove College report to the nearest Doctor or hospital.
2. Submit claim form to the Administrative Concepts, Inc. (ACI) within 30 days after the date of the Injury or commencement of the Sickness or as soon thereafter as is reasonably possible.
3. Complete the Claim Form in full and sign it.
4. The completed and signed Claim Form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to the Claims Administrator, ACI, at the address on the back of the brochure.
5. Itemized medical bills must be attached to the Claim Form at the time of submission. Claims cannot be processed from "Balance Due" statements. Subsequent medical bills should be mailed promptly to the Plan Manager at the address below. No additional Claim Forms are needed as long as the Insured Person's/ Student's name and identification number are included on the bill.
6. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to ACI at 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087 or call 888-293-9229. Office hours are 8:00 a.m. to 5:00 p.m. (EST) Monday through Friday.

## **EMERGENCY MEDICAL EVACUATION EXPENSE BENEFIT**

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This benefit applies to Domestic Students and International Students while insured under this Plan. We will pay for benefits for the Covered Expenses incurred, up to \$10,000 if any Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person. Emergency Medical Evacuation means (a) the Insured Person's medical condition warrants immediate Transportation from the place where the Insured Person is injured or ill to the nearest Hospital or home residence where appropriate medical treatment can be obtained; or (b) for International Students after being treated at a local Hospital; the Insured Person's medical condition warrants Transportation to his/her Home Country to obtain further medical treatment to recover. All Transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical conveyance; and (b) approved in advance by the Company. Expenses for special transportation must be: (a) recommended by the attending Doctor; or (b) required by the standard regulations of the conveyance transporting the Insured Person. Special transportation includes, but is not limited to: air ambulance, land ambulance and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending Doctor.

## **REPATRIATION OF REMAINS EXPENSE BENEFIT**

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This benefit applies to Domestic Students and International Students while insured under this Plan. In the event of the death of an Insured Person, We will pay the actual charges up to a maximum of \$10,000 for preparation and transportation of the Insured Person's remains to his or her home country. This will be in accord with all legal requirements in effect at the time the body remains are to be returned to his or her Home Country. The death must occur while the person is insured for this benefit. Covered expenses include expenses for embalming, cremation, coffins, and transportation. Repatriation of remains must be approved in advance by the Company.

## **TRAVEL ASSISTANCE SERVICES**

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Included in this health insurance program is access to a 24-hour worldwide assistance network for emergency assistance anywhere in the world. Simply call the assistance center collect. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. The following services are included in this Plan:

1. Referral to the nearest, most appropriate medical facility, and/or Provider.
2. Medical monitoring by board certified emergency physicians in the United States.
3. Urgent message relay between family, friends, personal physician, school and insured.

4. Guarantee of payment to Provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriations.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

Contact On Call International for any of these services:

Toll Free from U.S. and Canada: 800-850-4556  
 Dial Direct or Call Collect Worldwide: 603-898-9159  
 Fax: 603-898-9172  
 On-line: [www.oncallinternational.com](http://www.oncallinternational.com)

### **24-HOUR NURSE ADVICE LINE**

Students may utilize the Nurse Advice Line anytime they need confidential medical advice. On Call International provides Members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Members). Nurses shall not diagnose Member's ailments. Students must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the Nurse Advice program, which is sponsored by the school. This program gives Insured students access to a toll-free nurse information line 24-hours a day, 7 days a week. To access a wealth of useful health care information, contact the Nurse Advice Line at 1-800-850-4556.

### **EXCLUSIONS**

The Policy does not cover nor provide benefits for:

1. Preventative medicines, serums, immunizations, or vaccines, except as specifically provided;
2. Routine periodical physical examinations, except as specifically provided;
3. Organ transplants, except as specifically provided;
4. Hospice services, except as specifically provided;
5. Pre-existing Conditions as defined in this Policy.
6. Nonprescription drugs or medicines;
7. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Insured Person;

8. Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports, intercollegiate club sports, and professional sports;
9. Injury resulting from motor vehicle accident to the extent that benefits are payable under any automobile medical expense insurance or automobile no-fault plans;
10. Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect;
11. Illness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungi-cord jumping;
12. Correction of congenital defects except as specifically provided;
13. Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to natural teeth. This exclusion does not apply to any benefits specifically provided in an attached Amendatory Rider;
14. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain;
15. Medical services that are not Medically Necessary or that do not conform with medical standards of practice within the community. Also services and supplies in connection with Experimental or Investigational Care for the terminally ill;
16. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
17. Charges for treatment of any Injury or Sickness due to an Insured Person's commission of, or attempt to commit a felony, or a crime which would be considered a felony if prosecuted;
18. Injury due to participation in a riot;
19. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
20. For services or supplies rendered by a close relative of the Insured Person. By "close relative" We mean an Insured Person's spouse, children, parents, brothers and sisters;
21. Personal hygiene/convenience items; telephone consultations, missed appointments, photocopies or medical records, or completion of claim forms; expenses incurred for custodial care or services not needed to

- diagnose or treat an Injury or Sickness, including but not limited to services related to the activities of daily living;
22. For services, supplies or treatment, including any period of Hospital Confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses non-medical in nature;
  23. Expenses incurred in connection with foot care only to improve comfort or appearance such as care for weak, strained or flat feet; subluxation; corns; calluses; bunions, except open cutting operations; routine care of toenails, except for the removal of the nail root and necessary services in treatment of metabolic or peripheral-vascular disease; treatment of the instability and imbalance of the feet; and any tarsalgia, metatarsalgia. Expenses incurred for the care and treatment of Injury, infection, or disease are not excluded;
  24. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
  25. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity;
  26. Expenses incurred for transsexual surgery or any treatment leading to or in connection with transsexual surgery;
  27. Marriage, family, and group counseling;
  28. Services or supplies primarily for educational, vocational or training purposes, except the initial visit to diagnose and determine if a medical condition is causing a learning disability;
  29. Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multiphasic testing, or lasix or other vision procedures except as required for repair caused by a covered Injury;
  30. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
  31. Expenses for any service or supply not specified in this Policy as a covered service;
  32. An amount of a charge in excess of the Reasonable and Customary Expense;
  33. Elective Treatment or elective surgery, except as specifically provided;
  34. Services not Medically Necessary;
  35. Expenses for emergency room treatment for an Injury or Sickness not a Medical Emergency as defined in this Policy, including emergency "follow-up" visits;
  36. 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;
  37. For International Students, expenses incurred within the Insured Person's Home Country or Country of regular domicile;
  38. Suicide, attempted suicide, or intentionally self-inflicted injury;
  39. Injuries incurred by the Insured Person while intoxicated or under the influence of any drug unless taken as prescribed by a Doctor;
  40. Expense incurred for: tubal ligation; vasectomy; breast implants; breast reduction; sexual reassignment surgery; impotence (organic or otherwise); non-cystic acne; non-prescription birth control; submucosa resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism; and learning disabilities or disorders or Attention Deficit Disorder;
  41. Expense incurred for any service, treatment or supply for the diagnosis or treatment of sexual dysfunction (including erectile dysfunction). This includes, but is not limited to, drugs, laboratory and x-ray tests, counseling, transsexual procedures or penile prostheses necessary due to any medical condition or organic disease. A penile prosthesis will be eligible for payment only after prostate surgery; Doctor-prescribed Viagra will be limited to six (6) tablets per month;
  42. Expenses incurred for any experimental drug or drug combination which the Federal Food and Drug Administration (FDA) has not approved for any indication, or for any drug which the FDA has determined to be contraindicated for a particular condition;
  43. Expenses incurred for replacement braces and appliances, except for repair or replacement that is required by a changed condition due to Sickness or Injury;
  44. Alternative health care, including (but not limited to) acupuncture, except as specifically provided, acupressure, biofeedback, reflexology and rolfing type services;
  45. Services, supplies and facility that are provided mainly for a rest cure, maintenance or custodial care;
  46. Care, treatment or supplies furnished by a program or agency funded by any government;
  47. Hospital inpatient admissions primarily for diagnostic studies when bed care is not Medically Necessary;
  48. Nicotine addiction;
  49. Patient controlled anesthesia;
  50. Spinal manipulation, including adjustment and other chiropractic-type services.