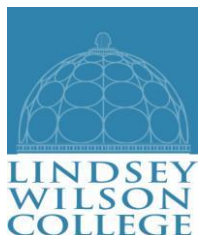


# Lindsey Wilson College Student Accident Plan



Effective August 1, 2016 to August 1, 2017

## **CLAIMS ADMINISTRATOR ARC ADMINISTRATORS**

P.O. Box 12290  
Lexington, Kentucky 40582 (877) 309-2955

## **CLAIM PROCEDURE**

Students should obtain treatment from the Blue Raider Sports Medicine first. If the Blue Raider Sports Medicine office is closed, or if you believe it is an emergency, students should obtain treatment from the nearest Physician or Hospital.

All hospital and medical bills must be submitted for payment to the plan's Claims Administrator within 90 days after the first date of treatment. Failure to furnish this information within the 90-day period shall not invalidate nor reduce the insured's claim if it was not reasonably possible to file the claim within this time, provided that the claim is submitted as soon as is reasonably possible. In no event, except in the absence of legal capacity, will a claim be honored later than one (1) year from the date of last medical treatment.

## **PROVIDER NET WORKS**

The Plan has contracted with HealthLink and MultiPlan as the medical Preferred Provider Organizations (PPO) for its participants. Charges at participating providers are greatly reduced.



[www.healthlink.com](http://www.healthlink.com)



[www.multiplan.com](http://www.multiplan.com)

## **DESCRIPTION**

This brochure provides a brief description of the important features of the Student Accident Plan. It is not a policy. Terms and conditions of the coverage are set forth in the Plan Document. All covered persons will be notified of any material changes to the Plan. Please retain this brochure for reference.

## **EFFECTIVE DATE OF COVERAGE**

The Student Accident Plan becomes effective August 1, 2016 and individual student coverage is provided during the period for which the student meets all eligibility requirements. Coverage under the Plan terminates at 12:01 a.m. on August 1, 2017.

## **COVERAGE**

The Student Accident Plan is a self-funded plan sponsored by Lindsey Wilson College and is administered by ARC Administrators. All claims will be paid by ARC Administrators as outlined in the Plan Document. The Plan covers expenses incurred for accidental bodily injury as outlined in the Plan Document. A summary of benefits is included in this brochure

## **IMPORTANT NOTICE**

Students should obtain treatment from the Blue Raider Sports Medicine first. If the Blue Raider Sports believe it is an emergency, students should obtain treatment from the nearest Physician or Hospital.

Blue Raider Sports Medicine

Office Phone: 270-384-8238 • Fax: 270-384-8239

Office Hours: Mon-Fri 7:30 a.m. – 4:30 p.m.

Nurse Phone: 270-384-8138

Nurse Hours: Tues, Wed, Thurs 8:00 a.m. – 12:00 p.m.

## **ELIGIBILITY**

All registered, main campus students taking a minimum of six (6) credit hours as well as intercollegiate athletes are automatically enrolled in the plan. Coverage is mandatory and cannot be waived.

The Plan maintains its right to investigate student status and attendance records to verify that the Plan eligibility requirements have been and continue to be met. If and whenever the Plan discovers that the Plan eligibility requirements have not been or are not being met, the Plan will deny any claims incurred during the period when the eligibility requirements were not met.

Coverage is effective at 12:01 a.m. on August 1, 2016.

Coverage terminates at 12:01 a.m. on August 1, 2017.

## **EXCESS PROVISION**

Even if you have other insurance, the Plan may cover unpaid balances, deductibles and pay those eligible medical expenses not covered by other insurance. Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for injury which is paid or payable by Other Medical insurance.

We will not duplicate benefits for expenses covered by any Other Valid and Collectible medical, health or accident insurance or prepayment plan. Our liability for benefits payable due to expenses incurred will be limited to the part of the expenses, if any, that is in excess of the total benefits payable by Other Valid and Collectible insurance on an expense incurred or provision of service basis. Benefits payable under the Plan will be excess and secondary to such other coverage.

## **DEFINITIONS**

**Covered Charge:** The Reasonable and Customary Charge incurred for a service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of an Injury. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

**Doctor:** A legally qualified person licensed in the healing arts and practicing within the scope of his or her license and is not a Family Member.

**Hospital:** An institution licensed, accredited or certified by the State which: Is accredited by the Joint Commission on Accreditation of Healthcare Organizations; Provides 24-hour nursing service by licensed registered nurses (R.N.); Mainly provides diagnostic and therapeutic care under the supervision of Doctors while Hospital Confined; and Maintains permanent surgical facilities or has an arrangement with another surgical facility supervised by a staff of one or more Doctors. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities. Hospital does not include a place, special ward, floor or other accommodation used for: custodial or educational care; rest; the aged; a nursing home; or an institution mainly rendering treatment or services for Mental or Nervous Disorders; or an institution mainly rendering treatment or services for substance abuse, except as specifically provided in the Policy.

**Hospital Confined/Hospital Confinement:** Confinement in a Hospital for at least 18 consecutive hours for which a room and board charge is made by reason of an Injury for which benefits are payable.

**Injury:** Bodily injury due to an Accident which results solely, directly and independently of disease, bodily infirmity or any other causes. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries are considered a single injury.

**Other Medical Insurance:** Any reimbursement for or recovery of any element of Covered Charges incurred available from any other source whatsoever, except gifts and

donations, but including without limitation: Any individual, group, blanket, or franchise policy of accident, disability or health insurance; any arrangement of benefits for members of a group, whether insured or uninsured; any prepaid service arrangement such as Blue Cross or Blue Shield; individual or group practice plans, or health maintenance organizations; any amount payable for hospital, medical or other health services for accidental bodily injury arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any motor vehicle insurance policy; any amount payable for services or injuries or diseases related to the Covered Person's job to the extent that he actually received benefits under a Worker's Compensation Law. If the Covered Person enters into a settlement to give up his rights to recover future medical expenses that would have been payable except for that settlement; Social Security Disability Benefits, except that Other Medical Insurance shall not include any increase in Social Security Disability Benefits payable to a Covered Person after he becomes disabled while insured hereunder; any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.

**Pre-existing Condition:** A Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 6 months prior to the Covered Person's effective date of coverage under the Plan or a pregnancy existing on the Covered Person's effective date of coverage under the Plan.

**Reasonable and Customary Charges, Fees or Expenses:** An amount equal to the lesser of: The actual amount charged by the provider; the negotiated rate, if any; or the reasonable charge as determined by the Payment System software as shown in the Schedule.

**Sickness:** Illness, disease, and Complications of Pregnancy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness. Sickness will also include normal pregnancy.

### **PRE-EXISTING CONDITION LIMIT AT ION**

Pre-existing conditions are not covered for the first six months following a Covered Person's Effective Date of coverage under the Plan. The limitation will not apply if:

The Covered Person has been continuously covered under this Plan for more than 12 months. By being "Continuously Covered" means a person has been continuously covered under this Plan and prior student health insurance policies issued to the Policyholder. Persons who have remained continuously covered will be covered for an Injury which was payable while continuously covered except for expenses payable under prior policies or in the absence of this Plan. Previously enrolled persons must reenroll for coverage within 30 days of the end of the prior coverage in order to avoid a break in

coverage for an Injury which existed in prior coverage periods. Once a break in continuous coverage occurs, the definition of Injury will apply in determining coverage for any Sickness or Injury which existed during such break. Or the individual seeking coverage under the Plan has an aggregate of 18 months of Creditable Coverage and becomes eligible and applies for coverage under the Plan within 63 days of termination of prior Creditable Coverage. The Plan will credit the time the individual was covered under prior Creditable Coverage.

### **EXCLUSIONS**

- Treatment, services or supplies which are not medically necessary; are not prescribed by a doctor as necessary to treat an injury; are determined to be experimental or investigational in nature by the Plan; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any family member.
- Services that are provided normally without charge by the Student Health Center; services for fees provided by the Plan Sponsor; or services rendered by any person employed by the Plan Sponsor, including team doctor and trainers, or any other service provided at no cost.
- War or any act of war, declared or undeclared, or while in the armed forces of any country
- Injuries caused by, or resulting from, the use of alcohol, controlled substance, illegal drugs, or any other drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person's doctor.
- Intentionally self-inflicted injury, suicide or any attempt of such
- Any loss covered by state or federal worker's compensation law, employer's liability law, occupational disease law, or similar laws or acts.
- Cosmetic surgery other than reconstructive surgery incidental to or following surgery from trauma, infection or other diseases of the involved part, or reconstructive surgery because of a congenital disease or anomaly as provided for dependent newborns.
- 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 commercial scheduled airline.
- Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense.
- Surgery and/or treatment for acne, allergy, including allergy testing, nonmalignant warts, moles and lesions, unless medically necessary; hair growth or removal; sleep disorders, including testing thereof and weight reduction.
- Reproductive/Infertility services including, but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the

purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures.

- Dental treatment, except as specifically provided for by the Plan.
- Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of injury.
- Eye examinations, prescriptions or the fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a Covered Expense associated with an injury covered by the Plan.
- All forms of abortion and charges related thereto, unless it is an involuntary and medically unassisted act or deemed medically necessary by a doctor with the sole criteria that the mother's life is in immediate danger.
- Injury of any Covered Student sustained while: participating in any school, professional or organized sports contest or competition, traveling to or from such sport, contest or competition, during participation in any practice or conditioning program for such sport, contest or competition unless specifically provided for by the Plan.
- Travel in or upon a snowmobile; any two-or-three wheeled vehicle; or any off -road motorized vehicle not requiring licensing as a motor vehicle; bungee jumping, skydiving, parasailing or paragliding.

### **CLAIM APPEAL**

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), a Covered Person who disagrees with how a claim was processed may appeal that decision.

The Covered Person must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc.

Please submit all appeal requests to:

**ARC ADMINISTRATORS**  
P.O. Box 12290  
Lexington, Kentucky 40582  
(877) 309-2955