

# MEDICAL BENEFITS

## CONDITIONS OF COVERAGE

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This *policy* only covers losses resulting from *accidental injuries* and *emergency illness*. The following conditions of coverage must be met for expense incurred for services or supplies to be covered under this plan.

1. The *accidental injury* or *emergency illness* causing the expense must occur while the *insured person* is covered under this plan.
2. a. In connection with an *accidental injury*:
  - the first expense the *insured person* incurs for the treatment of the injury must be incurred within one hundred twenty days of the date of the injury; and
  - all other expense they incur for the treatment of the injury must be incurred within one year of the date of the injury.
- b. In connection with an *emergency illness*, the *insured person* must incur this expense prior to the end of the semester in which the illness commences.

Expense is incurred on the date the *insured person* receives the service or supply for which the charge is made.

3. The expense must be for a medical service or supply furnished to an *insured person* as a result of *emergency illness* or *accidental injury*, unless a specific exception is made.
4. The expense must be for a medical service or supply included in MEDICAL BENEFITS: MEDICAL CARE THAT IS COVERED. Additional limits on covered charges are included under specific benefits and in the SCHEDULE OF BENEFITS.
5. The expense must not be for a medical service or supply listed in MEDICAL BENEFITS: MEDICAL CARE THAT IS NOT COVERED. If the service or supply is partially excluded, then only that portion which is not excluded will be considered covered under this plan.
6. The expense must not exceed any of the maximum benefits or limitations of this *plan*.
7. Any services received must be those which are regularly provided and billed by the *provider*. In addition, those services must be consistent with the illness, injury, degree of disability and the *insured person's* medical needs. Benefits are provided only for the number of days required to treat the *insured person's* illness or injury.
8. All services and supplies must be ordered by a *physician*.

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## SCHEDULE OF BENEFITS

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### Maximum per Accident

The maximum is determined by the nature of the *insured person's* activities at the time of the accident.  
(See Deductible above .)

- *Student Activities* Maximum ..... **\$50,000**  
per accident
- *Class 1 Athletic Activities* Maximum..... **\$25,000**  
per accident
- *Class 2 Athletic Activities* Maximum..... **\$25,000**  
per accident
- *Child of Student in Child Care Facility Activities* Maximum ..... **\$50,000**  
per accident

### Maximum per Emergency Illness

- For all covered services ..... **\$500**  
for all emergency illness per semester

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## MEDICAL BENEFITS

### CLASSES OF PERSONS INSURED

- *Students* -
  - while attending regularly scheduled classes at college; or
  - while attending college-sponsored activities, including *club activities*, or traveling under college supervision to and from college sponsored events.
- *Student Athletes* -
  - while participating in or attending any regularly scheduled practice or competition supervised by an authorized representative of the college; or
  - while traveling directly to and from practice or competition with other members as a group, provided such travel is supervised by an authorized representative of the college.
- *Child(ren) of Students* -
  - while in or about the child care facility provided by the college, provided that the facility is on the college campus; or
  - while attending “Mommy and me” classes provided by the college with their *student* parent, if applicable.
- *High Risk Students* -
  - *students* who have paid the appropriate premiums, attending Fire or Police Academies associated with the college.

### DEDUCTIBLES

#### Per Accident Deductibles

The deductible is determined by the nature of the *insured person's* activities at the time of the accident, as follows.

- *Student Activities* Deductible..... **None**
- *Class 1 Athletic Activities* Deductible ..... **None**
- *Class 2 Athletic Activities* Deductible ..... **None**
- *Child of Student in Child Care Facility Activities* Deductible ..... **None**

**Note:** No deductible applies to Emergency Illness.

### PAYMENT RATE

After the Per Accident Deductible has been satisfied, we will pay the following percentages of the *maximum allowed amount*.

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- Participating Providers ..... 100%
- All other Providers..... 50%\*

\*But, it will be 100% for the *maximum allowed amount* incurred: (a) in SKILLED NURSING FACILITIES, and (b) for EMERGENCY SERVICES (**for the first 48 hours only**, unless, the *insured person* cannot be safely moved).

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## SCHEDULE OF BENEFITS

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### MEDICAL BENEFIT MAXIMUMS

We will pay, for the following services and supplies, up to the maximum amounts, or for the maximum number of days or visits shown below:

#### Skilled Nursing Facility

- For covered *skilled nursing facility* care..... **100 days**  
per accident

#### Home Health Care

- For covered home health services ..... **100 visits**  
per accident

#### Prosthetic Devices

- For covered supplies and services ..... **\$1,000**  
per accident

#### Durable Medical Equipment

- For covered charges for rental or purchase ..... **\$2,000**  
per accident

#### Physical Therapy, Physical Medicine and Occupational Therapy

- For covered outpatient services..... **\$24**  
visits per accident
- For each covered visit when provided  
by a *non-participating provider*..... **\$25**  
per visit

#### Dental Injury

- For all covered services ..... **\$2,000**  
per accident

#### Acupuncture

- For all covered services ..... **\$25**  
per visit, for up to 12 visits  
per accident

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## PRE-EXISTING CONDITION EXCLUSION

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No payment will be made for services or supplies for the treatment of a *pre-existing condition*. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a six-month period prior to the *insured person's* coverage under this *plan*. Generally, this six-month period ends the day before the *insured person's* coverage becomes effective. However if the *insured person* were subject to a waiting period for coverage, the six-month period ends on the day before the waiting period begins. The *pre-existing condition* exclusion does not apply to pregnancy nor to a child who is enrolled in the *plan* within 31 days after birth, adoption, or placement for adoption.

This exclusion may last up to six months from the *insured person's* first day of coverage or, if the *insured person* was in a waiting period, from the first day of their waiting period (see "Eligibility Date" under the section HOW COVERAGE BEGINS AND ENDS). However, the *insured person* can reduce the length of this exclusion period by the number of days of their prior *creditable coverage*. Most prior health coverage is *creditable coverage* and can be used to reduce the *pre-existing condition* exclusion if the *insured person* has not experienced a significant break in coverage. The maximum allowable break in coverage is 180 days if the *insured person's* prior coverage was provided through an employer and ended because the *insured person's* employment (or the person's employment through whom the *insured person* had this coverage) ended, the availability of coverage through employment or sponsored by an employer has terminated, or an employer's contribution toward health coverage has terminated. For prior coverage that was not provided through an employer, such as individual coverage or coverage through a government program such as Medicaid, the maximum allowable break in coverage is 63 days. Please see "Creditable Coverage" in the DEFINITIONS section for a complete list of the types of coverage for which credit is given.

To reduce the six-month exclusion period by the *insured person's* *creditable coverage*, the *insured person* should give us a copy of any certificates of creditable coverage they have. There is no time limit within which the *insured person* must provide a certificate in order to receive credit for prior coverage. If the *insured person* does not have a certificate, but do have prior health coverage, we will help the *insured person* obtain one from their prior plan or carrier. There are also other ways that the *insured person* can show they have *creditable coverage*. Please contact Anthem Blue Cross Life and Health if the *insured person* needs help demonstrating *creditable coverage*. All questions about the *pre-existing condition* exclusion and *creditable coverage* should be directed to the customer service.