

CLAIMS

In the event of an accident or a sickness:

- Unless it is an emergency, report to the Bryn Mawr College Health Center, when it is open. If the Bryn Mawr College Health Center is not open, consult a doctor; follow his/her instructions.
- 1. The physicians and hospitals may submit itemized bills directly to ACI electronically using Payor # 22384 or mailing them to the address below.
- 2. Complete a claim form and mail it to ACI within 30 days of the date of the Injury or commencement of the Sickness, or as soon thereafter as possible. Mail the claim form to Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087-1802.
- 3. Claim forms are available online at www.visit-aci.com or by calling 888-293-9229. If the providers have given you bills, attach them to the claim form.
- 4. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to ACI. Online claim status is available at www.visit-aci.com or by calling 888-293-9229. Select option "2" for Customer Service
- 5. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills received after the initial claim form has been submitted should be mailed promptly to ACI. No additional claim forms are needed as long as the Insured Person's name and identification number are included on the bill.

IMPORTANT NUMBERS

THE SINGLE SOURCE FOR ALL OF YOUR INQUIRIES

▶ **GENERAL INSURANCE QUESTIONS**



172 Bechtel Road, Collegeville, PA 19426

Phone.....800-322-9901

Fax.....610-489-9325

Website.....www.cirstudenthealth.com/brynmawr

DIRECT CONTACT INFORMATION

- ▶ **BMC HEALTH CENTER**.....610-526-7360
- ▶ **CLAIM ADMINISTRATOR (ACI)**
Claim & benefit questions & online claim status:
Administrative Concepts, Inc
994 Old Eagle School Road, Suite 1005, Wayne, PA 19087
Toll Free.....888-293-9229
Website.....www.visit-aci.com
- ▶ **TRAVEL ASSISTANCE**
Toll Free.....800-398-6922
Local.....202-463-3979
Website.....www.europassistance-usa.com

**INTERNATIONAL
STUDENT
ACCIDENT AND SICKNESS
INSURANCE PLAN**

**BRYN MAWR
COLLEGE**



2009 - 2010

POLICY: BSA-00034

POLICY UNDERWRITTEN AND OFFERED BY
BCS INSURANCE COMPANY

INTRODUCTION

This information is a brief description of important features of this Insurance Plan. It is not a contract. Terms and conditions of coverage are set forth in policy number BSA-00034 issued in Pennsylvania to Bryn Mawr College, the Policyholder. The Policy is available for review at the College. Please keep this material with your important papers.

POLICY TERM

Annual coverage begins at 12:01 a.m. on August 15, 2009 and continues until 12:01 a.m. on August 15, 2010.

ELIGIBILITY

To supplement the benefits and services of the Bryn Mawr Health Center, the College provides its international students with an International Student Accident and Sickness Medical Insurance Plan.

▶ Waiver

International students who have comparable or better coverage under another policy may waive enrollment in the plan by completing the online Insurance Registration Process. Waivers must be completed by September 4, 2009. Students who lose other coverage during the school year should contact the College Health Center.

ANNUAL CHARGE

Student	\$ 1,192.00
Spouse (Additional)	\$ 1,989.00
Child(ren) (Additional)	\$ 2,770.00

HEALTH CENTER

In the absence of a medical emergency, the student should first be seen at the Health Center for any health problem unless it is during an academic vacation period when the Health Center is closed.

The Bryn Mawr Health Center is open at all times when school is in session. The Health Center is closed over Thanksgiving, Fall, Winter, Spring and Summer breaks.

In order to use the Health Center, graduate/Postbac students must pay an ADDITIONAL Health Center fee of \$406 on top of the insurance premium.

DEPENDENTS

Your lawful spouse and unmarried dependent children under age 19 who are not self-supporting, may also become Covered Persons. You are under no obligation to enroll them in this coverage. However, you must enroll for this coverage for your dependents and pay the required premium before their coverage will take effect. The last date for voluntary open enrollment is September 4, 2009, for Fall Semester and 30 days beyond the first day of classes for Spring and Summer Semesters.

- ▶ **Newborn Children** - All newborn children of any Covered Person are automatically covered at birth for 31 days for the same benefits as provided to any other Covered Person.

Coverage applies for any covered Injury or Sickness commencing during the 31 day period from the date of birth including medically diagnosed congenital defects, birth abnormalities, prematurity and routine nursery care. The Covered Person may continue coverage beyond 31 days upon enrollment within the 31 day period from the date of birth. A child adopted by a Covered Person will be covered on the same basis as a newborn child from the date of placement for the purpose of adoption. Coverage will continue unless the placement is disrupted prior to legal adoption and the child is removed from placement.

- ▶ **Enrollment Period** - Students wishing to purchase coverage for their eligible dependents must enroll them during the open enrollment period at the beginning of the Fall Semester. Late enrollment, after September 4, 2009 is considered only if a change has occurred in your insured status regarding coverage that was in-force during the open enrollment period. The Spring Semester enrollment is available only for new students (and their eligible dependents) first entering the College for the Spring Semester.

DESCRIPTION OF BENEFITS

In the event of a loss from Injury or Sickness, the Company will pay the Usual, Reasonable and Customary Covered Expenses incurred while insured and within 52 weeks from the date of the accident or first treatment of the sickness. Covered Medical Expenses consist of the following subject to the benefit limits described in this brochure.

Abortion Expense - Up to \$500 for a therapeutic or voluntary termination of pregnancy.

Ambulance Expense Benefit - Up to a maximum of \$250 when you require local ambulance transportation for treatment at a hospital.

Anesthetists Expense Benefit - If, when you have a surgical operation, you are anesthetized and charges are not made by the hospital for the services of an anesthetist or anesthesiologist, we will pay for those services not to exceed 25% of the payment we make for the surgical operation.

Consultant Expense Benefit - While you are covered by the policy and the attending physician recommends a consulting physician solely for the purposes of diagnosis.

Dental Benefit for Injury Only - Up to \$250 per tooth, up to \$1,000 per policy year.

Diabetes Expense - If, by reason of Sickness, a Covered Person incurs Expenses for the following equipment and supplies for the treatment of diabetes, BCS will pay benefits on the same basis as any other Sickness. Such equipment and supplies must be recommended or prescribed by a Doctor. The covered Expense includes but is not limited to: lancets and automatic lancing devices; glucose test strips; blood glucose monitors; blood glucose monitors for the visually impaired; control solutions used in blood glucose monitors; diabetes data management systems for management of blood glucose; urine testing products for glucose; oral anti-diabetic agents used to reduce blood sugar levels; alcohol swabs; syringes; injection aids; cartridges for the visually impaired; disposal insulin cartridges and pen cartridges; insulin preparations; insulin pumps; insulin infusion devices; oral agents for treating hypoglycemia; glucagon for injection to increase blood glucose concentration. Coverage is provided for Medically Necessary diabetes self-management education and education relating to diet.

Diagnostic X-ray, Laboratory and Prescription Drugs Expense

Benefit - For outpatient x-rays, laboratory tests, or medicines when referred by the attending physician. This benefit does not apply to emergency treatment. Medicines prescribed for treatment of Mental and Nervous Disorders are limited to \$500.

Emergency Hospital Outpatient Expense Benefit - For emergency care in the outpatient department of a hospital when treatment is rendered within 72 hours from the date of accident or the commencement of the sickness. *Non-emergency conditions treated in the Emergency Room are subject to a \$25 deductible.*

Home Health Care Expense - When by reason of sickness or injury, a Covered Person incurs expenses for covered home health care services, BCS Insurance Company will pay the Reasonable and Customary charges, subject to the following conditions: the service must be: (a) Medically Necessary; (b) furnished by, or under arrangements made by, a licensed Home Health Agency; (c) covered under a home care plan; (d) this plan must be established pursuant to the written order of a doctor and the doctor must renew that plan monthly; (e) delivered in the patient's place of residence on a part-time, intermittent, visiting basis while the patient is confined as a result of Injury or Sickness.

Benefits will be provided for no more than 60 home health care visits in any period of 12 consecutive months. The amount payable will not exceed the Hospital Room and Board Benefit rate for the first three visits or one-half the Hospital Room and Board Benefit rate for subsequent visits. Payment of this benefit is subject to all other terms and conditions of the Policy.

Hospital Room and Board Benefit - When you are confined as an inpatient in a hospital, we will pay the average semi-private room rate per day for room and board. Intensive Care Facility charges will be limited to \$1,000 per day.

Maternity Benefit - We will pay the same hospital and physician benefits for maternity as for any other covered sickness.

Mental & Nervous Disorders Expense Benefit - This benefit is limited to one Inpatient or Outpatient occurrence per lifetime under the policy.

- ▶ **Outpatient** - If an Insured Person requires treatment for a mental and nervous disorder while not hospital confined, We will pay for the Reasonable and Customary Expenses incurred, up to \$500 per policy year.
- ▶ **Inpatient** - If an Insured Person requires treatment for mental and nervous disorder - during hospital confinement, We will pay up to 50% for the Reasonable and Customary Expense incurred for any such confinement on the same basis as any other Sickness, up to a maximum of 30 days per policy year.

Miscellaneous Hospital Expense Benefit - When you are confined as a hospital inpatient and treatment includes: x-ray examination, laboratory tests, medicines, surgical dressings, anesthetic, use of operating room or other necessary hospital treatment. Miscellaneous expenses do not include expenses for telephones, radio or television, extra beds or cots, meals for guests, take home items or other convenience items.

Motor Vehicle Accident Benefit - Up to a maximum of \$10,000 for Injuries sustained by reason of a covered motor vehicle accident.

Nurse Expense Benefit - When you are hospital confined and require the full-time employment of a registered nurse. If you are

confined in an intensive care unit, the benefit for Nurse Attendance will be applied to the cost of intensive care for up to 5 days. When this occurs, no payment will be made for Nurse Attendance.

Physician Visit Expense Benefit - When you receive non-surgical medical treatment from a physician, both in and out of the hospital.

Preventive and Primary Care Benefit - Expenses incurred by Covered Dependent Children up to 18 years of age for preventive and primary care services as described below are considered Covered Expenses and will be payable under the Policy to the same extent as any other Covered Expenses incurred for the Treatment of a covered Injury or Sickness.

"Preventive and Primary" care services include physical examinations, measurements, sensory screening, neuropsychiatric evaluation, and development screening. Services also include, as recommended by the physician, heredity and metabolic screening at birth, urinalysis, tuberculin tests, and hematocrit, hemoglobin, and other appropriate blood tests, including tests to screen for sickle hemoglobinopathy. Coverage shall include unlimited visits for children up to the age of 12 years, and 3 visits per year for minor children ages 12 years up to 18 years of age.

- ▶ **Immunizations** - Benefits will be paid for the eligible expenses for childhood immunizations. This benefit is exempt from the deductible.

Reconstructive Breast Surgery Benefit - Expenses incurred by a Covered Person for Reconstructive Breast Surgery are considered Covered Expenses and will be payable to the same extent as any other covered surgery, provided such Reconstructive Surgery is required as a result of a covered Sickness.

Substance Abuse Benefit - Up to 50% of expenses incurred for Outpatient treatment of drug and alcohol abuse disorders subject to a maximum of 60 visits per 12 month period and up to \$25 per visit. Twenty of such visits may be for the benefit of covered family members.

In addition Inpatient treatment benefits are subject to a lifetime limitation of four admissions, with a maximum limit of 7 days of treatment per admission; non-hospital residential care benefits are subject to an annual limitation of 30 days of treatment and a lifetime limitation of 90 days of treatment; and Outpatient benefits are subject to a lifetime limitation of 120 visits.

Surgical Expense Benefit - When you have a surgical operation, we will pay the surgeon's fee. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.

Women's Well Care Benefits

- ▶ **Mammography Expense Benefit** - The Policy will provide payment for the actual expense incurred for a mammography when recommended by a physician.
- ▶ **Women's Preventive Health Services Benefit** - Benefits will be paid for the actual expense incurred for annual cervical cytologic screening or more frequently when recommended by a physician. Benefits are subject to the same deductibles, coinsurance, exclusions and limitations that apply to other benefits provided by this Insurance Plan.

LIMITATION

The first \$100 of benefits under the policy will be paid without regard to whether you have other insurance. Benefits in excess of \$100 will be paid only after any other insurance to which you are entitled has paid. No benefits are payable for any expense incurred for Accident or Sickness which is paid or payable by other valid and collectible insurance or under an automobile insurance policy.

This plan will cover unpaid balances, deductibles and pay those eligible expenses not covered by other insurance, subject to the other provisions of the policy. Benefits will be adjusted so that the total amount paid or payable under two insurance policies combined does not exceed 100% of the expenses which are incurred.

DEFINITIONS

Covered Person means any eligible person who makes application for (or for whom application is made), and who is approved to participate in the benefit plans issued under the policy, provided the required premium for such person's insurance is paid when due.

Injury means accidental bodily harm sustained by the covered person which resulted directly and independently of all other causes from an accident.

Sickness means illness or disease causing loss while the policy is in force as to the covered person whose sickness is the basis of claim. Any complications or any condition arising out of a sickness for which the covered person is being treated or has received treatment will be considered as part of the original sickness.

Treatment means a specific in-office or Hospital physical examination of, or care rendered to, the Covered Person.

Usual, Customary, and Reasonable Charges - Usual means those charges made by a provider for services and supplies rendered to all patients for the same or similar injury or sickness; Customary means those charges made by the majority of providers in the area for the same or similar services or supplies; Reasonable means those charges which do not exceed the majority of prevailing fees in the area for the same or similar services or supplies. Area means a county or larger geographically significant area as determined by the company.

WITHDRAWAL & PREMIUM REFUND

Except for medical withdrawal due to a covered injury or sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the policy for the full period for which premium has been paid and no refund will be available.

Insured Persons entering the Armed Forces of any country will not be covered under the policy as of the date of such entry. A pro-rata refund of premium will be made for such persons upon written request received by the Company within 90 days of withdrawal from school.

TRAVEL ASSISTANCE

The following TRAVEL ASSISTANCE, EMERGENCY MEDICAL EVACUATION/REPATRIATION, BEDSIDE VISIT BY FAMILY MEMBER OR FRIEND and REPATRIATION OF MORTAL

REMAINS benefits are not insured by BCS Insurance Company and are provided by Europ Assistance USA, Inc. (EA-USA) through a reputable insurance carrier.

WHAT IS TRAVEL ASSISTANCE?

Your travel assistance program is designed to help you along the way before and during your travels. If you encounter a medical or other emergency during your trip of 90 days or less when you are at least 100 miles away from home, emergency assistance is available to you any time of day. Information services (such as "Cultural Information" – details about a location you are planning to visit, visa or passport information, etc.) are available at any time, even if you don't travel.

ABOUT THE SERVICE PROVIDER

Founded in 1963 Europ Assistance (EA) was the first company to offer assistance services to travelers. Now, EA provides help to customers throughout the world utilizing 36 assistance centers operating around the clock. Further support comes from an extensive international provider network and local agents in over 200 countries and territories allowing EA to offer local support in virtually any location. Headquartered in Bethesda, Maryland just outside of Washington, DC, EA-USA's International Assistance Coordinators, Case Managers, doctors and nurses are available 24 hours a day to take care of virtually any assistance need. EA-USA may be reached by phone at 800-398-6922 (toll free) or 202-463-3979 (local/collect) or at their website, www.europassistance-usa.com.

■ KEY SERVICES

EMERGENCY MEDICAL TRANSPORTS

Should the patient's conditions require a medical transport based on the evaluation and recommendation of one of EA-USA's physicians, EA-USA will take care of all required arrangements to either move the patient to the needed level of medical care ("evacuation") or return him/her to his/her place of residence for the purpose of recuperation, rehabilitation or further care ("repatriation"). EA-USA will pay up to \$1,000,000 CSL ("Combined Single Limit" for all transport related eligible expenses). All services **must be arranged** by EA-USA.

REPATRIATION OF MORTAL REMAINS

In the event a Covered Person dies, EA-USA will arrange for the deceased to be returned to their place of residence for the purpose of burial or cremation. EA-USA will also take care of ancillary requirements such as government authorization, death certificates and so forth as governed by the policy. EA-USA will pay up to \$1,000,000 CSL for eligible transport expenses and ancillary services. All services **must be arranged** by EA-USA.

BEDSIDE VISIT BY FAMILY MEMBER OR FRIEND

Should the Covered Person be hospitalized for seven or more consecutive days, be likely to be hospitalized for seven or more days or is in critical condition, EA-USA will arrange and pay for the economy class round-trip transportation of one family member or friend from his/her home to the place where the covered person is hospitalized. EA-USA will pay for eligible expenses up to \$1,000,000 CSL.

The benefit includes meals and accommodations reimbursement for up to 5 days with a maximum benefit of \$150 per day while visiting the hospitalized Covered Person. All services **must be arranged or approved** by EA-USA.

ADDITIONAL BENEFITS:

- Medical Provider Search and Referral
- Medical Monitoring
- Return of Travel Companion Assistance
- Dependent Child Return Assistance
- Emergency Cash Advance (credit card guarantee required)
- Legal Assistance/Bail (credit card guarantee required)
- Prescription Transfer/Shipment of Medication
- Emergency Travel Arrangements (credit card guarantee required)

In all cases, the medical professionals, medical facilities or legal counsel suggested by EA-USA to provide direct services to the eligible person are not employees or agents of EA-USA or BCS Insurance Group, and the final selection of any such medical professional, medical facility, or legal counsel is your choice alone. Neither EA-USA nor BCS Insurance Group assumes any responsibility for the quality or content of any such medical or legal advice or services. Neither EA-USA nor BCS Insurance Group shall be liable for the negligence or other wrongful acts or omissions of any of the healthcare or legal professionals providing direct services pursuant to this Agreement. The Covered Person shall not have any recourse against EA-USA or BCS Insurance Group by reason of its suggestion of or contract with any medical professional or attorney.

The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, EA-USA may not be able to respond in the usual manner. EA-USA also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, Acts of God or refusal of authorities to permit EA-USA to fully provide services.

EXCLUSIONS

Except as otherwise indicated, benefits are not payable under the policy for any of the following or loss that results therefrom:

1. Expenses incurred within the Covered Person's home country or country of regular domicile;
2. Routine physical examinations and routine testing; preventive testing or treatment; screening examinations or testing in the absence of injury or sickness;
3. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other Treatment for visual defects and problems, except as required as a result of a covered Injury or Sickness. "Visual defects" means any physical defect of the eye which does or can impair normal vision (eye examinations for eye disease are covered);
4. Dental care or treatment other than up to \$1,000 for the care of sound, natural teeth and gums required due to an injury resulting from an accident while the covered person is insured under the policy and rendered within 12 months of the accident;
5. War or any act of war, declared or undeclared; or while serving in the armed forces of any country (a pro-rata premium will be refunded for such period of service);
6. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony;
7. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane;

8. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly scheduled airline;
9. Participation in, practice for, or orthopedic equipment and appliances used for intercollegiate sports; semi professional, or professional sports;
10. Treatment, services or supplies provided by a hospital or facility owned or run by the United States government, unless a charge is made for such services in the absence of insurance; or in a hospital which does not unconditionally require payment;
11. Cosmetic surgery, except cosmetic surgery which the covered person needs as the result of an accident which happens while he is insured under the policy or reconstructive surgery needed as a result of a congenital disease or abnormality of a covered newborn dependent child which has resulted in a functional defect;
12. Elective treatments and voluntary testing except as specifically provided;
13. Injury or sickness covered by Worker's Compensation or Employer's Liability laws, or by any coverage provided or required by law (including, but not limited to group, group type, and individual automobile No Fault coverage);
14. Treatment, services or supplies provided by the school's infirmary or its employees, or physicians who work for the school for which the Covered Student is not specifically charged;
15. Rest cures or custodial care (whether or not prescribed by a physician) or transportation;
16. The diagnosis and treatment of infertility;
17. Hearing examinations or hearing aids; or other Treatment for hearing defects and problems, except as required as a result of a covered injury. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing;
18. Operating any vehicle while under the influence of alcohol or without being properly licensed and insured to do so;
19. Treatment or services provided by any member of the covered person's immediate family; or for which no charge is normally made;
20. Charges used to meet any deductible, or in excess of the coinsurance level, or in excess of the Usual, Reasonable and Customary charge for the service, supply or treatment given;
21. The diagnosis and treatment of TMJ dysfunction, or skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia;
22. The diagnosis and treatment of acne;
23. Acupuncture;
24. Outpatient treatment for Physiotherapy which does not follow a covered hospitalization or surgery;
25. Treatment for a deviated nasal septum (unless required due to an Injury resulting from an Accident while the Covered Person is insured under the policy);
26. Birth Control, including surgical procedures and devices;
27. Organ Transplant.