

# Blanket Health Insurance Plan

Designed especially for the  
International Students & Scholars

**Bates | College**

Lewiston, ME 04240

**2009-2010**

**NATIONWIDE LIFE INSURANCE COMPANY**  
Columbus, Ohio

**Policy Number: 302-121-1807**

Effective August 15, 2009 through August 14, 2010

## IMPORTANT NOTICE

This brochure provides a brief description of the important features of the Policy. It is not a Policy. Terms and conditions of the coverage are set forth in the Policy. We will notify Covered Persons of all material changes to the Policy. Please keep this material with your important papers.

## NONDISCRIMINATORY

Health care services and any other benefits to which a Covered Person is entitled are provided on a nondiscriminatory basis, including benefits mandated by state and federal law.

## ELIGIBILITY

All regular, full time **Eligible Participants** of the educational organization or institution who meet the following criteria:

**Eligible Participant** means a person who is engaged in international educational activities; and is temporarily located outside his/her Home Country as a non-resident alien; and has not obtained permanent residency status.

All International Students will automatically be enrolled in and billed for the Bates International Student Health Insurance Plan. Students who wish to have the expense for this coverage removed from the College charges may do so by providing other U.S. based insurance information online through the "Garnet Gateway". When the student's insurance is not domestic or a U.S. based company, the student will be required to remain enrolled in the Bates Plan.

## ONLINE STUDENT WAIVER PROCESS

**Fall Deadline is September 30, 2009**

**Winter Deadline is January 31, 2010**

Bates College International Students may waive coverage if documented proof of comparable domestic or U.S. based insurance coverage is provided via the Online Waiver Form by the deadline. **No waivers will be accepted after the deadline.** Recognizing that health insurance situations may change, each year students will be asked to provide proof of comparable coverage in order to waive participation in the Bates College International Student Health Insurance Plan. To document proof of comparable coverage, students must complete the Online Waiver Form. **The Online Student Waiver Process is the only accepted process for waiving the insurance.**

*Before you access the Waiver Form, have your current health insurance ID card ready. You will need this information to complete the Online Waiver Form. In order to waive the insurance, you will need to know the name of your current insurance company, the policy number, and the policyholder name.*

To complete the online process, log on to the Garnet Gateway and select the "Student Menu," then "Financial Records" and then choose the second option under Financial Records, "Student Health Insurance Waiver."

Immediately upon submitting the Online Waiver Form, students will receive a confirmation number as documentation that the form has been submitted. Please print this confirmation for future reference; it is your documentation that the Online Waiver Form was submitted. **The deadline for completing the Online Waiver Process is September 30, 2009. For students beginning in the Winter Term, the deadline to waive coverage is**

**January 31, 2010.** Students who complete the waiver by September 30, 2009 do not need to complete the waiver again for January.

## EFFECTIVE DATE

Coverage for an **Eligible Participant** starts at 12:00:01 a.m. on the effective date shown on the Insurance Identification Card. Thereafter, the Insurance is effective 24 hours a day, worldwide. In no event, however, will the Insurance start prior to the date the premium is received by the Insurer.

A newborn child of the Eligible Participant will automatically be a Covered Person for 31 days from the moment of his/her birth if the birth occurs while the Policy is in force, and subject to the particular coverages and amounts of insurance as specified for Eligible Dependents in the Schedule of Benefits. "Expenses for Routine nursery care" of a newborn infant of a covered Pregnancy are covered up to the limits, if any, shown in the Schedule of Benefits. An adopted child of the Eligible Participant is covered on the same basis as described above for newborn. Coverage starts on the date of placement for adoption, provided the Eligible Participant's coverage is then in force. Coverage terminates if the placement is disrupted and the child is removed from placement.

## TERMINATION

Coverage for an **Eligible Participant** will automatically terminate on the earliest of the following dates: The date the Policy terminates; the Participating Organization's or Institution's Termination date; the date of which the Eligible Participant ceases to meet the Individual Eligibility Requirements; the end of the term of coverage specified in the Eligible Participant's enrollment form, if any, including any requested extension; the date the Eligible Person leaves the Country of Assignment for his/her Home Country; the date the Eligible Participant requests cancellation of coverage (the request must be in writing); or the premium due date for which the required premium has not been paid, subject to the Grace Period provision.

Coverage will end at 11:59:59 p.m. on the last date of insurance. A Covered Person's coverage will end without prejudice to any claim existing at the time of termination

## PRE-EXISTING CONDITION LIMITATION

The Insurer does not pay benefits for loss due to a Pre-Existing Condition during the first 6 months of coverage. This limitation does not apply to the Medical Evacuation Benefit, the Repatriation of Remains Benefit and to the Bedside Visit Benefit.

**EXCESS COVERAGE**

The Insurer will reduce the amount payable under the Policy to the extent expenses are covered under any Other Plan. The Insurer will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or other similar provisions. The amount from Other Plans includes any amount to which the Covered Person is entitled, whether or not a claim is made for the benefits. The Policy is secondary coverage to all other policies.

**PHCS PREFERRED PROVIDER INFORMATION**

The Bates College Student Health Insurance Plan provides access to hospitals and health care providers, who participate in Preferred Provider Networks, both locally and across the country. The advantage to using Preferred Providers is that these providers have agreed to accept a predetermined fee or Preferred Allowance as payment in full for their services. Consequently, when Insured Persons use Preferred Providers, out-of-pocket expenses will be less because any applicable coinsurance will be based on a Preferred Allowance.

The Insured Person should be aware that Preferred Provider Hospitals might be staffed with Out of Network Providers. As a result, receiving services or care from an Out of Network Provider at a Preferred Provider Hospital does not guarantee that all charges will be paid at the Preferred Provider level of benefits. The participation of specific providers in the Preferred Provider Networks is subject to change without notice. Insured Persons should always confirm when making an appointment that the provider participates in a Preferred Provider Network.

**PHCS** is the Preferred Provider Network and provides access to providers located across the United States. To determine if a provider participates in PHCS, students can call 1-866-559-7427 or visit [www.phcs.com](http://www.phcs.com). It is important that Insured Persons verify that their providers are Preferred Providers each time they call for an appointment or at the time of service.

**“Preferred Providers”** are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

**MEDICAL EXPENSE SCHEDULE OF BENEFITS**

Benefits are subject to Lifetime maximums, Annual Maximums, Maximums per Injury and Sickness, Coinsurance, Out-of-Pocket Maximums, and Plan Type Limits (PPO).

**SCHEDULE OF BENEFITS**

Medical Expense Limits	Per Eligible Participant
<b>Lifetime Maximum Benefit</b>	\$1,000,000
<b>Policy Year Maximum Benefits</b>	\$250,000
<b>Maximum Benefit per Injury or Sicknesses</b>	\$250,000
<b>Policy Year Out of Pocket Limit</b> (Out-of-Pocket Limit means the amount of Reasonable Expenses for which the Covered Person is responsible after which the Insurer pays 100% of the Reasonable Expenses, subject to the limits and Provisions of the Policy.)	After the Covered Person reaches a \$2,500 Out-of-Pocket Limit per Policy Year, the Insurer pays the Reasonable Expenses at 100% and up to the applicable maximums. Co-payments and amounts above the maximums do not apply toward the Out-of-Pocket Limit.
<b>Accidental Death &amp; Dismemberment</b>	Maximum Benefit Principal Sum up to \$10,000
<b>Repatriation of Remains</b>	Maximum Benefit up to \$15,000
<b>Medical Evacuation</b>	Maximum Lifetime Benefit for all Evacuations up to \$50,000
<b>Bedside Visit</b>	Up to a maximum benefit of \$1,000 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person

	Preferred Provider	Non-Preferred Provider
<b>Physician Office Visits*</b>	100% of Reasonable Expenses after \$20 Co-payment per visit	80% of Reasonable Expenses.
<b>Inpatient Hospital Services</b>	100% of Reasonable Expenses after \$50 Co-payment per visit	80% of Reasonable Expenses.
<b>Hospital and Physician Outpatient Services</b>	100% of Reasonable Expenses after \$50 Co-payment per visit	80% of Reasonable Expenses.

Medical Expense	Per Eligible Participant
<b>Maternity Care for a Covered Pregnancy</b>	Reasonable Expenses
<b>Outpatient back and spine treatment (including modalities)</b>	Reasonable Expenses up to \$1,000 Maximum per Policy Year with a \$50 per visit Maximum and a Maximum of 3 visits per week
<b>Therapeutic and Elective termination of pregnancy</b>	Reasonable Expenses up to \$500 In PPO Maximum per Policy Year and up to \$400 Outside PPO Maximum per Policy Year
<b>Routine nursery care of a newborn child of a covered pregnancy</b>	Reasonable Expenses up to \$750 Maximum per Policy Year
<b>Annual cervical cytology screening for women 18 and older</b>	Reasonable Expenses
<b>Low dose mammography screening</b>	Reasonable Expenses
<b>Repairs to sound, natural teeth required due to an Injury</b>	100% of Reasonable Expenses up to \$500 Maximum per Policy Year with a \$100 per tooth Maximum per Injury
<b>Prescription drugs, Prescriptions must be purchased through a participating pharmacy. Participating Pharmacies can be found online at: <a href="http://www.RESTAT.com">www.RESTAT.com</a>. Note: Use of RX card replaces need for submission of claim receipts.</b>	Plan pays 100% of the Negotiated Rate after a \$10 co-pay per generic and a \$25 co-pay per brand name prescription up to the plan maximum of \$1,000 per policy year
<b>Medical treatment received in the Home Country, if NOT covered by Other Plan</b>	100% of Reasonable Expenses up to \$1,000 lifetime maximum

\*All Physician Visit Co-payments for an Injury or Sickness are waived if treatment is received at the Bates College Student Health Center or if the initial treatment for an Injury or Sickness is received at the Bates College Student Health Center.

If a Covered Person requires emergency treatment of an Injury or Sickness and incurs covered expenses by a Non-Preferred Provider, Covered Medical Expenses for the Emergency Medical Care rendered during the course of the emergency will be treated as if they had been incurred at a Preferred Provider.

If a Covered Person incurs Covered Medical Expenses for services or supplies that are not of the type provided by any Preferred Provider, these Covered Medical Expenses will be treated as if they had been incurred by a Preferred Provider.

Preferred Providers can be located at: [www.chpstudent.com](http://www.chpstudent.com), [www.crossagency.com/batesint](http://www.crossagency.com/batesint), or at [www.phcs.com](http://www.phcs.com)

## DESCRIPTION OF COVERAGES – MEDICAL EXPENSES

**What the Insurer Pays for Covered Medical Expenses:** If a Covered Person incurs expenses while insured under the Policy due to an Injury or a Sickness, the Insurer will pay the Reasonable Expenses for the Covered Medical Expenses listed below. All Covered Medical Expenses incurred as a result of the same or related cause, including any Complications, shall be considered as resulting from one (1) Sickness or Injury. The amount payable for any one (1) Injury or Sickness will not exceed the Maximum Benefit of \$250,000 per Injury or Sickness for the Eligible Participant or the Maximum Benefit of \$250,000 per Injury or Sickness for an Eligible Dependent. Benefits are subject to the Deductible Amount, Coinsurance and Maximum Benefits stated in the Schedule of Benefits, specified benefits and limitations set forth under Covered Medical Expenses, the General Policy Exclusions, the Pre-Existing Condition Limitation, the Bates College Student Health Center and to all other limitations and provisions of the Policy.

**Covered General Medical Expenses and Limitations:** Covered Medical Expenses are limited to the Reasonable Expenses incurred for services, treatments and supplies listed below. All benefits are per Injury or Sickness unless stated otherwise.

No Medical Treatment Benefit is payable for Reasonable Expenses incurred after the Covered Person's insurance terminates as stated in the Period of Coverage provision. However, if the Covered Person is in a Hospital on the date the insurance terminates, the Insurer will continue to pay the Medical Treatment Benefits until the earlier of the date the Confinement ends or 31 days after the date the insurance terminates.

If the Covered Person was insured under a group policy administered by the Administrator immediately prior to the Policy Effective Date, the Insurer will pay the Medical Treatment

Benefits for a Covered Injury or a Covered Sickness such that there is no interruption in the Covered Person's insurance.

If the Covered Person was insured under a group policy previously offered to a Participating Organization or Institution immediately prior to Policy Effective Date of a group policy administered by the Administrator, the Insurer will pay the Medical Treatment Benefits for a Covered Injury or a Covered Sickness such that there is no interruption in the Covered Person's insurance so long as there was continuous coverage from the previous policy to the current policy.

### 1. Physician office visits

**2. Hospital Services:** Inpatient Hospital services and Hospital and Physician Outpatient services consist of the following: Hospital room and board, including general nursing services; medical and surgical treatment; medical services and supplies; Outpatient nursing services provided by an RN, LPN or LVN; local, professional ground ambulance services to and from a local Hospital for Emergency Hospitalization and Emergency Medical Care; x-rays; laboratory tests; prescription medicines; artificial limbs or prosthetic appliances, including those which are functionally necessary; the rental or purchase, at the Insurer's option, of durable medical equipment for therapeutic use, including repairs and necessary maintenance of purchased equipment not provided for under a manufacturer's warranty or purchase agreement.

**3. Bates College Student Health Center:** If there is a charge for visits to, or medical services, treatments and supplies received from, the Bates College Student Health Center for an Injury or a Sickness, benefits for those visits, medical services, treatments and supplies will be paid at 100% of Reasonable Expenses with no Co-payment or Deductible. If the Bates College Student Health Center is not able to treat the Covered Person, it will refer the Covered Person to a Preferred Provider.

**4. Additional Covered General Medical Expenses and Limitations:** These additional Covered Medical Expenses are limited to the Reasonable Expenses incurred for services, treatments and supplies listed below. All benefits are per Injury or Sickness unless stated otherwise.

A. **Pregnancy:** The Insurer will pay the actual expenses incurred as a result of pregnancy, childbirth, miscarriage, or any Complications resulting from any of these, except to the extent shown in the Schedule of Benefits. Conception must have occurred while the Covered Person was insured under the Policy.

- B. Annual cervical cytology screening for cervical cancer and its precursor states for women age 18 and older.
- C. Mammography screening, when screening for occult breast cancer is recommended by a Physician
- D. Home Country Coverage (While Insured).

## Emergency Medical and Travel Assistance

MEDEX Assistance Corporation provides you with a comprehensive program with 24/7 emergency medical assistance including emergency evacuation and repatriation and other travel assistance services when you are 100 or more miles away from home. Your MEDEX identification card is your key to travel security.

**For general inquiries regarding your international assistance coverage, please call Consolidated Health Plans at 800-633-7867.**

**If you have a medical or travel problem, simply call MEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 800-527-0218 or if you are in a foreign country, call collect at: 410-453-6330.**

If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.

## STATE OF MAINE MANDATED BENEFITS

Residents of Maine are also entitled to any mandated benefits required by the State of Maine, which include coverage for 1) Breast Cancer Treatment and Reconstructive Surgery; 2) Chiropractic Services; 3) Cancer Clinical Trials; 4) Colorectal Screenings; 5) Prescription Contraceptives; 6) Diabetes Supplies; 7) Anesthesia and Facility Charges for Dental Procedures; 8) Children's Hearing Aide Benefit; 9) Home Health Care Services; 10) Hospice Care; 11) Mental Illness (including Alcoholism and Drug Dependency); 12) Medical Food (Modified Low-Protein Food Products) 13) Off label Use of Prescriptions Drugs for Cancer, HIV/AIDS 14) Prostate Cancer Screening; 15) Prosthetic Devices; 16) Screening Mammograms and Pap tests and 17) Domestic Partners. Please see the Master Policy on file with the College for more information or call Customer Service.

## LIMITATIONS & EXCLUSIONS

Unless specifically provided for elsewhere under the Policy, the Policy does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, including routine care of a newborn infant.
2. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury.
3. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury or as specifically provided by State Mandate.
4. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
5. For diagnostic investigation or medical treatment for infertility, fertility, or birth control (does not apply to FDA approved prescription contraceptive devices).
6. Expenses incurred in excess of Reasonable Expenses.
7. Expenses incurred for Injury resulting from the Covered Person's being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit, and to the Bedside Visit Benefit.
8. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
9. Organ or tissue transplant.
10. Participating in an illegal occupation or committing or attempting to commit a felony.
11. For treatment, services, supplies, or confinement in a hospital owned or operated by a national government or its agencies. (This does not apply to charges the law requires the Covered Person to pay).
12. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.

13. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Policy.
14. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction or skeletal irregularities of one (1) or both jaws including orthognathia and mandibular retrognathia.
15. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
16. Diagnosis and treatment of acne and sebaceous cyst.
17. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
18. Suicide or any attempt threat while sane or insane. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
19. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; riot; civil commotion; or acts of terrorism.
20. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
21. Injury resulting from participation in intercollegiate, interscholastic, intramural, club or professional sports, including practice and conditioning, play or travel or arising from scuba diving, hang gliding, parachuting or bungee jumping.
22. Medical Treatment Benefits provision for loss due to or arising from a Motor Vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
23. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
24. Expenses incurred as a result of pregnancy that is not covered.

*Conformity with State Statutes: Any provision of the policy which, on it's effective date, is in conflict with the statutes of the state in which it is delivered is hereby amended to conform to the minimum requirements of those statutes.*

## CLAIM PROCEDURE

In the event of an Injury or Sickness:

1. Report at once to the student health center or when not in school log on to [www.crossagency.com/batesint](http://www.crossagency.com/batesint) or [www.chpstudent.com](http://www.chpstudent.com) to find the nearest hospital or doctor.
2. Bills sent directly by physicians and hospitals will be processed by Consolidated Health Plans. However, after review, Consolidated Health Plans may contact the student and ask them to complete a claim form or a questionnaire to get further information about the claim. Reimbursement for prescriptions must be accompanied by a claim form. Claim forms are available at: [www.crossagency.com/batesint](http://www.crossagency.com/batesint) or [www.chpstudent.com](http://www.chpstudent.com).
3. File claims within 30 days of injury or first treatment or sickness. Consolidated Health Plans must receive bills within 90 days of service to be considered for payment.

**Although this brochure is not the contract of insurance, please be sure to retain this as it briefly describes many of the important provisions of the Master Policy, which is the GOVERNING contract that provides Insured Student Health Benefits. The Master Policy is on file with the College.**

## COST

The Annual cost of this plan is listed below:

Student:	\$ 684 per year
Spouse:	\$ 2,730 per year
Child:	\$ 1,023 per year
Children:	\$ 2,046 per year

Dependent Coverage is available only at the time the Student is enrolled or within 31 days of marriage, birth or arrival in the United States.

For further details about the plan or how to enroll, please see your student advisor.

**Presented by:**



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Lewiston, ME 04243  
1.800.537.6444 • Fax (207) 783-3852  
[www.crossagency.com](http://www.crossagency.com)

**Administered by:**

Consolidated Health Plans  
2077 Roosevelt Avenue  
Springfield, MA 01104  
1-800-633-7867  
[www.chpstudent.com](http://www.chpstudent.com)

**This Plan is Underwritten by:**

Nationwide Life Insurance Company  
Policy Number: 302-121-1807

For a copy of the Company's privacy notice, go to:

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