CLAIM PROCEDURE

1. Claim forms and instructions on claim procedures are available at the Longbrake Student Wellness Center or by visiting the websites: http://wooster.edu/Student-Life/Health-and-Wellness-Services/Insurance or www.studentplanscenter.com
2. Benefits should be assigned to the hospital or doctor unless the student wishes to pay cash and subsequently be reimbursed by the Claims Administrator.
3. **It is the student's responsibility to file the claim.**
4. Written proof of loss must be furnished to the Claims Administrator at its said office within ninety (90) days after the date of loss for which the claim is made. **All claims should be submitted to: Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee St., Utica, NY 13502.**

First Health Network 800-226-5116 www.firsthealth.com

1. Services or supplies furnished by the Longbrake Student Wellness Center for which no charge is made.
2. Eyeglasses, eye examinations or prescriptions therefore.
3. Preventive medicines or vaccines.
4. Dental treatment, except that made necessary by injury to sound, natural teeth for which a maximum payment of $500.00 per accident applies.
5. Elective termination of pregnancy.
6. Injuries resulting from air travel except as a fare-paying passenger on a regularly scheduled airline.
7. Declared or undeclared war or any act thereof, military, naval or air services.
8. Injury, sickness, or disease for which a Covered Person is covered by benefits under any Workers' Compensation Disease Act or Law.
9. Medical expenses incurred as the result of an accident involving a motor vehicle to the extent that benefits are payable therefore under any Automobile Medical Payments or Automobile Medical Expense Insurance.
10. Injuries resulting from participation in a riot or civil disturbance.
11. Expense incurred for mental and nervous disorders except as provided.
12. Expense incurred after 52 weeks from the date of the accident or the date of the first medical treatment for any one sickness.
13. Expense incurred due to an injury related to the practice or play of NCAA intercollegiate athletics which is covered or payable by any other valid and collectible insurance or medical plan.
14. Elective surgery or treatment.
15. Expenses incurred within the Insured Person's Home Country or country of regular domicile.

CLAIM PROCEDURE

1. Claim forms and instructions on claim procedures are available at the Longbrake Student Wellness Center or by visiting the websites: http://wooster.edu/Student-Life/Health-and-Wellness-Services/Insurance or www.studentplanscenter.com
2. Benefits should be assigned to the hospital or doctor unless the student wishes to pay cash and subsequently be reimbursed by the Claims Administrator.
3. **It is the student's responsibility to file the claim.**
4. Written proof of loss must be furnished to the Claims Administrator at its said office within ninety (90) days after the date of loss for which the claim is made. **All claims should be submitted to: Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, NY 13502.**

HOW TO FILE AN APPEAL

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student 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 the Claims Administrator below.

Sponsored by

The College of Wooster
Wooster, Ohio

Claims Processed by

Special Risk Claims
Commercial Travelers Mutual Insurance Company
70 Genesee Street • Utica, New York 13502
1-800-756-3702 • www.studentplanscenter.com

Serviced by

Wells Fargo Insurance Services USA, Inc.
P.O. Box 276
Columbus, Ohio 43216-0276
800-228-6768
wfis.wellsfargo.com/colleges

Network Provider

HealthSmart • 800-513-7177
www.novanetppo.com

Although this brochure is not the complete Plan Document, please be sure to retain this as it briefly describes many of the important provisions of the Plan Document, which is the Governing Contract that provides Student Health Benefits. This is on file with the College.

ACCIDENT AND SICKNESS MEDICAL PLAN for International Students

THE COLLEGE OF
WOOSTER

2013–2014

Medical Plan No. 2013Z4A01

ON-LINE WAIVER AVAILABLE AT:
www.studentplanscenter.com

2013-Z4A01(Bro.)

STUDENT ACCIDENT AND SICKNESS MEDICAL PLAN
(General Provisions, Plan Benefits, and Exclusions)

The Accident and Sickness Medical Plan is designed to help defray medical costs. The plan provides protection and covers, up to specified limits, expenses arising from both covered accident and sickness.

The College of Wooster requires all International students to have health insurance. Students who have their own insurance do not have to purchase insurance through the school if they provide on-line proof of comparable insurance. Before assuming that you are covered adequately by another policy, evaluate its eligibility rules and levels of coverage in the Wooster area.

ELIGIBILITY AND COST

All full-time International Students enrolled at The College of Wooster are enrolled in the Accident and Sickness Medical Plan. The cost for the academic year (August 12, 2013 through May 12, 2014) of $500 will automatically appear as a separate item on t he student billing statement. Students who wish to extend their coverage through the Summer (May 13, 2014 through August 11, 2014) may enroll by submitting a payment of $225 to the Business Office, 1189 Beall Ave., Wooster, OH 44691 by May 1, 2014.

ALTERNATIVE COVERAGE—If you do not meet the eligibility requirements of this plan, please call Wells Fargo Insurance Services USA, Inc. at 1-800-228-6768 for information on alternative insurance plans.

GENERAL PROVISIONS

This Medical Plan is sponsored by The College of Wooster, Wooster, Ohio and is serviced by Wells Fargo Insurance Services USA, Inc, P.O. Box 276, Columbus, Ohio 43216-0276. **All claims are processed by Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, New York 13502.**

Claims may be submitted from anywhere in the world, except from your Home Country, and benefits are processed upon receipt of all required information. Benefits under this Medical Plan will be coordinated with any benefits to which a student may be entitled under any personal policy (except as stated in Exclusion 9).

NOTICE: If an insured person is covered by more than one health care plan, he or she may not be able to collect benefits from both plans. Each plan may require an insured to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. An insured should read all of the rules very carefully, including the coordination of benefits section and compare them with the rules of any other plan that covers an insured or his/her family.

MEDICAL PLAN BENEFITS

When hospital or medical care is provided for covered injury sustained or covered sickness contracted or treated during the period for which the student is covered, the usual reasonable and customary expense incurred within 52 weeks after the date of the accident, and within 52 weeks after first date of treatment of sickness will be paid, subject to the following provisions and limits.

When as the result of a covered sickness or injury, the covered student receives treatment by a currently licensed physician or surgeon, hospital confinement, x-ray examination, surgical or medical supplies, use of operating room, anesthetics, laboratory service, surgical dressings, medicines, including prescription drugs, plaster casts, use of wheel chair or crutches and use of an ambulance, and medical expenses incurred are in excess of the deductible, the plan will pay 80% of all eligible medical expense subject to the following provisions:

Deductible: $150 per plan period (August 12, 2013 through August 11, 2014).

Limitations and Exceptions

1. The aggregate maximum amount payable under this plan for any one injury or sickness, other than expenses incurred due to an injury related to the practice or play of NCAA intercollegiate athletics, is limited to $50,000.
2. Eligible medical expenses incurred due to an injury related to the practice or play of NCAA intercollegiate athletics are covered on a secondary basis (i.e., any other valid and collectible insurance or medical plan is considered primary). The payment of such benefits is limited to a maximum of $1,480 per injury.
3. For expense incurred due to mental and nervous disorders the plan will pay 50% of eligible expense up to a maximum of $1,500.
4. Prescription Drug Benefit
   a. For prescriptions filled at Drug Mart in Wooster, OH, the student pays a $10 fee per prescription subject to a maximum benefit of $100 per illness. (This agreement with Drug Mart in Wooster, OH, located 2 blocks from campus, has been established for the convenience of the students.)
   b. For prescriptions filled at other locations, benefits will be processed as any other expense, limited to $100 per illness.
5. Medical Evacuation Expense
   If the Insured Person must be transported to his or her country or state of origin for continuing medical treatment of a covered Injury or Sickness, the College will pay the expense of such transportation, up to a maximum of $10,000 with no deductible or coinsurance, provided that: 1) The Medical Evacuation would be considered only if medically necessary; 2) it is the result of the covered Injury or Sickness and the Insured has been hospital-confined for a period of at least ten (10) days for which benefits are payable under the Plan; and 3) such evacuation has the prior approval of both the attending physician and the College.
   Upon such evacuation for Foreign Nationals, all coverage under the Plan for the Insured shall terminate.
6. Repatriation Expense
   In the event of the death of an Insured Person, while he or she is covered under the Plan, the College will pay the necessary Usual, Reasonable and Customary charges, not to exceed $7,500 for the preparation and transportation of the remains to the Insured Person's place of residence in his or her home country. Any benefits payable under this provision require prior approval of the College.

MANDATED BENEFITS

The following benefits are mandated in the state of Ohio. They will be included in all plans. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and co-insurance conditions of the Plan as well as all other terms and conditions applicable to any other covered sickness.

Mandated benefits include: Cancer Screening Tests; Mastectomy, Reconstructive Surgery and Prosthetic Devices; Child Health Supervision Services; Off-label Drugs; Medical Emergency Expenses; Biologically Based Mental Illness; Alcoholism and Drug Abuse Treatment; and Cancer Clinical Trials. See the Plan on file with the school for further details on these benefits.

EXCLUSIONS

Under a Student Accident and Sickness Medical Plan which has been designed to provide maximum protection to the greatest number of students at minimum cost, it is not practical or recommended to provide coverage on certain expenses. Hence, payment will not be made for:

ON-LINE WAIVER AVAILABLE AT: WWW.STUDENTPLANSCENTER.COM

THE COLLEGE OF WOOSTER
INTERNATIONAL STUDENT MEDICAL PLAN WAIVER INFORMATION

If you will not be joining The College of Wooster sponsored International Student Medical Plan for the 2013–2014 year because you have other medical coverage, please complete the ONLINE WAIVER AVAILABLE AT:

WWW.STUDENTPLANSCENTER.COM

IMPORTANT: To waive Coverage and cancel the $500.00 fee from your Student Account, the Waiver **MUST** be completed online at the website: www.studentplanscenter.com Click on "College of Wooster" then click on "Waiver Online" link. Once you have filed the waiver, you will need to print out the confirmation form for verification for your records. Online waivers must be completed by August 10, 2013.

Student Medical Plan Information Card

This card does not guarantee coverage. The student must be enrolled in the plan to be eligible for coverage. The following provides the necessary information needed to complete the process for the filing of a claim. Providers should contact the Claims Administrator of the Plan below to verify eligibility at the time services are provided.

NAME: _____

THE COLLEGE OF WOOSTER INTERNATIONAL MEDICAL PLAN No. 2013Z4A01
2013–2014

Claims Administered by:
Special Risk Claims
Commercial Travelers Mutual Insurance Company
70 Genesee Street • Utica, New York 13502
800-756-3702 • www.studentplanscenter.com

Network Provider:
HealthSmart PREFERRED
A NovaNet Affiliate
800-513-7177
www.novanetppo.com