

**SECTION I  
BASIC ACCIDENT BENEFITS**

When your injury requires (a) treatment by a doctor; (b) hospital confinement; (c) services of a licensed practical nurse or RN; (d) x-ray services; (e) use of operating room, anesthesia, laboratory services; or (f) use of an ambulance, the Plan will pay the Covered Expenses incurred to a maximum of \$1,000. This benefit includes coverage for treatment of injury to natural teeth. Dental Injury is limited to \$500 per occurrence.

**SECTION II  
BASIC ILLNESS BENEFITS**

When you suffer a loss from illness, the Plan will pay the Covered Expenses up to a maximum of \$1,000. Benefits are allocated as follows:

**Hospital Daily Room & Board:** When hospital confined, the Plan will pay the hospital semi-private room rate for a maximum of seven (7) days.

**Miscellaneous Hospital Expense:** The Plan will pay Covered Expenses incurred by you during a hospital confinement of an outpatient for day surgery to a maximum of \$1,000. The Plan will pay for anesthesia, operating room, laboratory tests, x-rays, drugs, medicines, dressings and other necessary non-room and board hospital expenses.

**Surgical Expense:** When your illness requires surgery, the Plan will pay up to a maximum of \$1,000 per operation. If the surgery requires the services of an anesthesiologist, who is not employed or retained by the hospital in which the operation is performed, the Plan will pay the amount incurred up to 25% of the amount payable for the operation. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed the benefit for the one of such procedures for which the largest benefit is payable.

**Hospital Physician's Fee Expense:** When your illness requires the services of a doctor other than the surgeon the Plan will pay the expenses for such services up to \$50 per visit (limited to one visit per day).

**Out of Hospital Physician's Fee Expense:** When your illness requires the services of a doctor, other than the surgeon while not confined to a hospital, the Plan will pay the expense thereof not to exceed \$50 per visit (limited to one visit per day).

**Hospital Outpatient Expense:** If a Covered Student's illness requires the use of outpatient facilities of a hospital for (a) diagnostic x-ray; (b) laboratory services; (c) an emergency room; or (d) operating room, under the doctor's direction, the Plan will pay the hospital expense up to a maximum of \$200 for any one illness. Treatment must begin within 48 hours of the onset of the illness.

**Maternity:** Maternity care is covered to the same extent that coverage is provided for Hospital, Surgical or Medical Benefits for any other illness.

**Diagnostic X-Ray and Laboratory Expense:** If a Covered Student's illness requires diagnostic x-rays or laboratory services, under the doctor's direction, the Plan will pay the expense up to \$200 per illness.

**SECTION III  
MAJOR MEDICAL BENEFIT**

If the Covered Medical Expense for your injury or illness exceeds the Aggregated Maximum payable under the Basic Accident and Illness Benefits, the Plan will pay 80% of the additional expense up to a maximum amount of \$5,000.

Covered Expenses for daily hospital room and board will not be more than the usual semi-private room charge.

**EXCLUSIONS**

- 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 illness or injury covered by the Plan.
- Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a Covered Expense associated with an injury covered by the Plan.
- Dental treatment, except as specifically provided for by the Plan.
- War or any act of war, declared or undeclared, or while in the armed forces of any country.
- Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense.
- Intentionally self-inflicted injury, suicide or any attempt of such.
- 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.

- Skydiving, parachuting or bungee jumping, hanging gliding, glider flying, parasailing, sail planning or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
- Treatment in a military or Veterans Hospital or a hospital contracted for or operated by a national government or its agency unless the services are rendered on a medical emergency basis; and a legal liability exists for the charges made on behalf of a Covered Student for the services given in the absence of insurance.
- 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.
- Any treatment for mental or nervous disorders or substance abuse.
- Elective surgery and elective treatment, except as required to correct and injury for which benefits are otherwise payable under the Plan.
- Prescription drugs dispensed or purchased unless during a hospital stay or specifically covered under the Plan.
- Any loss covered by state or federal worker's compensation law, employer's liability law, occupational disease law, or similar laws or acts.
- Physiotherapy
- New and replacement braces and appliances unless specifically covered under the Plan.
- Assistant surgeon services, except as specifically covered under 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.
- Expense incurred by international students within their home country or country of regular domicile.
- Services rendered in the detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.
- That part of a medical expense payable by an automobile insurance policy without regard to fault.
- Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and the loss was caused by fire, heat, explosion or other physical trauma which was a result of nuclear energy; and the Covered Student is within a 25 mile radius of the site of the release either at the time of release or within 24 hours of the start of the release.
- 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.
- Any accident where a Covered Student is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license, except while in a Driver's Education Program.
- Preventive medicines, serum, vaccines.
- Expense to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
- Blood or blood plasma, except for charges by a hospital for the processing or administration of blood; or rest cures or custodial care; or personal services such as television and telephone or transportation.
- A hernia of any kind.
- All forms of contraception including, but not limited to prescriptions, devices, appliances and sterilization.
- Reproductive or fertility 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.

**CLAIM APPEAL**

To appeal a claim, please send letter containing your name, phone number, member identification number, address, name of school attended and email address stating the issues of the appeal to ARC Administrators - Claim Appeals.

Claims will be reviewed and responded to within sixty (60) days by ARC Administrators.

# Brescia University Student Health Plan 2018-2019 Academic Year



Effective August 1st To July 31st

**CLAIMS ADMINISTRATOR**

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

**CLAIM PROCEDURE**

In the event of a covered injury or illness:

1. Notify your Student Health Services, if available. If not available consult a doctor and follow instructions.
2. Itemized billings must be submitted within ninety (90) days of treatment. The Covered Student's name and identification number must be included.
3. Payment for Covered Medical Expenses will be made directly to the provider unless bill receipts and proof of payment are submitted.

**DESCRIPTION**

This brochure provides a brief description of the important features of the Student Health 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.

**ELIGIBILITY**

All full-time Brescia University students are required to have health insurance. Students already covered under a health insurance plan may waive Brescia University Student Insurance coverage. Students will be charged one year's premium for the Brescia Student Insurance Program unless proof of insurance is submitted by the first day of regular semester classes to the Cashier's Office - Administration Building Room 150A. Each Student Insurance Program Waiver is for current academic year only.

**EFFECTIVE DATE OF COVERAGE**

The Student Health Plan becomes effective August 1 of the Academic Plan Year and individual student coverage is provided during the period for which the applicable premium for the student has been paid. Coverage under the Plan terminates at 12:01 a.m. on August 1 of the next Academic Plan Year.

**EXTENSION OF BENEFITS AFTER TERMINATION**

The coverage provided under the Plan ceases on the Termination Date as previously outlined. However, if a covered student is Hospital Confined on the Termination Date from a covered injury or illness for which benefits were paid before the Termination Date, Covered Medical Expenses for such injury or illness will continue to be paid as long as the condition continues but not to exceed ninety (90) days after the Termination Date. The total payments made in respect of the Covered Student for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

**COVERAGE**

The Student Health Plan is a self-funded plan sponsored by Brescia University and is administered by ARC Administrators. All claims will be paid by ARC Administrators as outlined in the Plan Document. The Plan covers expense incurred for accidental bodily injury and illness as outlined in the Plan Document. A summary of benefits is included in this brochure.

# BRESCIA UNIVERSITY STUDENT HEALTH PLAN BENEFIT SUMMARY QUICK REFERENCE

## BRESCIA UNIVERSITY STUDENT HEALTH PLAN SCHEDULE OF BENEFITS

*The Benefits Payable Are As Defined In And Subject To Limitations Of This Plan And Any Endorsements. If Covered Medical Expenses For Any Injury Or Sickness Exceed The Aggregated Maximum Of \$1,000 Then The Plan Will Pay 80% Of Additional Expenses Up To An Aggregated Maximum Of \$5,000.*

<b>INJURY</b>	
<b>MAXIMUM BENEFIT</b>	
PLAN MAXIMUM BENEFIT PAID AT 100%	\$1,000 PER PLAN YEAR
PLAN MAXIMUM BENEFIT PAID 80%	\$5,000 PER PLAN YEAR
<b>HOSPITAL ROOM &amp; BOARD</b>	100% FOR FIRST \$1,000
<b>SURGERY</b>	80% TO A MAXIMUM OF \$5,000
SEMI PRIVATE ROOM RATE	100% FOR FIRST \$1,000
OPERATING ROOM, LAB, X-RAYS, ANESTHESIA	80% TO A MAXIMUM OF \$5,000
IMPATIENT PHYSICIAN FEE EXPENSE	100% FOR FIRST \$1,000
	80% TO A MAXIMUM OF \$5,000
<b>SURGERY</b>	100% FOR FIRST \$1,000
	80% TO A MAXIMUM OF \$5,000
<b>LAB &amp; X-RAY SERVICES</b>	100% FOR FIRST \$1,000
	80% TO A MAXIMUM OF \$5,000
<b>EMERGENCY ROOM SERVICES</b>	100% FOR FIRST \$1,000
	80% TO A MAXIMUM OF \$5,000
<b>ACCIDENTAL INJURY TO SOUND NATURAL TEETH</b>	100% TO A MAXIMUM OF \$500 PER OCCURRENCE
<b>SICKNESS</b>	
<b>HOSPITAL ROOM &amp; BOARD</b>	
SEMI PRIVATE ROOM RATE	100% FOR FIRST \$1,000
	80% TO A MAXIMUM OF \$5,000
	SEVEN DAY MAXIMUM BENEFIT
<b>HOSPITAL MISCELLANEOUS EXPENSES</b>	
OPERATING ROOM, LAB, X-RAY EXAMS, ANESTHESIA	100% FOR FIRST \$1,000
LIMITED TO SERVICES RELATED TO AN OUTPATIENT PROCEDURE	80% TO A MAXIMUM OF \$5,000
<b>HOSPITAL OUTPATIENT EXPENSES</b>	
DIAGNOSTIC X-RAY, LAB, EMERGENCY ROOM OR	100% TO A MAXIMUM OF \$200 FOR ANY ONE
OPERATING ROOM UNDER DOCTOR DIRECTION	SICKNESS. TREATMENT MUST BEGIN WITHIN
	48 HOURS OF ONSET OF SICKNESS
<b>SURGERY</b>	
IF TWO OR MORE PROCEDURES ARE PERFORMED	100% FOR FIRST \$1,000
THROUGH THE SAME INCISION OR IN IMMEDIATE	80% TO A MAXIMUM OF \$5,000
SUCCESION AT THE SAME OPERATIVE SESSION, THE	
MAXIMUM AMOUNT PAID WILL NOT EXCEED THE BENEFIT	
FOR ONE OF SUCH PROCEDURES FOR WHICH THE LARGEST	
BENEFIT IS PAID	
<b>ANESTHETIST</b>	
IMPATIENT PHYSICIAN FEE EXPENSE	25% OF SURGERY ALLOWANCE
ONLY IF PHYSICIAN SERVICES ARE REQUIRED OTHER THAN	\$50 PER VISIT LIMITED TO ONE PER DAY
THE ATTENDING SURGEON WHILE CONFINED TO HOSPITAL	
<b>OUTPATIENT PHYSICIAN FEE EXPENSE</b>	
ONLY IF PHYSICIAN SERVICES ARE REQUIRED OTHER THAN	\$50 PER VISIT LIMITED TO ONE PER DAY
THE ATTENDING SURGEON WHILE NOT CONFINED TO HOSPITAL	
<b>ROUTINE NEWBORN &amp; MATERNITY CARE</b>	PAID AS ANY OTHER SICKNESS
<b>DIAGNOSTIC X-RAY &amp; LAB EXPENSES</b>	100% TO A MAXIMUM OF \$200 PER SICKNESS