

2013-2014

**STUDENT HEALTH
INSURANCE PLAN**

available to the students of

**TROY
UNIVERSITY**

Troy, Alabama 36082

August 15, 2013 to August 15, 2014

Policy No. 014-090-001 R

Underwritten by:
Guarantee Trust Life Insurance Co.
Glenview, IL 60025

Dear Parents and Students of Troy University:

In this day and age of soaring health care costs, having health insurance coverage is essential. Troy University is offering a health insurance policy to all registered students taking 6 or more credit hours, as well as coverage for spouses and children.

TU has obtained a specifically tailored program to help meet the benefit needs of the students. This brochure outlines the basic details of the Student Health Insurance Plan. The Insurance will provide coverage 24 hours a day and is in effect for twelve months.

I hope you will take advantage of this opportunity to provide a measure of security which may allow your college education to continue uninterrupted even if an accident or illness occurs.

Sincerely,

John Dew
Sr. Vice Chancellor, Student Services & Administration

ELIGIBILITY

All registered students taking 6 or more credit hours are eligible to enroll in this insurance plan. Online courses do not count towards meeting eligibility requirements. Eligible students who do enroll may also insure their eligible dependents who are: (1) the Insured Person's spouse residing with the Insured Person, and (2) the Insured Person's unmarried children under age 26 who reside with the Insured Person. Students who enroll their dependents must enroll them for the same term of coverage for which the Insured Person enrolls. Dependent coverage (except for newborn infants) must be applied for at the same time the student enrolls.

EFFECTIVE AND TERMINATION DATES

The Policy becomes effective at 12:01 a.m., August 15, 2013. The individual student's coverage becomes effective on that date or the date application and full premium are received by the Company (or its authorized representative) whichever is later. The Policy terminates at 12:01 a.m., August 15, 2014 (or the end of the period through which premium is paid).

REFUND OF PREMIUM

Premium refunds are only permitted if we discover the student or dependent has not met eligibility requirements or when the student enters full-time active military service in which case a pro-rata refund will be made upon request.

ACCIDENT AND SICKNESS INSURANCE COVERAGE

This plan supplements the services of the Student Health Services and provides protection 24 hours per day during the term of the policy for each student insured. Students are covered on and off campus, at home, while traveling between home and school and during interim vacation periods. All benefits are subject to the terms, provisions and limitations explained in the brochure.

Student Maximum Benefit \$500,000 per Student per Policy Year
(Accident & Sickness Combined)

Dependent Maximum Benefit ... \$500,000 per Person per Policy Year
(Accident & Sickness Combined)

Policy Year Deductible per Student \$50

Policy Year Deductible per Dependent \$50

Initial Treatment Period 30 days

Covered Services and Benefit Limits

INPATIENT

Hospital Room and Board -

Benefit is payable for semi-private room rate 80% *R&C

Hospital Intensive Care 80% *R&C

Hospital Miscellaneous, Such as, but not limited to
the cost of the operating room, laboratory tests,
x-ray examinations, anesthesia,
drugs (excluding take-home drugs) or medicines,
therapeutic services and supplies 80% *R&C

Inpatient Routine Newborn Care - Benefit is payable up to
48 hours following vaginal delivery or up to 96 hours following
cesarean section delivery Same as any Sickness

Surgical Treatment - If two or more procedures are performed
through the same incision the maximum amount paid
will not exceed 50% of the second procedure and 50% of
all subsequent procedures. 80% *R&C

Assistant Surgeon Expense 80% *R&C

Anesthesia Expense 80% *R&C

Doctor's Visits - 1 visit per day;
Does not apply when related to surgery 80% *R&C

Physiotherapy - Limited to 24 visits maximum
per Policy Year 80% *R&C

Pathology and Radiology 80% *R&C

Private Duty Nurse - When medically necessary 80% *R&C

Pre-Admission Testing 80% *R&C

Maternity Same as any Sickness

Mental and Nervous Disorders Same as any Sickness

Severe Mental Illness Same as any Sickness

OUTPATIENT

Hospital Emergency Room.....	80% *R&C
Outpatient Surgical Miscellaneous.....	80% *R&C
Surgical Treatment - If two or more procedures are performed through the same incision the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	80% *R&C
Assistant Surgeon Expense	80% *R&C
Anesthesia Expense	80% *R&C
Doctor's Visits - 1 visit per day; Not paid same day as surgery or for Physiotherapy .. \$10 co-pay per visit/ then	80% *R&C
Physiotherapy - When prescribed by the attending doctor; 1 visit per day; 24 visit maximum per Policy Year.....	80% *R&C
Diagnostic X-Ray & Lab Services	80% *R&C
Chemotherapy and Radiation Therapy	80% *R&C
Mental and Nervous Disorders - Benefits are limited to one visit per day	Same as any Sickness
Maternity	Same as any Sickness
Prescriptions Drugs - Up to a 31-day supply per prescription..... \$10 co-pay for generic; \$20 co-pay for brand	
Severe Mental Illness	Same as any Sickness

OTHER INPATIENT OR OUTPATIENT

Ambulance Services	80% *R&C
Dental Treatment - Coverage is limited to injuries to sound, natural teeth; does not include biting or chewing injuries	80% *R&C
Durable Medical Equipment - When prescribed by a Doctor	80% *R&C
Alcoholism and Substance Abuse	Same as any Sickness
Well Child Care - Includes routine physical examinations and immunizations, deductible waived.	100% of Actual Expenses
Preventive Care - Deductible waived	100% of Actual Expenses
Consultant Doctor Fees - When requested and approved by the attending Doctor	80% *R&C

***R&C means Reasonable and Customary**

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

The Plan provides \$5,000 for Accidental Death and up to \$5,000 for Accidental Dismemberment for loss occurring within one year of the date of accident. This benefit is paid in addition to all other benefits.

Accidental Loss of Life	\$5,000.00
Accidental Loss of Both Hands or Feet	\$5,000.00
Accidental Loss of Hand or Foot	\$2,500.00
Accidental Loss of Sight of Both Eyes	\$5,000.00
Accidental Loss of Sight of One Eye	\$2,500.00

MANDATED BENEFITS

Mammograms at the following intervals: One every two years for women ages 40 through 49 or more frequently if recommended by a Doctor. Annually for women age 50 and over, or more frequently if recommended by a Doctor. State mandated benefits will be subject to all deductibles, co-payments, co-insurance, limitations, or other provisions of the policy, unless specifically stated otherwise. If any Preventive Care Benefit is subject to the mandated benefits required by state law, they will be administered under the federal or state guideline, whichever is more favorable to the student.

DEFINITIONS

Injury means a bodily Injury due to an Accident which results solely, directly and independently of disease, bodily infirmity or any other causes. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

Sickness means Illness, disease, and Complications of Pregnancy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

PRESCRIPTIONS

After a copayment of \$10 for a generic drug or \$20 for a brand name drug (per prescription), the cost of prescription drugs is payable in full. Prescriptions must be filled at an Express Scripts Participating Pharmacy. Insured Persons will be given an insurance ID card to show to the Pharmacy as proof of coverage. If you need to have a prescription filled prior to receipt of your insurance ID card, go to any pharmacy, pay for the medication in full and save the receipt. Your insurance ID card will include instructions on how to file for reimbursement. Reimbursement will be at the Express Scripts contracted discount rate and will be less than the rate charged by the pharmacy. Not all medications are covered. After you receive your insurance ID card, no claim forms need to be completed. Please contact Express Scripts for assistance with pharmacy locations and a list of covered medications and exclusions. The toll-free phone number and some areas of the website are effective for enrolled members only.

Toll-Free Phone.....800-400-0136
Website.....www.express-scripts.com

EXCESS PROVISION

If you have other Insurance, this Policy may cover unpaid balances, deductibles and pay those eligible medical expenses not covered by other insurance. Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury or Sickness which is payable by other valid and collectible insurance or under an automobile insurance policy, unless prohibited by state laws.

EXCLUSIONS

The policy does not cover any loss caused by or contributed to by:

1. Expenses incurred as a result of dental treatment, except as specifically stated.
2. Eye examinations, contact lenses, eyeglasses, replacement of eyeglasses or prescription, therefore, or radial keratotomy or laser surgery; hearing aids or prescriptions or examinations, except as required for repair caused by Injury.
3. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
4. Services that are provided normally without charge by Policyholder's student health center, services for fees provided by the Policyholder, or services rendered by any person employed by the Policyholder, including team Doctor and trainers, or any other service performed at no cost.
5. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline.
6. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
7. Injury resulting from the practicing for, participating in, or the traveling as a team member to and from intercollegiate or professional sports, except as specifically stated.
8. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury.

PRE-EXISTING CONDITION LIMITATION

(not applicable to any covered person under the age of 19)

Pre-existing Conditions are not covered for the first 12 months following a Covered Person's Effective Date of coverage under the Policy. This limitation will not apply if:

1. The Covered Person has been continuously insured under the Policy for more than 12 months. "Continuously insured" means a person has been continuously insured under the Policy and prior student health insurance policies issued to the Policyholder. Persons who have remained continuously insured will be covered for Sickness or Injury which was payable while continuously insured except for expenses payable under prior policies in the absence of the Policy. Previously insured students must re-enroll for coverage within 30 days of the end of the prior coverage in order to avoid a break in coverage for Sickness or Injury which existed in prior policy years. Once a break

in continuous coverage occurs, the definition of Sickness or Injury will apply in determining coverage of any Sickness or Injury which existed during such break; or

2. (a) The individual seeking coverage under the Policy has an aggregate of 18 months of Creditable Coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage. We will credit the time the individual was covered under prior Creditable Coverage; and (b) whose most recent prior Creditable Coverage was under an employer group health plan; and (c) who accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

HOW TO FILE A CLAIM IN THE EVENT OF INJURY OR SICKNESS

The Insured Person should:

1. Obtain a claim form from the Student Health Center, or by contacting the claim administrator, Administrative Concepts, Inc. (ACI).

2. Complete a claim form and mail it to ACI within 15 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.

6. The physicians and hospitals may submit itemized bills directly to ACI electronically using Payor # 22384 or mailing them to ACI.

APPEALS PROCEDURE

If Your claim is denied You will be notified of the reason with a description of any additional information necessary to appeal the denial. If You or Your provider would like additional information or have a complaint concerning the denial, please contact the Insurer's Third Party Administrator, Administrative Concepts, Inc. (ACI) at 888-293-9229. ACI will address concerns and attempt to resolve the complaint. If ACI is unable to resolve the complaint over the phone, You may file a written internal appeal by writing to ACI. Please include Your name, home address, policy number, and any other information or documentation to support the appeal. The appeal must be submitted within 60 days of the event that resulted in the complaint. ACI will acknowledge Your appeal within 10 working days of receipt or within 72 hours if the appeal involves a life-threatening situation. A decision will be sent to You within 30 days. If there are extraordinary circumstances involved, ACI may take up to an additional 60 days before rendering a decision.

PREMIUM RATES

Students entering school at the beginning of:

Annual (8/15/13 to 8/15/14)

Student	\$1,145.00
Spouse	\$2,863.00
Each Child	\$1,374.00

Spring/Summer (1/9/14 to 8/15/14)

Student	\$ 859.00
Spouse	\$2,147.00
Each Child	\$1,031.00

Summer Session (5/28/14 to 8/15/14)

Student	\$ 435.00
Spouse	\$1,088.00
Each Child	\$ 522.00

For online enrollment visit <https://secure.visit-aci.com/insurance/troy>
or complete the enrollment form in the brochure.

Local Representative:

Sam Starr

Parker Waller ins., LLC

401 Cedar St. • P.O. Box 249 • Greenville, AL 36037

(334) 382-4604 • 1-877-272-4532

E-mail: studentplans@gmail.com

Please keep this brochure as a general summary of the insurance. The Master Policy on file at the college contains all of the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between brochure and policy, the Master Policy will govern and control the payment of benefits.

RIGHT OF SUBROGATION

When benefits are paid to or for a Covered Person under the terms of the Policy, We shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such Covered Person against any person who might be acknowledgedly liable or found legally liable by a Court of competent jurisdiction for the Injury that necessitated the hospitalization or the medical or surgical treatment for which benefits were paid. Such subrogation rights shall extend only to Our recovery of the benefits We have paid for such hospitalization and treatment and We shall pay fees and costs associated with such recovery.

TROY UNIVERSITY
STUDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM 2013-2014

Student's Name _____
(Please Print) Last First Middle Initial

Permanent Mailing Address _____
 Street

_____ City State Zip Date of Birth _____

_____ Male Female

Student ID No. _____

Telephone No. _____

Please Check the Appropriate Rate(s)

Student	Annual (8/15/13-8/15/14)	Spring/Summer (1/9/14-8/15/14)	Summer Session (5/28/14-8/15/14)
Spouse	<input type="checkbox"/> \$1,145.00	<input type="checkbox"/> \$ 859.00	<input type="checkbox"/> \$ 435.00
Each Child	<input type="checkbox"/> \$2,863.00	<input type="checkbox"/> \$2,147.00	<input type="checkbox"/> \$1,088.00
	<input type="checkbox"/> \$1,374.00	<input type="checkbox"/> \$1,031.00	<input type="checkbox"/> \$ 522.00

Make check or money order payable to **Parker Waller Insurance, LLC.,**
 or visit <https://secure.visit-aci.com/insurance/troy>
 (See back for dependent enrollment and mailing instructions.)

Detach and retain for your records

2013-14 Temporary I.D. Card

Underwritten by:
Guarantee Trust Life Insurance Company

Insured (Name of Student)

TROY UNIVERSITY - Policy No. 014-090-001R

Possession of this card does not guarantee eligibility.
 The student must be enrolled in the plan and premium paid.
 Eligibility is subject to verification by Plan Administrator.

Spouse:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____

Coverage will be effective from the date premium is received by the Company or a representative of the Company unless otherwise stated in the Master Policy on file at the School. It is the Student's responsibility for timely renewal payments.

Date _____ Campus phone and address if different from front: _____ () _____

Signature of Student _____

Mail this enrollment card with premium payment to:
 Parker Waller Insurance, LLC
 P.O.Box 249 • Greenville, AL 36037-0584
 or visit <https://secure.visit-aci.com/insurance/troy>

Coverage will be effective August 15, 2013 or the date application with premium payment is received, whichever is later, but not prior to the first day of the term applied for.

CLAIM INSTRUCTIONS

Report claims promptly and submit bills not later than 90 days from date of service.

1. Secure claim form from your School or the Claims Administrator below.
2. Fill out form.
3. Forward completed form with initial bills to:

Administrative Concepts, Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802

See brochure for detailed instructions

This student health insurance coverage is compliant with the HHS ruling of March 16, 2012 that pertains to Student Health Insurance, however, it may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits pertaining to other types of health insurance other than Student Health Insurance. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Your Student Health Insurance coverage has an annual limit of \$500,000 per Policy Year on all covered benefits. If you have any questions or concerns about this notice, contact Guarantee Trust Life Insurance Company. You may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's plan for more information.

Troy University Health Center
Hamill Hall
Troy, AL 36082