

LaRoche College
Student Blanket Accident and Health Plan
2011-2012 Summary of Benefits

Eligibility: All LaRoche College students enrolled for a minimum of 12 credit hours are included in this insurance plan and the premium for coverage is added to the tuition billing unless proof of comparable coverage is furnished. The Insurance Plan is also available to spouses and children of students enrolled in the plan for an additional cost. Please contact Hulse/QM® at 877-729-0778 to enroll a spouse or child.

Effective Dates: August 1, 2011 through August 1, 2012.

Annual Cost of Insurance: \$826 per student including an administration fee.

Networks: The First Health Network is available to students and dependents. Use of a network provider reduces out-of-pocket expenses as network providers have agreed to accept lower fees as payment for healthcare services. The use of an out-of-network provider could result in increased out-of-pocket expenses. A First Health provider directory can be obtained at www.firsthealth.com, click “**Locate a Provider**” on the right side of the screen.

Basic Medical Expense	
For each covered Injury or Sickness	
<p>In Network Providers: For the first \$2,500 of eligible expenses, claims will be paid at 100% of the lesser of the negotiated fee or the limitations in the schedule of covered medical expenses. When eligible expenses exceed \$2,500, claims will be paid at 80% of the negotiated fee or the limitations in the schedule of covered medical expenses to a maximum of \$100,000.</p> <p>Out-of-Network Providers: For claims up to \$2,500, benefits will be paid at 100% in accordance with schedule of covered medical expenses. For claims over \$2,500, claims will be paid at 60% of the schedule of covered medical expenses to a maximum of \$100,000.</p>	
Inpatient Benefits	
Room and Board Average Semi-Private room rate	\$3,000 per day maximum
Hospital Miscellaneous Expenses for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs or medicines (excluding take home drugs); therapeutic services; preadmission testing; and miscellaneous supplies.	All charges combined to a \$2,000 per day maximum
Intensive Care – including 24-hour nursing care	\$3,000 per day maximum
Physiotherapy – When prescribed by the attending physician	Up to \$75 per visit, one visit per day up to 10 visits per condition
Surgery Physician’s fees for a surgical procedure will be paid in accordance with the Medical Data Research schedule	All charges combined up to a \$10,000 maximum
Anesthetist	Services 30% of surgical allowance
Registered Graduate Nurse General nursing care provided by the Hospital is not covered under this plan.	When Hospital confined, prescribed by the attending physician and medically necessary.
Physician Visits Non-surgical	\$50 per visit, one visit per day
Psychotherapy The treatment of mental and nervous disorders.	Same as any other illness
Alcohol and Drug Addiction	Same as any other illness. 4 admissions for detoxification, reimbursement per admission limited to 7 days, Maximum \$4,000
Outpatient Benefits	
Surgery Physician fees for a surgical procedure will be paid in accordance with the Medical Data Research schedule	All Charges Combined up to a \$10,000 maximum
Day Surgery Miscellaneous When surgery is performed in a hospital emergency room, trauma center, physician’s office, outpatient surgical center or clinic, for services and supplies such as: operating room; laboratory tests; X-ray examinations; anesthesia; drugs or medicines; and therapeutic services (excluding physiotherapy); and miscellaneous supplies).	All charges combined to a \$2,000 maximum
Anesthetist Services	30% of surgical allowance
Physician Visits	80% of Usual and Customary, one visit per day
Physiotherapy – Accidental bodily injury only & when prescribed by the attending physician	One visit per day, \$75 per visit, up to 10 visits Per injury
Prescription Drugs – Drug Card Provided Maximum benefit \$1,000 per person per year	\$15 copay – Generic \$25 copay – Brand Name \$40 copay – Non Formulary
Psychotherapy The treatment of mental and nervous disorders.	Same as any other illness
Alcohol and Drug Addiction	30 out patient visits, \$3,000 Maximum
Outpatient Miscellaneous Expenses Including diagnostic X ray and laboratory expenses, MRIs, CAT Scans, Ultrasound, Amniocentesis, AFP Screening and Fetal Stress/Non Stress Tests, or similar procedures, when prescribed by the attending physician	Usual & Reasonable expenses – all charges combined to a \$2,500 maximum per injury or illness
Emergency Room – Co-pay waived if admitted	\$50 co-pay, then paid at 100% to \$1,000, and 50 % from \$1,000 to a maximum of \$2000

Other Benefits	
Allergy Testing & Treatment	\$500 Maximum
Ambulance Service - for transportation to or from a hospital	\$500 per trip
Dental Treatment - performed by a physician for treatment of injury to sound natural teeth	\$100 per tooth to a maximum of \$3,200 (accident only)
Dental Treatment – Extraction of impacted wisdom teeth	\$350 per tooth – all charges combined
Motor Vehicle Accidents - excess to the motor vehicle insurance	Maximum of \$5,000
Medical Evacuation and Repatriation	\$40,000 Maximum
Accidental Death and Dismemberment Coverage	From \$2,500 to \$5,000

**Healthcare Advocacy Provided
by the Healthcare Advocates
at Hulse/QM®
(877) 729-0778**

Claims Administrator:
A-G Administrators, Inc.
P O Box 979
Valley Forge, PA 19482
(800) 634-8628

Coverage Provided by:
United States Fire
Insurance Company
Eatontown, New Jersey

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by or resulting from:

- Injury of the primary insured covered under any student accident insurance policy underwritten by us.
- Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution
- Services covered or provided by the student health fee.
- Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of injury.
- Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a covered expense associated with a sickness or injury covered by the policy.
- 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 policy.
- Dental treatment, except as specifically provided for in the Schedule.
- 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;
- Injury caused by, contributed to, or resulting from suicide, attempted suicide or intentionally self-inflicted injury, except as a result of a mental disorder that is currently under the care of a mental health professional;
- Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as 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:
 - a. The services are rendered on an medical emergency basis; and
 - b. A legal liability exists for the charges made on behalf of a covered person for the services given in the absence of insurance.
- Elective surgery and elective treatment, except as required to correct an injury for which benefits are otherwise payable under the policy.
- Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act.
- Replacement braces and appliances.
- Treatment or removal of non-malignant moles, warts or boils, acne, actinic or seborrheic keratosis, dermatofibrosis, or nevus of any description or form; halux valgus repair; varicosity; sleep disorders, including the testing thereof; deviated nasal septum, except when the direct result of an accidental bodily injury incurred while insured hereunder; TMJ (temporomandibular joint dysfunction) or CMJ (craniomandibular disorder) except when the direct result of accidental bodily injury incurred while insured hereunder or a sickness first manifesting itself while insured hereunder;
- Elective caesarean section;
- Expense incurred within your home country (outside of USA) or country of regular domicile (International students).
- Services rendered for 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 medical expense payable by any 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:
 - (i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
 - (ii) The covered person is within a 25-mile radius of the site of the release either:
 - At the time of the release; or
 - Within 24 hours of the start of the release.
- Preventive medicines, serums, vaccines.
- Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
- Rest cures or custodial care.
- Personal services such as television and telephone or transportation.