

# Catastrophic Accident and Health Plan



Designed for College Students of  
**Bucknell University**

Please keep this outline of  
coverage for future reference

**2010-2011**

**\$ 500,000 CATASTROPHIC  
ACCIDENT AND SICKNESS PLAN**

**Dear Students and Parents:**

If you are currently enrolled as a student, you are eligible to purchase this coverage at the initial time of enrolling in the base plan.

**HOW DO I ENROLL?**

Complete the enclosed Catastrophic Accident & Sickness Plan Enrollment Form and return along with a check or money order for the appropriate premium to:

Hulse/QM  
5 E. Main Street, Mechanicsburg, PA 17055

Once your base plan maximum of **\$100,000** has been exhausted, this program will pay up to **80%** of the reasonable and customary expenses for up to aggregate maximum of **\$500,000**.

**QUESTIONS? - CALL 1-800-273-1755**

**ELIGIBILITY**

An eligible student may enroll in this coverage for the period commencing on the effective date for the coverage option selected and ending on the corresponding termination date shown. To enroll in this coverage an eligible student must submit the attached completed enrollment form and the premium for the period of coverage selected to the Company or its authorized representative at the initial time of enrolling in the base plan.

**REFUND PROVISION**

In the event an Insured person leaves school to enter active military service, coverage will cease and a pro rata refund of premium will be made upon request. Other than as stated here, no refunds are available.

**TERM OF COVERAGE**

The policy for the current year becomes effective on 08/01/2010 at 12:01 a.m. and expires on 08/01/2011 at 12:01 a.m. Coverage remains in effect during holiday and vacation periods. Should an Insured person graduate or withdraw from the institution, the insurance shall remain in effect until the end of the period for which premium has been paid.

**ANNUAL PREMIUM RATES**

	<b>Under 25</b>	<b>25 and Over</b>
<b>Student</b>	<b>\$ 185.00</b>	<b>\$ 360.00</b>

**DEFINITIONS**

**Accident** means a sudden, unexpected and unintended event which is identifiable and caused solely by an external physical force resulting in Injury to an Insured person. Accident does not include a Loss due to or contributed to by disease or Sickness.

**Deductible** means the amount an Insured is required to pay as provided by the applicable coverage under the policy in the event of a Loss.

**Expense** means the Usual and Customary charges for Medically Necessary treatment, service or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

**Hospital** means a licensed institution including a tax-supported institution of the state which has on the premises, or prearranged access to, medical and surgical facilities. It must maintain permanent facilities for the care of overnight resident patients under the care of a Physician. It must have a Registered Nurse (R.N.) always on duty or call. Confinement in the special wing of a Hospital used primarily as a nursing, rest, convalescent or extended care facility is not confinement in a Hospital, unless such confinement is because of a lack of space in the Hospital's full service wing.

**Injury** means bodily harm caused by an Accident which occurs while the policy is in force and is the sole cause of the Loss.

**Insured** means an eligible student or an eligible student's dependent (if dependent coverage is available under the policy).

**Loss** means medical Expense caused by Injury or Sickness and covered by the policy.

**Medically Necessary** means medical services, supplies or treatment authorized by a Physician to treat an Insured person's bodily Injury or Sickness which are:(a) consistent with the symptoms or diagnosis; (b) appropriate and accepted according to good medical practice standards; (c) not primarily for the convenience of the Insured person, Physician or other providers; and (d) consistent with the most appropriate supply or level of services which can safely be provided to the patient.

**Physician** means any practitioner of the healing arts, licensed by the state in which he practices and acting within the scope of his license, including a duly licensed podiatrist, surgeon, osteopath, dentist, chiropractor, optometrist, psychologist, physical therapist, and graduate nurse. Physician shall not include a member of the Insured's immediate family.

**Pre-Existing Condition** means any condition for which medical advice or treatment was received or recommended within the six months immediately preceding Your effective date of coverage. This exclusion applies for 12 months after Your effective date of coverage. This exclusion does not apply to a pregnancy existing on Your effective date of coverage. We shall credit the time You were previously covered under a previous health insurance plan or policy or employer provided health benefit arrangement, if the previous coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage. Such credit shall apply to the extent that the previous coverage was substantially similar to the new coverage. The creditable coverage outlined above means any prior health care coverage as defined in HIPAA which includes group coverage; individual coverage; Medicare; Medicaid; military service related care; Indian health service or tribal organization coverage; state health benefits risk pool; a public program offered under the Federal Employees Health Benefits Program; a public health plan; Peace Corps Act health plan; state children's health programs (S-CHIP); and foreign national health plans.

**Sickness** means disease or illness which causes a Loss while the Insured is covered by the policy. Sickness includes normal pregnancy and complications of pregnancy.

**Usual and Customary Expense** means an Expense which:(a) is charged for treatment, supplies or medical services Medically Necessary to treat the Insured's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the Expense is incurred.

**We, Us or Our** means Market Insurance Company. **You,**

**Your or Yours** means the Insured.

## EXTENSION OF BENEFITS

Extension of Benefits means the coverage provided under the policy ceases on the expiration date. However, if on the expiration date, the Insured is under a Physician's care for a condition covered by the policy, benefits will be extended for the condition for up to one month after the expiration date.

This Extension of Benefits only applies to the Insureds who are not eligible to continue coverage under the new or renewal policy issued to the Policyholder. Benefits paid for a covered condition before the expiration date and during the Extension of Benefits will not exceed the limits of the policy.

## DESCRIPTION OF BENEFITS

### SECTION I

#### BASIC ACCIDENT BENEFITS

When Your Injury requires: (a) treatment by a Physician; (b) Hospital confinement; (c) services of a licensed practical nurse or R.N.; (d) x-ray service; (e) use of an operating room, anesthesia, including the administration thereof, laboratory service; (f) use of an ambulance;(g) use of an ambulatory surgical center or ambulatory medical center; (h) if ordered by a Physician, prescription medicines, drugs or any other therapeutic services or supplies; or (i) home health care Expenses, We will pay the Expense incurred after payment of \$100,000 deductible up to an aggregate maximum of \$500,000. This benefit includes coverage for treatment of Injury to natural teeth.

### SECTION II

#### ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Accidental Death and Dismemberment Insurance covers You for a Loss as shown below. The Loss must result from an Accident, directly and independently of all other causes. The Accident must take place while You are insured under the policy. Also, the Loss must take place within 52 weeks after the Accident.

The following table shows the amounts we will pay:

For Loss Of	Amount
Life . . . . .	100%
Both hands or both feet or sight of both eyes . . . . .	100%
One hand and one foot . . . . .	100%
One hand and sight of one eye . . . . .	100%
One foot and sight of one eye . . . . .	100%
One hand or one foot or sight of one eye . . . . .	50%

The most We will pay for all Losses to an Insured as the result of one Accident is \$100,000

Loss to hands and feet means severance at or above the wrist or ankle joints. Loss of sight means total and irrecoverable loss of sight.

### SECTION III

#### BASIC SICKNESS BENEFITS

When You suffer a Loss from Sickness, We will pay the Expense incurred after payment of \$100,000 deductible up to an aggregate maximum of \$ 500,000. Benefits are payable at 80% of Usual and Reasonable for students.

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|--|---|
| <ul style="list-style-type: none"> <li>• Hospital Room and Board Expense</li> <li>• Surgical Expense</li> <li>• Consultant or Specialist Expense</li> <li>• Ambulance Expense</li> <li>• Outpatient Expense</li> <li>• Hospital Outpatient Expense</li> <li>• Outpatient Prescribed Medicines Expense</li> </ul> | <ul style="list-style-type: none"> <li>• Hospital Miscellaneous Expense</li> <li>• In-Hospital Physician's Fees Expense</li> <li>• Outpatient Physician Fees Expense</li> <li>• Outpatient Diagnostic X-ray and Laboratory Expense</li> <li>• Licensed Nurse Expense</li> <li>• Outpatient Psychiatric Expense</li> </ul> |
|--|---|

#### MANDATED BENEFITS

The following benefits are mandated by state regulation. These benefits are provided:1) to the extent that the type of Expense is covered under the basic policy; and 2) at the same payment level as any other Sickness or Injury, unless otherwise stated below.

**Mammography Expense:** We will pay the Expense for mammography screening for breast cancer screening or diagnosis, or for any non-symptomatic woman covered under the policy as follows: a) one baseline mammogram for any woman who is 35 through 39 years of age; and b) a mammogram every year for any woman who is 40 years of age and older.

**Maternity Care Expense:** We will pay for Medically Necessary Expenses incurred in connection with: a) inpatient hospitalization services for a covered mother and a newborn child for a minimum of 48 hours after an uncomplicated vaginal delivery; and b) a minimum of 96 hours after delivery by an uncomplicated cesarean section. Any decision to shorten the length of stay listed above shall be made by the attending Physician, obstetrician, pediatrician or certified nurse midwife after conferring with the mother. If the mother and newborn are discharged early, coverage shall be provided for up to two follow up visits, provided that the first visit is within 48 hours of discharge.

**Prostate Cancer Expense:** We will pay the Expense incurred in connection with prostate cancer screening as follows: a) at least one prostate specific antigen test annually for an Insured who is at least 50 years of age; and b) at least one prostate specific antigen test annually for an Insured who is less than 50 years of age and who is at risk for prostate cancer according to the most recent published guidelines of the American Cancer Society.

**Reconstructive Breast Surgery Expense:** We will pay the Expenses incurred in connection with reconstructive breast surgery incident to a mastectomy including: a) all stages of reconstruction of the breast on which the mastectomy has been performed; b) surgery and reconstruction of the other breast to produce symmetry; and c) prosthetic devices.

**Diabetes Expense:** We will pay for all Medically Necessary Expenses incurred in connection with the treatment of diabetes as follows: a) equipment; b) supplies; and c) self management training and education.

**Newborn Coverage:** We will pay the Expense for newborn children including, but not limited to, benefits for inpatient or outpatient Expenses arising from medical and dental treatment (including orthodontic and oral surgery treatment) involved in the management of birth defects known as cleft lip and cleft palate.

## COORDINATION OF BENEFITS

This policy coordinates with other plans under which an individual is covered so that the total benefits available will not exceed 100% of the allowable Expenses.

When a claim is made, other valid and collectible insurance pays its benefits without regard to this policy. This policy then adjusts benefits so that the total benefits available will not exceed the allowable Expenses. No plan pays more than it would without the coordination provision. In the absence of other valid and collectible insurance, it is Our intention that Expenses incurred in connection with any covered Injury or Sickness shall be fully payable subject to the terms, conditions and limitations of this policy.

"Other valid and collectible insurance" shall mean any plan providing medical Expense benefits for or by reason of dental, Physician, nurse, Hospital care, treatment, or confinement, or the performance of surgery and/or anesthesia, which benefits are provided by (1) any type of service plan contracts, any group or blanket insurance, employee benefit plan or any plan arranged through an employer, trustee, union or employee benefit association; or (2) any plan or program created or administered by national or state government, or agencies thereof; or (3) individual insurance. We will not limit or exclude payment on a claim because the Insured person is eligible for or is provided medical assistance under the provisions of Title XIX of the Social Security Act.

A plan without a coordinating provision is always the primary plan.

### Conformity with State Statutes

Any provision of this plan which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes.

Any Expense not specifically listed in the preceding sections is not covered.

## EXCLUSIONS

**The policy does not cover Loss nor provide benefits for:**

- Expenses for dental treatment, except for treatment resulting from Injury to natural teeth; or as specifically provided by a Sickness Dental Expense Benefit, if included in the policy;
- Services normally provided without charge by the Policyholder's health service, infirmary, Hospital or employees;
- Routine eye exams and contacts; replacing eyeglasses or prescription therefore; routine examinations and services related to hearing examinations or hearing aids; or treatment for hearing defects not related to an Injury or Sickness;
- Routine physical examinations; preventive care; elective surgery and elective treatment; services solely to improve appearance; for personal hygiene; services specifically for dietary control; custodial, sanitarial or rest care; or fertility testing;
- Cosmetic Surgery. Cosmetic surgery does not include reconstructive surgery which results from trauma, infection or other diseases of the involved part; reconstructive surgery because of congenital disease or deformity of a dependent child. Cosmetic surgery due to congenital defects will be covered for newborn children;
- Physiotherapy, except as specifically provided for in this policy
- False labor; occasional spotting; Physician prescribed rest during the period of pregnancy; morning sickness; or similar conditions associated with the management of a difficult pregnancy, but not constituting a distinct complication of pregnancy;
- Treatment or supplies for the newborn infant except that required for the treatment of a covered Accident or Sickness;
- Voluntary termination of pregnancy;
- Skydiving; recreational parachuting; hang gliding; glider flying; parasailing; sail planing; bungee jumping; or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
- Injury or Sickness resulting from any declared or undeclared war;
- Injury due to participation in a riot; commission of or attempt to commit a felony;

- Suicide, attempted suicide or intentionally self-inflicted Injury;
- Injury or Sickness while in the armed forces of any country. When an Insured enters such armed forces, We will refund the unearned pro rata premium to the Insured;
- Injury or Sickness covered by any workers' compensation or occupational disease law;
- Injury or Sickness resulting from being under the influence of alcohol or drugs unless taken on a Physician's advice;
- Treatment provided in a governmental Hospital unless the Insured is legally obligated to pay such charges;
- Injury resulting from the practice or play of intercollegiate sports; or
- Pre-Existing Conditions.

## CLAIM PROCEDURE

To file a claim under the Accident and Health Plan, the student should:

1. Complete a claim form, which is available online at Our website, [www.amastudentplans.com](http://www.amastudentplans.com)
2. The claim form must be completed and signed. Attach all itemized medical and Hospital bills. Itemized bills must be furnished with the claim form within 90 days from the date of Loss.
3. Questions should be referred to the Claims Administrator or the Student Health Center (if applicable).
4. Preauthorization and precertification of benefits to providers of medical service are not required nor provided by Us.
5. Claim filing procedures and access to Our claim form are available online at Our website: [www.amastudentplans.com](http://www.amastudentplans.com)

## Markel Privacy Practices

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect Your personal information. We do not use or disclose Your information for any fundraising, marketing or research activities.

We use and disclose Your information to determine Your eligibility for plan benefits, to facilitate payment for treatment and services provided to You, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claims inquiry. We may also disclose Your information to law or government agencies when required by law to do so.

Under the privacy laws, You have unlimited access to Your information. You may limit how We use and disclose Your information and get a listing of instances where it was disclosed. You may request that We correct inaccurate information or add missing information.

If You have any questions about Your rights, Our Privacy Practices or You want to file a complaint, please contact Our Privacy Officer at: Phone (800) 431-1270 or [www.MarkelAH.com](http://www.MarkelAH.com).

Underwritten by:



Glen Allen, VA 23060

American Management Advisors, Inc.  
PO Box 366 • Langhorne, PA 19047 • (888) 533-7654

Mail claims to:

**MCA Administrators, Inc.**

A Markel Business Partner

PO Box 6540 • Harrisburg, PA 17112  
(800) 427-9308 • (717) 652-8328 (Fax)  
[student-insurance@mcoa.com](mailto:student-insurance@mcoa.com)

This outline of coverage is intended only for quick reference and does not limit or amplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file at the institution.

**BUCKNELL UNIVERSITY  
CATASTROPHIC ACCIDENT AND SICKNESS PLAN ENROLLMENT CARD**

Each insured must complete an enrollment card!

Annual Rates	
Under 25	25 & Over
Student <input type="checkbox"/> \$185.00	<input type="checkbox"/> \$360.00

**Person's Name** \_\_\_\_\_ **Soc. Sec. #** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Date** \_\_\_\_\_ **Student Signature** *x* \_\_\_\_\_

I Acknowledge that I have read, understand and agree to the terms and conditions of this coverage as detailed in the brochure  
 Make check payable and return to: Hulse/QM 5 E. Main Street, Mechanicsburg, PA 17055