Student Plan Document And Summary Plan Description

Designed for the
Students of

(Hereinafter called Sponsor)

2008-2009

Plan Number: S210408
Effective August 11, 2008 to August 11, 2009

IMPORTANT NOTICE

This Plan hereby covers the Students (herein individually called Covered Student) of Central State University, Wilberforce, OH (herein called the Plan) who have enrolled with Central State University, who are active Full-Time Students, and have paid the required contribution (subject to the provisions of the Plan Document, against certain expenses of the Covered Student or dependent resulting from injuries or sickness).

This Plan Document is the Plan's Legal Description. Contributions are required by the participating Students. Contributions are based on the amount of coverage, expenses and other costs. The Plan, may, if necessary, change the contribution amount as needed.

TABLE OF CONTENTS

Important Health Plan Information 2
Eligibility 3
Termination of Benefits 3
Services Provided at Student Health Center 3
Services Not Covered at Student Health Center 4
Pre-Admission Certification Requirement 4
Services Outside the Student Health Center 5
Schedule of Benefits 5-6
Additional Pre-Approved Medical Benefits 6-7
Second Surgical Opinion 7
Ambulance 7
Durable Medical Equipment 7
Dental Expense Benefit 7
Physical Therapy 8
Speech Therapy 8
Skilled Nursing Facility Services 8
Home Health Care 8
Coordination of Benefits 9
Pre-Existing Conditions 9
Plan Amendments 9
Reimbursement of Payment 9
Right of Recovery 10
Subrogation 10
Effect of Medicare or Medicaid 10-11
Exclusions and Limitations 11-13
Definitions 14-18
Presenting a claim 18
Claims Procedures 18-19
Notification of Decision 19
Review Procedure 19-20
Privacy Policy 20

IMPORTANT HEALTH PLAN INFORMATION

1. **All medical care must first be obtained at or directed through the Central State University Student Health Center.**
2. All prescriptions are to be filled at the Student Health Center. Filling of these prescriptions will be made based on availability.
3. If care CANNOT be provided at the Student Health Center then the student may be referred to a Participating Panel Provider.

   PANEL REFERRALS: Any services provided as a result of the referral will be covered up to the total plan maximum for the school year.

   NON-PANEL REFERRALS: If the student is referred to a **NON-**participating provider the claim will be paid according to the usual, customary & reasonable rate (UCR). The student may be responsible for a portion of the charges.
4. **Elective Treatment:** if the student chooses to seek care or treatment on their own, without a referral from the Student Health Center, charges may be reduced or denied for no approval. The "No Approval Coverage" = $1,000 deductible (limited to UCR payment), then 50/50 of all remaining UCR expenses subject to the total plan maximum for the school year (subject to medical necessity as determined by the Plan Medical Director).
5. The Student Health Center must be notified **by the Student and / or Provider (as illustrated on the Student ID)** within 24 hours of any **EMERGENCY treatment.** Failure to notify the Student Health Center may result in the denial or limited payment of charges.
6. Student Athlete Claims: Per cause Maximum Benefit Maximum of $1,000 with the balance to be paid by K&K Insurance Group up to $24,999 then NCAA policy up to $25,000+. All student athletes must have a referral in from the Athletic Director.
7. Pre-existing conditions are not covered as a freshman or any first year transfer student.
8. COB – Coordination of Benefits is part of the Central State University Student Health Plan. Your parents plan information is required to be submitted at the student health center.

ELIGIBILITY

As a full-time student You are eligible to become a participant in this Plan on the first of the month following registration as a student at Central State University providing the appropriate fee has been paid.

A full-time student will be covered during school vacations if he / she returns to full-time status during the next school term.

TERMINATION OF BENEFITS

Your coverage will automatically terminate following any of the following:

1. Fall below full-time hour requirements;
2. Suspension;
3. Non-payment of contribution;
4. Leave school for longer than **90** days for any reason;
5. Leave school permanently; or
6. Transfer to another school.

SERVICES PROVIDED AT THE CENTRAL STATE UNIVERSITY STUDENT HEALTH CENTER

First Aid
Diagnosis and treatment of acute illnesses
Treatment of acute muscular strains and sprains
Birth Control pills
Pap smears and gynecological exams
Sexually transmitted disease testing
Treatment of genital warts when appropriate
Evaluation and treatment after acute injuries
Suture removal
Suture placement for minor lacerations
Pregnancy testing-limited to once every 90 days unless medically necessary
Some of the prescription medications available at the CSU Student Health Center:

- Antibiotics
- Non-steroidal anti-inflammatory
- Birth control pills
- Topical creams

Counseling provided by licensed counselors.
Laboratory studies
X-rays
Referral to specialist when medically indicated
Ambulance service in case of emergencies

SERVICES NOT COVERED:

Medications for pre-existing conditions-although prescriptions can be written for use at Local pharmacy with verification from treating physician.

Depo Provera injections
Allergy injections
Insulin shots
Prenatal care
Dental care
Emergency room visits made without prior approval of the Student Health Center will be approved at the discretion of the Medical Director.

PRE-ADMISSION CERTIFICATION:

Pre-Admission Certification (PAC) and Continued Stay Review (CSR) refer to the process used to certify the Medical Necessity and length of any Hospital confinement as a registered bed patient. PAC and CSR are performed through a utilization review program operated by Central State University Student Health Center (or Medical Director).

PAC must be requested by you through your Central State Approved Physician for each Hospital visit or admission. CSR will be requested by the Central State Medical Director prior to the end of the certified length of stay for continued inpatient Hospital confinement from the Approved Physician.

NOTIFICATION OF HOSPITAL ADMISSION:

If a physician recommends that a covered student requires a hospital admission, the covered student must instruct his / her physician to notify Central State University 24 hours prior to any admission or by the end of the business day following a weekend or holiday admission at:

Central State University
Student Health Center
937-376-6075 or 6135

The Student Health Center will require the following information:

- Student's Name
- Name of Hospital and Date of Admission
- Admitting Diagnosis
- Estimated Length of Stay

COVERED MEDICAL EXPENSES OUTSIDE THE STUDENT HEALTH CENTER

If you need to seek treatment outside the Student Health Center from a Physician, Lab or other Medical Facility (non-hospital facility) you must obtain approval from the Student Health Center unless treatment is of the emergent nature and/or if the Student Health Center is closed or not accessible for reasons outside your control. All subsequent follow-up visits following an emergency visit will, however, require approval by the Student Health Center.

If you fail to follow these provisions, benefits may be reduced or denied at the sole discretion of the Student Health Center.

SCHEDULE OF BENEFITS

Benefit Period: 8/11/2008 – 8/11/2009

Maximum Benefits Paid: $10,000 (aggregate of ALL benefits paid during benefit period)

Hospital Room & Board: **Approved Admissions** are covered at 100% of the average semi-private room rate up to the Plan Annual Maximum of $10,000 per year for benefits received at Greene Memorial Hospital. These benefits are NOT subject to any deductible or co-insurance.

Benefits received at any other hospital are subject to **$1,000 deductible**, then co-insurance of **50%** of the next $20,000 of billed charges.

Miscellaneous Hospital: Covered **IN FULL** at Greene Memorial Hospital.

Benefits received at any other hospital are subject to **$1,000 deductible**, then co-insurance of **50%** of the next $20,000 of billed charges.

Emergency Accident And/or Illness: Covered **IN FULL** with approval from Student Health Center; if not approved, then after a **$1,000 deductible** the Plan will pay **50%** of the next $20,000 of billed charges.

SCHEDULE OF BENEFITS - Continued

Lab & X-Ray Services, Inpatient and Outpatient Physician Services:	Covered **IN FULL** at Greene Memorial Hospital when approved in advance by the Student Health Center. Benefits received at any other hospital are subject to **$1,000 deductible**, then co-insurance of **50%** of the next $20,000 of billed charges.
Surgical Treatment:	Covered **IN FULL** when Student is referred by the Student Health Center to any Physician. Benefits received at any other hospital are subject to **$1,000 deductible**, then co-insurance of **50%** of the next $20,000 of billed charges.
Prescription Drugs:	Covered **IN FULL** when purchased from the Student Health Center. Prescriptions not purchased at the Student Health Center will not be covered. However, as a student enrolled in this Plan, You will have access to a Prescription Discount Card that will provide you a point of service discount. You will be responsible for 100% of the cost of the prescription when purchased at an outside pharmacy.
Sports Injury:	Covered **IN FULL** up to $1,000 with approval from Student Health Center. All claims in excess of $1,000 are paid by Central State University's athletic policies.

Additional Pre-Approved Medical Benefits Include:

Out-Patient Surgeon & Facility Expenses
Anesthesia
Pre-Admission Testing
Second Surgical Opinion
In-Patient Physician/Surgeon/Anesthesia
Maternity

Ambulance
Speech & Physical Therapy
Medical Surgical Services & Supplies
Skilled Nursing Facility
Mental & Nervous Disorders- Inpatient / Outpatient
Alcoholism & Chemical Dependency- Inpatient / Outpatient

SECOND SURGICAL OPINION PROGRAM (IN AND OUT-PATIENT SURGERY)

A Second Surgical Opinion is not required. However, if you desire a second opinion, the plan will pay 100% of the cost following approval from the Medical Director.

You may choose any specialist who is not an associate of the referring physician and who treats medical conditions like the one for which surgery was recommended. The program also covers the cost of any additional x-ray and laboratory tests which that doctor might need. If you need any assistance in selecting a physician for obtaining the second opinion, contact the local Academy of Medicine.

If the second opinion specialist does not confirm the advisability of the proposed surgery, a third opinion may be arranged (and will be paid for) in the same manner as the second.

AMBULANCE

Local ambulance service to and from a local hospital is covered when referred by Student Health Services.

DURABLE MEDICAL EQUIPMENT

The rental of durable medical equipment is covered when referred by Student Health Services. Eligible items include, casts, splints, trusses, braces or crutches, made necessary by an injury sustained or sickness contracted while covered. Replacement or repair of prosthetic devices is NOT covered except for replacement made necessary by the growth of children.

Coverage is limited to the rental cost of equipment not to exceed the purchase price, for a wheelchair, hospital-type bed or other durable medical equipment with a physician prescription and approved by the Plan.

DENTAL EXPENSE BENEFIT

Dental treatment by a licensed dentist or dental surgeon required as the result of an accidental injury to sound natural teeth, sustained while covered, including initial replacement of such teeth and the setting of a jaw which was fractured or dislocated in the accident (provided treatment commences within six months after the accident). Injury as a result of

chewing or biting shall not be considered an accident or injury. Benefits paid toward an eligible accident shall be limited to $2,000 per plan year.

PHYSICAL THERAPY

Physical therapy treatment following disease, injury or loss of a body part, covered services include in-patient and out-patient services.

SPEECH THERAPY

Service of a speech therapist for the correction of a speech impairment resulting from disease, injury or surgery contracted while covered under the Plan.

SKILLED NURSING FACILITY SERVICES

Benefits are available for the same covered services in a Skilled Nursing Facility as are included for In-patient Hospital Services and In-Patient Medical Services.

No coverage is provided in a Skilled Nursing Facility Services for:

a. Custodial care;
b. Treatment for mental illness, drug abuse or alcoholism;
c. Once a patient can no longer improve from treatment for the current condition as determined by the Claims Administrator.

If we determine that you can no longer benefit from treatment, we will give you ten days written notice of our determination before your benefits cease. These expenses accumulate towards your annual maximum of $10,000.

HOME HEALTH CARE

Home Health Care means a program established and approved in writing by a physician, with such physician's certification that the covered person's medical condition and the proper treatment of the specific condition would require continued confinement as a bed patient in a hospital in the absence of the services and supplies provided as part of the Home Health Care Plan.

Each visit by an R.N. or L.P.N. to provide nursing care, by a therapist to provide therapy and each visit of four hours by a Home Health Aide will be considered one visit. The coverage charges are processed at 100% of R&C. These expenses accumulate towards your annual maximum of $10,000.

COORDINATION OF BENEFITS

If you are covered under this Plan and also covered under another medical insurance plan, the benefits payable with respect to your claims under this Plan will be coordinated with the benefits payable with respect to your claims under all other plans. These other plans may include group health care insurance provided through a parent's plan, a spouse's plan, or through employment, other student accident plans, association plans, and plans obtained through any other employment or any individual health insurance policy.

The rules described below will be used in coordinating the benefits payable under the Plans:

1. A Plan with no rules for coordination with other benefits will be deemed to pay its benefits before a Plan which contains such rules.
2. Any individual or non-group Plan will be deemed primary and will pay its benefits prior to this Plan.
3. A Plan which covers a person from this Plan as a dependent will be deemed to pay its benefits before this Plan.

PRE-EXISTING CONDITIONS

If you have a condition (whether physical or mental) for which medical advice, diagnosis, care or treatment was recommended or received within six months of your enrollment date (defined below), you will be subject to a pre-exiting condition exclusion. Pre-existing condition exclusion is the amount of time when care related to that condition will not be covered. The exclusion period from the date of enrollment will be 12 months for timely entrants (students who enroll when first eligible).

PLAN AMENDMENTS

Plan amendments are required to be distributed to all eligible Students within 60 days of the effective date of the amendment.

REIMBURSEMENT OF PAYMENT

When another plan makes payment which should have been made under this plan, Advanced Administration, Inc. shall have the right to directly reimburse the other plan making payment.

RIGHT OF RECOVERY

If we pay more for covered services than the Plan requires, we have the right to recover the excess from anyone to or for whom the payment was made. You agree to do whatever is necessary to secure our right to recover the excess payment. The Plan can take whatever measures are available to seek reimbursement due, including, but not limited to withholding payment of future claims.

SUBROGATION

In the event you or a dependent receive any benefits arising out of injury or illness for which you have or assert any claim or rights to recovery against a third party or parties, then any payment or payments by the Plan for such benefits shall be made on the condition and with the agreement and understanding that the Plan will be reimbursed, therefore, by you or your dependents to the extent of, but not exceeding, the amount or amounts received by you from such third party or parties by way of settlement or in such satisfaction of any judgment or judgments. You shall do nothing to prejudice the rights of the Plan to such reimbursement and, when requested by the Plan, you shall execute and deliver any and all instruments and papers required or necessary in order to fully execute and to fully protect all the Plan's rights hereunder. You shall do nothing to prejudice the rights of the Plan to such subrogation.

EFFECT OF MEDICARE OR MEDICAID ON THE PLAN

If a Covered Person is eligible for Medicare or Medicaid and incurs covered expenses for which benefits are payable under this Plan, this plan will be Primary. Primary means that benefits payable under this Plan will be determined and paid without regard to Medicare or Medicaid. Secondary means that payments not eligible under the Plan may be eligible under Medicare or Medicaid but will not exceed 100% of the actual covered expense.

Coverage under the Plan for a Covered Person will always be Primary if:

1. He / she is an active student; or
2. He / she is entitled to benefits under Medicare because of renal dialysis or kidney transplant. In this case coverage under this Plan will be Primary only during the first 18 months of the period such person is so entitled; or
3. He / she is under age 65 and has been receiving Social Security Disability Benefits for at least 2 years.

Coverage under the Plan for a Student will be Secondary if: He / she has been entitled to benefits under Medicare because of renal dialysis or kidney transplant for more than 18 months. In this case coverage under the Plan will be Secondary only after the first 18 months of the period such person is so entitled.

If a Student does not enroll for coverage under Part A and Part B of Medicare or does not make due claim for Medicare benefits, the Plan will calculate benefits as if he were enrolled in both parts of Medicare and full claim for benefits had been made.

PRESCRIPTION DRUGS EXCLUSIONS AND LIMITATIONS

This prescription drug program does not provide benefits for the following:

1. The charge for any medication or device which is to be used for contraceptive purposes including birth control pills;
2. Drugs not requiring a prescription under federal law;
3. Fertility drugs;
4. Charges for diet pills, diet supplements and vitamins;
5. Charges for Retin-A for those over 21;
6. Smoking Cessation Products;
7. Drugs which sole purpose is to promote or stimulate hair growth;
8. Any charge for therapeutic devices or appliances regardless of their intended use (except for disposable insulin syringes);
9. Any charge for administration of drugs or insulin;
10. The charge for more than a 90-day supply of maintenance legend drugs or 100-unit doses (in some cases 200-unit doses) whichever is greater.
11. The charge for any prescription order refill in excess of the number specified by a doctor or any refill dispensed after one year from the date of the original prescription order.
12. The charge for any medication for which you or your eligible dependent is entitled to receive reimbursement under any Worker's Compensation law or for which entitlement to benefits is available without charge from any municipal, state or federal program of any sort whether contributory or not; and
13. Drugs which do not have the required governmental approval when you receive them or are considered experimental or of a research nature.

There is no coverage for "over the counter" drugs, even if prescribed or recommended by a physician. There is no coverage for contraceptive devices (IUD's or Depo), vitamins, vitamin supplements or any dietary supplement or therapy if in stock.

MEDICAL COVERAGE EXCLUSIONS

In no event will the following be considered covered charges nor will benefits be payable for charges incurred in connection with:

1. Custodial or domiciliary care or care in an institution primarily a place of rest, for the aged, nursing home or any similar institution;
2. Conditions covered by Worker's Compensation;
3. Services or hospitalization which begins prior to you or your dependent's effective date or after coverage has terminated;
4. Services provided by local, state (except Medi-Cal), or federal governmental agency including Medicare;
5. Services or supplies rendered when not medically necessary;
6. Services or supplies rendered when there is no charge;
7. Autistic disease of childhood, hyperkinetic syndromes, learning disabilities, behavioral problems, mental retardation and hospitalization for environmental change;
8. Treatment on or to the teeth except as described in the Covered Expenses Section of this booklet;
9. Personal hygiene, convenience, comfort, beautification items or admission kits;
10. Services or supplies in connection with experimental treatment;
11. Conditions caused by war or any act of war, whether declared or undeclared;
12. Professional services provided by a family member or by a person residing in a home;
13. Charges for cosmetic surgery except when necessary as a result of an accident occurring while the person is insured. (Provided treatment commences within 90 days of accident);
14. Services provided for routine maintenance (services) or annual physicals. Except when specifically covered.
15. Treatment to alter covered individual's physical characteristics to those of the opposite sex;

16. Optometric services, dispensing optician's services, orthoptics, eyeglasses, routine examinations and eye refractions for the fitting of glasses, except as stated in plan;
17. Occupational therapy or training;
18. Nutritional and/or diabetic consultation/instruction, services or supplies for educational, vocational, or training purposes;
19. Hospitalization primarily for physical therapy or other rehabilitative care; hospitalization primarily for x-ray, laboratory or other diagnostic studies, except where such services cannot be rendered safely and adequately on an out-patient basis;
20. Any expenses resulting from an intentionally self-inflicted injury or illness, while sane or insane;
21. Hearing aids or the fitting of hearing aids;
22. Blood or blood plasma which has been replaced on behalf of the covered individual;
23. Charges for treatment of a condition arising out of work performed in the pursuit of profit, either for another employer or for self-employment;
24. Reversal of sterilization;
25. Charges for any condition resulting from committing or attempting to commit a felony;
26. Telephone consultations, missed appointments, completion of claim forms, charges for medical information;
27. Marital or family counseling;
28. Drugs dispensed in a doctor's office, or "take home" drugs upon hospital discharge;
29. After your cancellation date except as specified in the benefits after termination section;
30. Orthopedic shoes and devices;
31. Prior to your effective date or during an inpatient admission that commenced prior to the covered person's effective date;
32. For treatment of obesity (including any care which is primarily dieting or exercise for weight loss) unless surgery is medically necessary when weight is at least twice the ideal amount;
33. Charges billed by a massage therapist; and
34. Radial keratotomy.

DEFINITIONS

Co-Insurance: The amount of covered charges for which there is a shared payment (example: 50% paid by the Plan - 50% paid by the Student).

Custodial Care: Care provided primarily for maintenance of the patient or which is designed essentially to assist the patient in meeting his / her activities of daily living. This does not include care primarily provided for its therapeutic value in the treatment of an illness, disease bodily injury, or condition. Custodial Care includes but is not limited to: help in walking, bathing, dressing, feeding, preparation of special diets and supervision over self-administration of medications not requiring constant attention of trained medical personnel.

Deductible Amount: The deductible amount for each insured person during each policy year shall be the amount of covered expenses equal to the deductible amount shown in the Summary of Benefits. With respect to any individual covered under this Plan for major Medical Benefits both as an employee and as a dependent during the same calendar year, one deductible only shall apply.

Dental Services: "Dental or Oral Surgeon" means persons duly qualified and legally licensed to practice dentistry.

Drug Abuse or Alcoholism: A condition diagnosed to be a Mental Illness and listed under diagnostic code number 303 of the International Classification of Diseases of the U.S. Department of Health and Human Services (ICD-9-CCM, and amended or revised).

Effective date: The date when your coverage begins.

Experimental / Investigative: Any treatment, procedure, facility, equipment, drug, device or supply which we do not recognize as accepted medical practice which did not have required government approval when you received it.

Home Health Care: A formal program of care and treatment that:

a. Is performed in the home of a person; and
b. Is prescribed by a physician as being medically necessary; and
c. Is prescribed in place of a hospital or skilled nursing facility or results in a shorter hospital or skilled nursing facility stay; and
d. Is organized, administered and supervised by a hospital or qualified licensed personnel under the medical direction of physician; and
e. Must be established, approved in writing and reviewed at least every 60 days by the attending physician; and
f. Must provide health services rendered by a Home Health Agency certified by the state in which the home health services are delivered or under Title XVIII of the Social Security Act.

Hospital: An institution legally operating as a hospital which; (1) is engaged in providing, for compensation from its patients, in-patient medical facilities for diagnosis and treatment of injury or illness or the care of pregnancy; (2) is operated under the supervision of a staff of physicians and continuously provides nursing services by registered graduate nurses for twenty-four hours per day; and (3) maintains a major surgical facility on the premises. This term does not include any institution which is operated principally as a rest, nursing, or convalescent home, or any institution engaged in the schooling of its patients. Unless otherwise specifically provided in the Plan, this term does not include institutions or parts thereof primarily engaged in drug or alcohol abuse rehabilitation.

Intensive Care Unit: A special ward in a hospital, which has been designated as an Intensive Care Unit by the hospital, maintained on a 24-hour basis, operating solely for the accommodation of acutely ill patients, equipped to provide those special nursing and medical services which are not available in the hospital's surgical recovery room or regular public, semi-private or private wards, and where the patients confinement is dependent upon his need for all of these services available in the Intensive Care Unit and is not primarily dependent upon his need for certain of these services such as private nursing care.

Incurred Charge or Expense: All charges or expenses are deemed incurred at the time the service or supply to which they apply is rendered.

Illness: Sickness or disease not intentionally self-inflicted which requires treatment by a physician, including pregnancy and complications thereof -- and/or -- a bodily or mental disorder; all disorders which are due to the same or related causes are deemed to be one illness.

Injury: Bodily injury not intentionally self-inflicted, which requires treatment by a physician.

In-Patient Care: Hospital room and board and general nursing care not including ancillary hospital charges, for a person confined in a hospital as a bed patient.

Medically Necessary and Medical Necessity: Service or treatment which, in the judgment of the Plan Medical Director:

a. is appropriate and consistent with the diagnosis and which, in accordance with accepted medical standards, could not have been omitted without adversely affecting the patient's condition or the quality of medical care rendered; and
b. is not primarily custodial care; and

c. as to institutional care, could not have been provided in a physician's office, in the outpatient department of a hospital, or in a lesser facility without adversely affecting the patient's condition or the quality of medical care rendered.

Mental Illness: A condition diagnosed to be a Mental Illness and listed within diagnostic code numbers 290 to 302 and 306 to 319, inclusive of the International Classification of Disease of the U.S. Department of Health and Human Services (ICD-9-CM, as amended or revised).

Nurse: A registered graduate nurse, or a practical nurse who is either licensed under the laws of the state in which he or she resides or is registered by an organization operated with the approval of the medical profession, and not related by blood or marriage to the covered individual.

Other Provider: The following entities, which are licensed where required, and provided their patients with covered services in exchange for compensation.

Other Professional Providers include only the following:

- Certified Registered Nurse Anesthetist (CRNA)/Podiatrist
- Doctor of Chiropractic Medicine
- Laboratory (must be Medicare approved)
- Dentist
- Nurse Mid-Wife
- Physical Therapist
- Physician Assistants (PA) Nurse Practitioners
- Podiatrist
- Psychologist

Out-Patient Care: Hospital services, supplies and medicines provided and used at a hospital under the direction of a physician to a person not admitted as a bed patient.

Out-of-Pocket: Covered charges which are applied to the dollar maximum an individual or family must pay in a calendar year before charges are processed 100%. The out-of-pocket includes the deductible and co-insurance.

Physician: A legally qualified and licensed person entitled to administer and prescribe drugs and to perform surgery, acting in accordance with that license. The term "Physician" also includes certain other professional persons as required by applicable state law when acting within the scope of their certificate, license or other state

regulation, and when performing acts or rendering services that would otherwise be covered as benefits under this Plan, but only to the extent required by law.

Plan: The group medical and dental coverage (benefits for dental are only available following an injury) or services benefits, as the Context requires, or any other group medical benefit Plan whatsoever.

Plan Medical Director: Medical Director of the Central State University, Student Health Center.

Plan Year: August 11 – August 10 of any school year.

Pre-Admission Tests: Tests performed on You or your Dependent in a hospital prior to confinement as a resident inpatient provided:

a. Such tests are related to the performance of scheduled surgery;
b. Such tests have been ordered by a duly qualified Physician after a condition requiring such surgery has been diagnosed and hospital admission for such surgery has been requested by the Physician; and
c. You are subsequently admitted to the hospital, or the confinement is because a hospital bed is unavailable or because there is a change in your condition which precludes surgery.

Psychiatric Services: Treatment of emotional or mental disease or disorder by a physician, psychologist, or clinical social worker (upon referral by a physician) holding a license for such services, acting in accordance with that license.

Semi-Private Room: A hospital or convalescent nursing home room containing two or more beds for other than intensive care.

Skilled Nursing Facility: "Skilled Nursing Facility" means an institution which meets all of these requirements:

a. It is legally operated in the jurisdiction where it is located.
b. It is engaged mainly in providing in-patient services for skilled nursing care or skilled rehabilitation care on its premises.
c. The services are performed by, or under the supervision of a registered nurse. Also, the services received must be under the general direction of a physician.
d. It maintains daily medical records.
e. It must not be mainly a place of rest, a place for the aged, or a nursing or convalescent home.

Student: To be eligible for this Plan, you must be a registered student at Central State University who has paid the appropriate Plan Fees.

Total Disability: A condition resulting from Totally Disabled (Total Disability) disease or injury in which, as certified by a Physician:

a. You are unable to perform the substantial duties of any occupation or business for which qualified and are not in fact engaged in any occupation for wage or profit; or
b. You are substantially unable to engage in the normal activities of an individual of the same age and sex.

Reasonable and Customary Charges: Amount normally charged by the provider for similar services and supplies and do not exceed the amount ordinarily charged by most providers of comparable services and supplies in the locality where the services or supplies are received. In determining whether charges are Reasonable and Customary, due consideration will be given to the nature and severity of the condition being treated and any medical complications or unusual circumstances which require additional time, skill or experience.

PRESENTING A CLAIM

1. Contact Central State University - Student Health Center for a claim form and any other materials that may be required for presenting a claim.
2. The form and all bills should be submitted to the Claims Administrator. Proof of loss for which benefits are being claimed must be submitted as soon as possible after the date of loss (when the service was provided).
3. You will be notified in writing if any additional information is required.

CLAIMS PROCEDURES

Claim forms will be available in the Student Health Center office or by contacting Consolidated Health Plans. All medical claims, regardless of the provider's approval status should be sent to:

Consolidated Health Plans
2077 Roosevelt Avenue
P.O. Box 1998
Springfield, MA 01101-1998

CLAIMS PROCESSING

1. Claims must be filed as soon as possible after the first time you received any service any service and no longer than 60 days following any treatment.
2. If you do not file a claim within the time allowed, your claim will still be considered if you show that it was not reasonably possible to file such claim.
3. Any benefits provided in the Plan will be paid promptly after receipt of proof of claim.
4. The Plan reserves the right and opportunity to examine the person whose injury or sickness is the basis of claim as often as it may reasonably require during the duration of the claim.
5. The Plan reserves the right to allocate the deductible amount to any eligible charges and apportion the benefits to you and any assignees.
6. The Plan has the right to void the coverage of any covered person who engages in fraudulent conduct relating to claims or application for coverage.

NOTIFICATION OF DECISION

A decision will be made within 10 days after the receipt by the Claims Administrator of a properly executed and complete proof of loss. Complete proof of loss includes any investigation by the Claims Administrator which is necessary to determine any liability under the Plan. If the claim is denied in whole or in part, the Claims Administrator will provide written notice of such denial to you. The written notice will contain:

1. The specific reason or reasons for the denial.
2. Specific reference to pertinent provisions of the Plan upon which the decision is based.
3. A description of any additional material or information necessary to perfect the claim and an explanation of why such material or information is necessary.

REVIEW PROCEDURE

You are entitled to a full and fair review of the denial of claim by making a request to the Medical Director. The procedure for such review is as follows:

1. The request for review must be made in writing and within 60 days of receipt of written notice of denial.
2. You may review pertinent documents and submit issues and comments in writing.
3. The Medical Director will make a decision upon review within 60 days after its receipt of the request for review unless special circumstances require an extension of time for processing in which case the time limit shall be 120 days after such receipt. The decision or review will be in writing, will include the specific reasons for the decision and specific references to the pertinent plan provisions on which the decision is based and will be furnished to you.
4. The Medical Director's decision shall be final.

PRIVACY POLICY

The Central State University, Student Health Plan and its administrators respect your privacy and make every reasonable effort to protect your information. Following is what the Plan will do and what the Plan will not do with your information.

We do not sell any information to anyone for any purpose.

We do not share your information with persons, companies or organizations outside of your medical providers that would use that information to contact you about their products or services.

We expect persons or organizations that provide services on our behalf to keep your information confidential and to use it only to provide the services that we've asked the to perform.

We communicate to employees at Central State University, the Student Health Center and Advanced Administration, Inc., the need to protect your information, and we've established procedural safeguards to protect your information.

A list of questions and answers regarding this Privacy Notice is available through the Vice President of Enrollment Management/ Student Service Office. A copy of this notice will be sent when claims are processed on your behalf for the 2008-2009 Policy Year.

PLAN SPONSOR

Attn: Vice President for Enrollment Management
Central State University
Administration Building
1400 Brush Row Road
P.O. Box 1004
Wilberforce, Ohio 45384

AGENT FOR PROCESS OF LEGAL SERVICE

Central State University
C/o General Counsel
Administration Building
1400 Brush Row Road
P.O. Box 1004
Wilberforce, OH 45384

PROGRAM ADMINSTRATOR

Attn: Mrs. Anita Crosswhite
Central State University
Student Health Center
1400 Brush Row Road
P.O. Box 1004
Wilberforce, OH 45384

CLAIM ADMINISTRATOR

Consolidated Health Plans
2077 Roosevelt Avenue
P.O. Box 1998
Springfield, MA 01101-1998
1-800-633-7867