

## Table of Contents

Important Points to Consider when Reviewing the EIU Student Health Plan 1

Your Privacy Rights 1

Insurance Fees/Policy Period 2

Summer Coverage 2

Enrollment and Student Eligibility 2-3

Permanent Waiver from Insurance 3

Permanent Waiver Deadlines 3

Re-enrollment after submission of Permanent Waiver 3

Reinstatement after submission of Permanent Waiver 3-4

Termination of Medical Coverage 4

How to File a Claim 4

Claim Denial and Appeals Procedure 4-5

Definitions 5

Description of Benefits 6-7-8-9

Coordination of Benefits 9

Exclusions 10-11-12

Subrogation 12

**Medical ID Card Inside Back Cover**

## To the Parents and Students of Eastern Illinois University

Eastern Illinois University requires that all eligible students who enroll in 9 or more on-campus hours be covered by health insurance and provides a Plan of medical coverage for injury and illness for which the fee is automatically assessed along with other tuition and fees. Coverage under the Plan is worldwide. Students registering for 6, 7, or 8 on-campus hours will be able to request and purchase coverage during the first ten class days of each Fall/Spring Term, first five class days Summer Term. The program has proven to be beneficial by aiding students in the payment of necessary medical bills.

Although it is possible to obtain a refund of this fee by producing evidence of equal or better coverage, we urge that this action be considered only after careful study of the following pages and consultation with the Student Health Insurance Office staff.

The Plan protects students when the injury or illness cannot be treated at the Health Service. The Plan is considered secondary or excess insurance, meaning, if the student is covered by other valid and collectible insurance, all benefits paid by such insurance will be determined before benefits are paid by this Plan. Please see the Coordination of Benefits section of this brochure for further information.

The following pages describe the benefits provided under this Plan.

**Jone A. Zieren**  
Director of Financial Aid

**Sheila Baker, M.D.**  
Director of University Health Services

**Dr. Daniel Nadler**  
Vice President of Student Affairs

**Joyce Harwood**  
Insurance Specialist

Phone (217) 581-5290  
Fax (217) 581-6422

Website: <http://www.eiu.edu>

---

### YOUR PRIVACY RIGHTS

Eastern Illinois University knows that the privacy of personal health information (PHI) is an important issue for you. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) has been revised to protect your PHI even more. These rules will ensure stronger protection of your PHI without interfering with your access to quality health care. The new law allows us to share your PHI with other health care providers, health plans, hospitals, or other health care entities ("covered entities") for treatment, payment, and other health care operations. To manage your health insurance benefits, EIU Student Insurance may need to access your PHI. We often use this data to facilitate treatment, coordinate care, measure quality improvement, and pay claims correctly.

Under the revised HIPAA privacy law

- Covered entities must provide patients with written notice of their privacy practices and patient's privacy rights. The notice will contain information that describes your rights, including your right to access or to restrict uses and disclosures of your PHI.
- You will generally have access to your PHI and can request amendments of your PHI to correct errors. You can also request an accounting of non-routine uses and disclosures of your PHI.

For more detailed information about our HIPAA privacy policies see our Notice of Privacy Practices available on our website or in our office.

**Effective Date of Student Medical Coverage**

The Plan protects eligible Covered Students 24 hours a day from 12:01 a.m. the day the Covered Student completes registration or the opening day of each Term, whichever is later, and continues until 12:00 midnight on the day before the opening day of the next succeeding Term of the University year.

Covered Students entering for the first time, and who have been officially notified that they have been accepted for admission, will be covered from the time they leave home for attendance at the University, however, not more than 48 hours prior to the opening day of the Term.

Covered Students required and notified by the University to arrive prior to the opening day of the Term will be allowed coverage. The Insurance Office must be notified in advance by the department and fees will be adjusted accordingly.

**INSURANCE FEES/POLICY PERIOD**

Semester	Cost	Coverage Period
Fall Term	\$73.45	8/19/05 - 1/5/06
Spring Term	\$73.45	1/6/06 - 6/11/06
Summer Term	\$50.95	6/12/06 – 8/17/06

**Summer Coverage**

Spring Term students with EIU's student medical coverage, who desire Summer coverage and do not intend to enroll for a minimum of 9 on-campus hours in the Summer Term, may obtain coverage by contacting the Student Health Insurance Office, and making payment prior to June 12, 2006. Students who enroll for 6, 7, or 8 on-campus hours in the Summer Term, have until the fifth class day, June 19, 2006, to make payment. Coverage under this extension is effective June 12, 2006 (or date of payment, whichever is later) and terminates at midnight on August 17, 2006. Students who were not enrolled in the Student Medical Plan during the previous Spring Term and who wish to purchase Summer coverage, must be enrolled a minimum of 6 on-campus hours. Cost is \$50.95.

**Student Eligibility****All Undergraduates and Graduates (excluding Graduate Assistants)**

All students who register for 9 on-campus hours are eligible for coverage.

Students enrolled in a combination of Continuing Education and regular on-campus classes should contact the Student Health Insurance Office for coverage eligibility during the first ten class days of Fall/Spring Term and during first five class days of Summer Term. Students enrolled only in Continuing Education courses are not eligible for coverage.

**All Graduate Assistants under contract to the University who register for 9 on-campus hours Fall/Spring Term or 3 hours Summer Term and graduate assistants enrolled only in Continuing Education with a minimum of 9 hours Fall/Spring Term or 3 hours Summer Term, are eligible for coverage.** A combination of on-campus and Continuing Education hours will be considered for eligibility. These students should contact our office at 581-5290 to confirm coverage.

**The Health Insurance Fee will be included in all such eligible students' tuition and fee bill and these students are required to pay this fee for the period for which they register, otherwise, submitted claims will be denied.**

Students who register for 9 on-campus hours after the opening day of the Term but drop to less than 9 during the first ten days of class, (five days Summer) and remain part-time on the tenth class day (fifth class day Summer), will not be billed for coverage and will not be covered by the EIU Student Health Plan.

**Part-time Enrollment for On-Campus Students**

Students registered for 6, 7, or 8 on-campus hours, (graduate assistants refer to Student Eligibility Section), are eligible for coverage but are not automatically enrolled in the Plan. These students must complete an application at the EIU Student Insurance Office during the first ten class days of each Term (first five class days of Summer Term) providing they meet the other eligibility requirements.

**Dependent coverage is not available.**

**Permanent Waiver from Insurance**

Students with equal or better health insurance coverage may apply for a waiver of the insurance coverage by submitting an Insurance Waiver Form to the Student Insurance Office (located in the Office of Financial Aid) during the first ten class days Fall and Spring Terms and during the first five class days of Summer Term.

These forms are available in the Student Insurance Office and will be mailed upon request. The form can also be downloaded from our web site at [http://www.eiu.edu/~finaid/pdf/WAIVER\\_FORM.pdf](http://www.eiu.edu/~finaid/pdf/WAIVER_FORM.pdf). In addition to completing the form, students must present evidence of personal health insurance coverage (e.g., a copy of an insurance identification card or letter from their insurance agent, broker, or carrier). The completed permanent waiver form must be returned to our office along with the required proof of other medical insurance coverage to Student Health Insurance, 600 Lincoln Avenue, Charleston, IL 61920, POSTMARKED NO LATER THAN THE PERMANENT WAIVER DEADLINES specified below.

**Please note that students participating in the Intercollegiate Athletic Programs or members of the Varsity Cheer-Teams are ineligible for the medical coverage cancellation.**

A waiver will continue in effect until such time as the student requests re-enrollment or reinstatement in the Plan or does not respond to a periodic request to confirm that he/she continues to be covered by another health insurance plan.

**Permanent Waiver Deadlines**

Fall Term 2005 cancellation date: The last day to submit a waiver form and proof of other insurance coverage is September 2, 2005.

Spring Term 2006 cancellation date: The last day to submit a waiver form and proof of other insurance coverage is January 23, 2006.

Summer Term 2006 cancellation date: The last day to submit a waiver form and proof of other insurance coverage is June 19, 2006.

**Re-enrollment**

All students enrolled for a minimum of 6 on-campus hours are eligible for re-enrollment in the Student Health Plan by completing an application and making payment of the insurance fee within the first ten class days of either the Fall or Spring Term, and first five class days of Summer Term. The coverage becomes effective when the application and the required premium are received by the University within re-enrollment deadlines.

**Reinstatement**

Reinstatement in the Student Health Plan will only be granted to students who become involuntarily ineligible for coverage under a group insurance plan (e.g., marriage, loss of employment, etc.). A request for reinstatement in the Student Medical Plan must be submitted, with evidence of involuntary loss of coverage, to the Student Health Insurance Office within 31 days of the loss of coverage under the group insurance plan. This option is only available to students who are enrolled in and have paid tuition and fees for 6 or more on-campus semester hours (Fall, Spring, or Summer Term).

Premium rates will not be prorated and the effective date of the coverage will be the date that the application for reinstatement and premium are submitted to the Student Insurance Office or date of termination of the other insurance, whichever is later. Additional information is available in the Student Insurance Office or by calling 581-5290.

#### Termination of Medical Coverage

The medical coverage of the Covered Student shall terminate at 12:01 a.m., on the earliest of the following dates:

1. On the date the Plan ends;
2. At 12:01 a.m. on the day of the official scheduled registration for the next succeeding Term of the University year;
3. On the date of entry of the Covered Student into military service, except for temporary duty of 30 days or less.

In the event the Covered Student ceases to be a student at the University and no refund has been made, coverage shall end on the same dates as shown in the paragraph above, for the Term in which the coverage was effective, as if the student had not left the University.

The discontinuance of the Plan shall immediately terminate all coverage under the Plan Document. Such termination shall be without prejudice to any claim expense originating prior thereto. The discontinuance of any coverage provided hereunder shall immediately terminate the coverage of all Covered Students except when the Covered Student is confined in the Hospital on the date coverage would otherwise terminate, coverage will continue as described herein until date of discharge, but not more than thirty (30) days.

#### How to File a Claim

In the event of Injury or Illness the Covered Student MUST:

1. For non-emergencies report to the University Health Service for proper medical treatment or referral.
2. If away from the University, consult a Physician. Contact the Student Health Insurance Office @ 217-581-5290 for verification of coverage, claim form(s) and information on how to file a claim.
3. It is the Covered Student's responsibility to furnish the Student Insurance Office with the claim form, itemized bills of expenses and explanation of benefits from primary carrier (if applicable), within 52 weeks from the date of the first medical expense.

#### Claim Denial

In most cases, the Student Health Insurance Office will furnish a written notice of denial of a claim within ninety (90) days after the claim is filed. If additional time is needed, a notice will be sent to the Covered Student explaining the need for additional time which may extend up to 180 days.

In the event the claim is denied, the notice will state:

1. The specific reason or reasons for the denial.
2. The specific reference to the pertinent Plan provisions which prompted the denial.
3. When appropriate, a description of any additional material or information that is needed, and an explanation of why it is necessary.
4. Information on how to contact the Student Health Insurance Office if the Covered Student has any questions regarding the claim.

#### Claims Appeals

If a claim has been partially or fully denied, the claimant is entitled to a further review. The Covered Student or the Covered Student's duly authorized representative may request a review of pertinent documents, and submit issues and comments in writing to support the Covered Student's position. All appeals must be submitted in writing no more than sixty (60) days after the denial to the Student Insurance Office at:

Eastern Illinois University  
Student Health Insurance Office  
600 Lincoln Avenue  
Charleston, IL 61920

The Student Health Insurance Office will acknowledge receipt of the appeal, conduct the review and notify the Covered Student of the decision within sixty (60) days. In the event that additional time to review the claim is necessary, the Student Health Insurance Office will notify the Covered Student that an additional sixty (60) days is necessary to complete the review of the appeal.

#### Definitions

- (a) ACCIDENTAL BODILY INJURY/INJURY, refers to a sudden physical Injury caused by an external force which is independent of sickness, disease, and all other causes, sustained while covered under this Plan.
- (b) PLAN YEAR, shall be the same as the academic year.
- (c) ELIGIBLE EXPENSES, means charges for treatment, services, or supplies which are: (a) not in excess of the Usual and Customary Charges; (b) not in excess of the charges that would have been made in the absence of this coverage; (c) incurred while the Plan is in force as to the Covered Student.
- (d) COVERED STUDENT means a student of Eastern Illinois University who is enrolled and assessed the Student Health Insurance fee or is eligible to purchase coverage.
- (e) DEDUCTIBLE, means the amount of expense which must be incurred before any benefits are payable hereunder.
- (f) HOSPITAL, means a duly licensed institution for the care of the sick which provides service under the care of a Physician including the regular provision of bedside nursing by registered nurses. It does not mean health resorts, rest homes, nursing homes, skilled nursing facilities, convalescent homes, custodial homes of the aged or similar institutions.
- (g) ILLNESS, means a bodily disorder, disease, physical illness, mental infirmity, or functional nervous disorder.
- (h) MEDICALLY NECESSARY, means a specific service or supply provided to a Covered Student which is prescribed or ordered by a Physician consistent with the Covered Student's Illness, Injury or condition, and required for definitive medical diagnosis and treatment.
- (i) PHYSICIAN/PROVIDER, means an individual licensed to practice medicine under the "Illinois Medical Practice Act" or under similar laws of Illinois or other states or countries.
- (j) USUAL AND CUSTOMARY is based on the usual charge for the same service or supply within the range of other Physicians or health care providers of similar training and experience in the same geographic area under similar or comparable circumstances.
- (k) SUBROGATION means the right of the Plan to enforce a claim against a third party for reimbursement when Third Party Liability has been established for eligible expenses paid under this Plan. The recovery will not exceed the amount of the award.
- (l) TERM, shall be considered the academic period, semester or summer session in which the Student is enrolled.

**Benefit Section**

When a Covered Student receives benefits for the covered services listed in the Schedule of Benefits, they are subject to the conditions, limitations and exclusions in this brochure and the deductible, maximum benefit amount and other limitations specified. Benefits are provided only when the Covered Student receives such services on or after the Covered Student's effective date of coverage. If inpatient services are provided by a health care facility, the Covered Student's admission to such facility must occur on or after the effective date of coverage. In addition, benefits are provided only if required in the reasonable judgment of this Plan and are provided by a Physician (unless otherwise specified).

**Schedule of Benefits**

Benefits for Covered Students:

Lifetime Maximum for any one bodily Injury or Illness	\$15,000.00
Combined Lifetime maximum for Mental Illness and Substance Abuse	\$5,000.00

Only one Deductible will be taken per Injury or Illness per Plan (academic) year.

**A. HOSPITAL OUTPATIENT/INPATIENT COVERED MEDICAL EXPENSES**

\$50 Deductible then 80% of reasonable charge for Hospital Room and Board, (semi-private or intensive care accommodations), and the following items of Miscellaneous Expense provided by or under the direction of a Physician, Physician's Assistant, or Nurse Practitioner: (a) x-rays\*, including x-ray, radium therapy and mammograms, routine at age 35 and over; (b) laboratory tests; (c) anesthetics and administration thereof; (d) use of operating room; (e) temporary surgical appliances; (f) hospital provided medicines, drugs and the administration thereof; (g) blood transfusions and the administration thereof; (h) blood plasma; (i) oxygen and the rental of equipment for the administration thereof; (j) any other necessary and prescribed miscellaneous hospital expenses; and (k) medical and surgical supplies.

NOTE: Items a-j may be covered on either an inpatient or outpatient basis. Item k (medical supplies) may be covered on either an inpatient or outpatient basis; however, temporary surgical appliances and surgical supplies may be covered only concurrent with a surgical procedure.

Free-standing, licensed radiology centers are payable same as category A.

- Specific Diagnostic procedures are limited to the Schedule of Benefits listed.

	Maximum Benefit Amount
Lab and X-ray	
CT Scans	
Head	80% up to \$500
Thoracic Spine	80% up to \$580
Cervical Spine	80% up to \$600
MRI Scans	
Head, Chest, Heart	80% up to \$1000
Cervical or Thoracic Spine	80% up to \$1050
Abdomen	80% up to \$920
Nuclear Imaging, Bone	80% up to \$500
All other	80%

**A1. PHYSICIAN INPATIENT/OUTPATIENT DIAGNOSTIC PROCEDURE EXPENSE BENEFIT**

Includes radiology, cardiology, pathology, oncology and laboratory charges. Charges are payable same as category A.

**B. ANESTHESIA EXPENSE BENEFIT**

\$50 Deductible then 80% of the anesthesiologist's (licensed physician or Certified Registered Nurse Anesthetist) reasonable charge.

**C. SURGICAL EXPENSE BENEFIT**

If a Covered Student, while insured under these provisions, undergoes a surgical procedure which results from Illness, Accidental Bodily Injury or pregnancy, the Plan will pay 80% of the Actual Charge or 80% of the Usual and Customary Charge, whichever is less, not to exceed the actual charge for such procedure. Pre- and post-operative care is excluded. If a surgical procedure is performed by the emergency room Physician and one follow-up visit is required by an outside Physician, the Plan will pay according to the Physician's Expense Benefit.

A surgical procedure performed by the Emergency Room Physician and billed by the hospital will be paid according to the Surgical Expense Benefit.

If during a single surgical session two or more operations are performed in separate operative fields and through separate incisions, the limit of payment will be 80% of the largest Usual and Customary Charge for any one of the operations so performed, plus 40% of the Usual and Customary Charge for each lesser procedure.

If during a single surgical session two or more operations are performed either in the same operative field or through the same incision, the limit of payment will be 80% of the largest Usual and Customary Charge for any one of the operations so performed.

No separate payment will be made for Physician pre-and/or post-operative services. Physician follow-up care will be covered after thirty (30) days from the date of surgery and benefits will be paid according to Physician's Expense Benefit.

Oral Surgery benefits provided only for the following services:

- a) excision of tumor/cyst
- b) to correct injuries when the injury occurs on or after the coverage date
- c) treatment of fractures/dislocations; incision and drainage of cellulitis; or abscess, unless caused by an offending tooth.

**NOTE:** When a primary insurer's payment is equal to the amount this Plan would have paid as primary, then no additional benefit is payable by this Plan.

**D. IN-HOSPITAL PHYSICIAN'S EXPENSE BENEFIT**

\$50 Deductible then 80% up to a maximum of \$100 for the first day of confinement, including admitting charges for history and physical, then 80% up to a maximum of \$50 for each day thereafter with a maximum of one visit per day.

No benefits shall be payable for expenses incurred by reason of a surgical procedure.

Visits by a specialized Physician or consulting Physician will be considered for additional payment based on a report by the attending Physician. Maximum benefit payment shall be 50% of the specialized Physician's reasonable charge with a limit of one visit per hospital confinement.

In the event of confinement in an Intensive Care Unit or Critical Care Unit, Physician's (Specialist/Consultant) charges for visits while so confined shall be payable at 50% of the Physician's reasonable fee. Maximum of one Specialist/Consultant visit per day of confinement allowed.

**E. OUTPATIENT PHYSICIAN'S EXPENSE BENEFIT**

\$50 Deductible then 80% of any reasonable charge per visit with a limit of one visit per day for charges by a Physician, Physician's Assistant, Nurse Practitioner, Podiatrist, Dentist and/or a licensed Clinical Psychologist, (including Licensed Clinical Social Workers, under the supervision of a Physician), other than during a period of confinement. If the examining Physician refers the covered student to a specialized Physician, and treatment is rendered on the same day, benefits will be paid at 50% of the specialized Physician's reasonable charge. Maximum of one visit per diagnosis is allowed. Benefits also include, when necessary in the treatment of an Injury or Illness, Physician billed or prescribed medical and/or surgical supplies and dressings that are rendered in connection with a covered surgical procedure. The maximum payable under this benefit shall not exceed the sum of \$500 per Plan Year, per Injury or Illness.

No benefits shall be payable for an office visit or emergency room visit expense if benefits are payable for a related surgical procedure incurred on the same day.

**F. AMBULANCE EXPENSE BENEFIT**

The expense of a community, hospital, or private ambulance service when required to transport a Covered Student to or from a hospital, shall be 80% up to a maximum of \$150 in connection with one Injury or Illness for inpatient or outpatient care. If transferred to a different hospital, \$50 additional expense is covered.

**G. DENTAL EXPENSE BENEFIT**

After \$50 Deductible, up to \$100 per injured tooth when the Covered Student shall require the services of a legally qualified dental Physician or surgeon as the result of a covered Accidental Bodily Injury to sound natural teeth occurring while insured.

**H. MATERNITY EXPENSE BENEFIT**

Maternity expenses (routine and/or complications of pregnancy) will be covered the same as any other condition. Benefits are provided under Hospital, Surgical, and Anesthesia benefits according to the Schedule of Benefits. Surgical Benefit includes charges for total obstetrical care. The Usual and Customary surgical benefit will reflect any prior payments

paid to the Provider. The routine hospital charges for the newborn are considered as part of the maternity expense and paid accordingly.

Benefits rendered by a Physician for an initial inpatient examination of the newborn child will be provided at 80% of the reasonable charge limited to a maximum of \$50. Newborn care, other than routine nursery expenses, is not a covered benefit.

**I. PSYCHIATRIC AND/OR SUBSTANCE ABUSE TREATMENT EXPENSE BENEFIT**

Inpatient -- will be paid the same as any other condition, subject to \$50 Deductible and lifetime maximum of \$5,000.

Outpatient -- \$50 Deductible, then 80%. Benefits are limited to a maximum of \$500 per Plan Year, which includes psychiatric evaluation and testing paid at 80% of the reasonable charge up to \$100 per Plan Year.

The treatment center must be licensed or approved by the regulatory agency having responsibility for such licensing or approval under the laws in the jurisdiction in which it is located.

**Please Note: Court-ordered treatment of Alcohol/ Substance Abuse and/or DUI evaluation/remedial services is not covered.**

**J. PHYSIOTHERAPY EXPENSE BENEFIT**

Inpatient -- \$50 Deductible then 80% of the reasonable charge.

Outpatient -- Expenses incurred for physiotherapy, diathermy, heat treatment, manipulation or massage on an outpatient basis in any form for any one Injury or Illness is payable at 80% of reasonable charge after \$50 deductible up to a maximum of \$500 per Plan year. Outpatient physiotherapy, rendered by a licensed physical therapist or a Doctor of Chiropractic, must follow a surgical procedure (while covered) and be prescribed by the surgeon. If the attending physician is also the provider of Physical Therapy, then the Combined Maximum Payable will be \$500 per diagnosis, per Plan year.

**COORDINATION OF BENEFITS (Reduction)**

The Plan provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any other valid and collectible insurance. If the Covered Student is covered by other valid and collectible insurance, all benefits payable by such insurance will be determined before benefits will be paid by the Plan. The Plan is the second payor to any other insurance(s) having primary status or no coordination of benefits provision.

If the Covered Student is covered under group or blanket insurance which is also excess to other coverage and a copy of their coordination of benefits is on file, this Plan pays a maximum of 50% of the benefits otherwise payable.

Benefits paid by this Plan will not exceed: (1) any applicable Plan maximums; and (2) 100% of the compensable expenses incurred when combined with benefits paid by any other valid and collectible insurance.

"Other valid coverage" shall be deemed as coverage provided by any organization subject to the regulations of insurance law or insurance authorities of any state of the United States or any province of Canada, or any other country, and by any Hospital or medical service organization, and by any group insurance, automobile medical payments insurance, or coverage provided by a union welfare plan or employer, or any employee benefit organization. For the purpose of applying the foregoing Plan provision with respect to any Covered Student, any amount of benefit provided for such Covered Student pursuant to any compulsory statute (including employer's liability statute) whether provided by a governmental agency or otherwise shall in all cases be deemed to be "other valid coverage."

## EXCLUSIONS

No benefits will be provided under this Plan for:

1. Services and supplies not specifically provided for in this Plan;
2. Services and supplies which are not required in the reasonable judgment of the Plan;
3. Services and supplies for any Injury or Illness arising out of and in the course of employment for which benefits and/or compensation are available in whole or in part under the provisions of any Worker's Compensation Law, Occupational Diseases Law or similar Legislation of the United States of America or of any foreign country or of any agency or political subdivision of any of the foregoing, whether or not the Covered Student claims such compensation or receives such benefits and whether or not any recovery is had by the Covered Student against such third party for damages resulting from such Injury or Illness;
4. Services or supplies that are furnished to the Covered Student by the local, state or federal government and for any services or supplies to the extent payment or benefits are provided or available from the local, state or federal government (for example, Medicare) whether or not that payment or benefits are received, except as otherwise provided by law;
5. Services and supplies for any Illness contracted or Injury sustained after the coverage date as a result of war, declared or undeclared, or any act of war, or by participating in a riot, or as the result of attempting or committing a criminal act, or conditions caused by atomic explosions or radiation;
6. Services and supplies received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trustee or similar person or group;
7. Services and supplies which do not meet accepted standards of medical or dental practice including, but not limited to, investigational services and supplies, and services and supplies related thereto;
8. Services and supplies for which the Covered Student is not required to make payment or for which the Covered Student would have no legal obligation to pay in the absence of this or any similar coverage;
9. Charges for failure to keep a scheduled visit, charges for completion of a claim form, charges for medical records, x-ray copies, and any handling fees;
10. Services and supplies rendered during an inpatient admission which is primarily for custodial care, (i.e., the provision of inpatient services and supplies to a Covered Student who is not receiving skilled nursing services);
11. Services and supplies used to treat conditions related to autism, hyperkinetic syndromes, attention deficit disorder, learning disabilities, behavioral problems, mental retardation, or senile deterioration, beyond the period necessary to diagnose the condition, subject to \$100.00 maximum benefit for testing.
12. Routine physical examinations, including routine pap smears, screening exams, or testing in the absence of Injury or Sickness;
13. Personal hygiene, comfort and convenience items such as air conditioners, humidifiers, physical fitness equipment, corrective shoes or admission kits;
14. Procurement or use of prosthetic devices, special appliances, special braces, ambulatory apparatus, durable medical equipment, specialized equipment and surgical implants, except as specifically provided in this Plan; however, no benefits are provided for rental of any of the above listed supplies;
15. Cosmetic surgery (including rhinoplasty) and related services and supplies, nasal and sinus surgery, except for the correction of conditions resulting from Accidental Injuries which occur while insured;
16. Services and supplies, including surgery, for the treatment of obesity and/or weight control; nutritional education and other patient education;
17. Services and supplies related to biofeedback;
18. Maintenance occupational therapy and maintenance physical therapy;
19. Speech therapy;
20. Vision therapy, radial keratotomy, eye glasses or contact lenses (except cataract lenses as specifically provided in this plan) and the examination for prescribing or fitting eye glasses or contact lenses or for determining the refractive state of eyes;
21. Hearing aids or examinations for the prescription or fitting of hearing aids;
22. Care of flat feet, supportive devices for the foot (orthotics), care of corns; or calluses, care of toenails and fallen arches, weak feet or chronic foot strain except if Medically Necessary due to diabetes or circulatory problems.
23. Immunization injections, including allergy shots and serum; therapeutic and diagnostic injections;
24. Expenses incurred for charges made by a Physician or physiotherapist if such person is related to or ordinarily resides with the Covered Student;
25. Dental treatment or dental surgery, except as specifically provided in this Plan;
26. Injury sustained while (a) participating in any intercollegiate or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
27. Services related to the diagnosis and treatment of temporomandibular joint (TMJ) disorders or syndromes or other myofunctional disorders;
28. Expenses resulting from voluntary termination of pregnancy, sterilization procedure or reversal, infertility treatment (male or female) including any services, testing or supplies rendered for the purpose or with the intent of inducing conception.
29. Outpatient prescription drugs;
30. Services and supplies rendered by the Student Health Service;
31. Services for assistant surgery;
32. Elective surgery and elective treatment;
33. Loss caused by skydiving, 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;
34. Sleep disorders;
35. Human Organ Transplants other than cornea, kidney, bone marrow, heart valve, muscular-skeletal, and parathyroid human organ or tissue transplants;
36. Diagnostic Service as part of routine physical examinations or check-ups, pre-marital examinations, determination of the refractive errors of the eyes, auditory problems, surveys, case finding, research studies, screening or similar procedures and studies, or tests which are Investigational;
37. A medical facility owned and operated by a Physician which does not meet the definition of a hospital;

38. Expenses incurred for, or related to, sex change surgery or for any treatment of gender identity disorders;
39. Expenses for treatment of Mental Illness or Substance Abuse provided by an Eastern Illinois University Staff Member in private practice;
40. Expenses for treatment of an Injury which is the result of an automobile accident will not be covered to the extent of minimum coverage required by any applicable state "no-fault" law for injuries suffered by a Covered Student if the Covered Student is the owner of the vehicle and is operating or riding in the vehicle, and the vehicle is not covered by no-fault insurance as required by law. No claim will be paid if the Injury results from an automobile accident or an injury sustained in or around a parked vehicle, and the Covered Student refuses to file a claim with the appropriate auto insurance carrier;
41. Charges incurred for services in the Emergency Room, Observation or Inpatient Care when the student leaves against medical advice;
42. Charges incurred in the Emergency Room of Sarah Bush Lincoln Health Center which, upon review by the Medical Director of the Eastern Illinois University Student Health Service, were:
  - (a) Available at the Student Health Service during normal business hours; or
  - (b) For a diagnosis which was not an Emergency; or
  - (c) For follow-up care obtained by the Student at the Emergency Room without a referral from the Student Health Service (where treatment originated).

**Subrogation**

It is understood and agreed that the Plan to which this provision is attached includes the following:

This provision applies when a person, other than the Covered Student for whom a claim is made, is considered responsible for an Injury or Illness. To the extent payment for the Injury or Illness is made, or may be made in the future, by or for that responsible person (as a settlement judgment or in any other way) charges, arising from that Injury or Illness are not covered.

If a claim is received by Eastern Illinois University benefits would be payable if:

1. Payment by or for the responsible person has not yet been made; and
2. The Covered Student involved, or if incapable, that Covered Student's legal representative, agrees in writing to pay back promptly the benefits paid as a result of Injury or Illness to the extent of any future payments made by or for the responsible person for the Injury or Illness. The agreement is to apply whether or not:
  - (a) liability for the payments is admitted by the responsible person; and
  - (b) such payments are itemized.
3. The Covered Student submits a signed EIU subrogation form to the Student Health Insurance Office.

A reasonable share of fees and costs incurred to obtain such payments may be deducted from amounts to be repaid to EIU Student Health Insurance.

Amounts due Eastern Illinois University to repay benefits, agreed to as described above, may be deducted from other benefits payable by Eastern Illinois University after payments by or for the responsible person are made.

This provision takes effect and expires concurrently with the Plan to which it is attached. This provision is subject to all the terms, limitations and provisions of this Plan.

This brochure contains the principal provisions of the Plan. A copy of the governing Plan Document is available at the Student Insurance Office. In the event of a conflict between the Plan and this brochure, the Plan Document will prevail.

**YOUR IDENTIFICATION CARD**

**Please carry this card with you as you may be required to show proof of insurance to medical providers.**

**Eastern Illinois University  
Student Health Insurance  
600 Lincoln Avenue  
Charleston, IL 61920**

Effective Date Plan 82198

Student Signature \_\_\_\_\_

**This identification card is for group determination only and does not certify coverage. To verify coverage, please call the University Student Insurance Office at (217) 581-5290**

**Note: Claims should be directed to the name and address shown above.**

**fold along dotted line**

.....  
 Hospital -- \$50 deductible, then 80%  
 Surgery -- 80% Usual and Customary  
 Inpatient Physician Medical Care -- \$50 deductible,  
 80% up to \$100 1st day, 80% up to \$50 each  
 day thereafter  
 Outpatient Physician:  
 Illness -- \$50 deductible, then 80%  
 Injury-- \$50 deductible, then 80%  
 Lifetime Maximum for any one Accidental Bodily  
 Injury or Illness -- \$15,000  
 Combined Lifetime Maximum for  
 Mental Illness and Substance Abuse -- \$5,000  
 Any other insurance coverage is used in determining the amount of  
 benefits payable under this Plan.