



PLAN YEAR 2020/2021

STUDENT INSURANCE PLAN

SUPPLEMENTAL COVERAGE FOR STUDENTS

TABLE OF CONTENTS

1	• Introduction
2	• Your Privacy Rights • Eligibility
3	• Coverage Effective Dates • Cost • Part-time Eligibility • Summer Coverage
4	• Student Insurance Waiver
5	• Reinstatement • Termination of Medical Coverage
6	• How to Submit a Claim • Claim Denial and Appeals Procedure
7	• Definitions
8-11	• Description of Benefits
12	• Coordination of Benefits
13-16	• Exclusions
16	• Subrogation

Medical ID Card Inside Back Cover

The Student Insurance Plan or costs associated with the plan may change periodically. Please contact Student Insurance for current plan and rates. This is a limited policy. Read the contents carefully.

To the Parents and Students of Eastern Illinois University

Eastern Illinois University provides a supplemental plan of medical coverage for injury and illness for which the fee is automatically assessed along with tuition and fees for all eligible students enrolled in an on-campus program taking 9 or more hours. Students enrolled part-time (any program format) with 5 or more hours are eligible to purchase coverage. Refer to the eligibility section of this brochure for enrollment procedures.

The Plan coordinates with the student's primary carrier and provides the student worldwide protection, 24 hours a day. Student Insurance is an economical way to reduce or eliminate out-of-pocket expenses when family health plans do not cover 100% of medical costs because of deductibles, co-payment amounts, limitations on specific benefits, and out-of-network penalties.

The Plan has a \$100 deductible per diagnosis, per Plan year, and pays up to 70% of eligible expenses for physician and hospital expenses, lab and x-ray, surgery, ambulance transport, physical therapy, maternity expenses, mental health and substance abuse treatment.

In the event of a non-emergency injury or illness, the Covered Student is encouraged to report to the Health & Counseling Services Medical Clinic for proper medical treatment or referral. If away from the University, consult a physician. Emergency Room visits to Sarah Bush Lincoln Health Center for non-emergency treatment may not be considered without a referral from a physician.

The Plan is secondary if the student is entitled to benefits by any other policy. Please see the Coordination of Benefits section of this brochure for further information.

This brochure contains specific Plan benefit information. Students should familiarize themselves with the proper procedures to utilize the benefits available.

Consult the Student Insurance Office for information regarding enrollment, eligibility, benefits, limitations or exclusions.



Angela R. Campbell, MSHI, RHIA, Medical Insurance Manager
Eric S. Davidson, Interim Director, Health & Counseling Services
Dr. Anne Flaherty, Vice President for Student Affairs

Phone (217) 581-5290 • Fax (217) 581-7507
www.eiu.edu/studentinsurance

YOUR PRIVACY RIGHTS

Eastern Illinois University knows that the privacy of protected 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, the Student Insurance Office 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.

STUDENT ELIGIBILITY

Enrollment in the Plan is automatic for students in the following categories:

- Enrolled in an on-campus program, taking 9 or more hours on Count Day (first ten class days Fall/Spring, first five class days Summer) of the academic term;
- Graduate Assistants under contract to the University;
- International students enrolled in an on-campus program, taking 3 or more hours.

The Student Insurance Fee will be included in all such eligible students' tuition and fee bill. Students are required to meet their tuition and fee obligations to the University, otherwise submitted claims will be denied.

Students enrolled in 5 or more hours (any program format) are eligible to purchase coverage as part-time students and qualify for reinstatement. Refer to these specific sections in the brochure or contact the Student Insurance Office for more information.

EFFECTIVE DATE OF STUDENT MEDICAL COVERAGE

Coverage for each Term is based on program format and enrolled hours as of Count Day (first ten class days Fall/Spring, first five class days Summer) as per the University Academic Calendar.

Students enrolled in an on-campus program who pre-register for at least 9 hours and continue to be enrolled in at least nine hours as of Count Day are assessed the fee for coverage. The Plan protects these eligible Covered Students 24 hours a day from 12:01 a.m. the day the Covered Student completes registration or the coverage effective date of each Term, whichever is later, and continues until 12:00 midnight on the day before the coverage effective date of the next succeeding Term of the University Academic Calendar.

Students enrolled in an on-campus program who pre-register for at least 9 hours but drop to less than 9 hours as of Count Day will have the fee refunded and no coverage is in effect that Term. Students in this category may be eligible to purchase coverage. Refer to the section “Part-Time Enrollment” for eligibility requirements and application deadlines.

Students required and notified by the University to arrive prior to the coverage effective date of the Term will be allowed coverage. Departments must notify the Student Insurance Office in advance and the fees will be adjusted accordingly.

Effective Date of Student Medical Coverage

	Cost	Coverage Period	Count Day
Fall 2020	\$109.95	8/18/20 - 12/31/20	9/04/20
Spring 2021	\$109.95	1/1/21 - 5/16/21	1/25/21
Summer 2021	\$87.45	5/17/21 - 8/15/21	5/24/21

PART-TIME ENROLLMENT

Students registered for 5 or more hours (any program format), are eligible for coverage but are not automatically enrolled in the Plan. These students must complete an online Enrollment Form prior to Count Day (first ten class days Fall/Spring, first five class days Summer) of each Term. Eligibility is based on program format and enrolled hours as of Count Day. Coverage is not continuous; students must re-apply each semester.

SUMMER COVERAGE

Summer coverage is available for students in the following categories:

- All students covered during the Spring Term (any program format)
- Students not covered in the Spring Term but enrolled (any program format) in a minimum of 5 hours for Summer Term.

Eligible students not enrolled in the Summer Term have until May 16, 2021 to complete the online Enrollment Form and make payment.

Eligible students enrolled in the Summer Term have until Count Day (fifth class day), May 24, 2021 to complete the online Enrollment Form and make payment.

Coverage under this extension is effective May 17, 2021 (or date of payment, whichever is later) and terminates at midnight on August 15, 2021. Cost is \$87.45

STUDENT INSURANCE WAIVER

Students may apply for a waiver of the Student Insurance Fee. We urge that this action be considered only after careful study of the Plan benefits and consultation with the Student Insurance Office staff. Students must complete an Insurance Waiver Form by Count Day (first ten class days Fall/Spring, first five class days Summer). The waiver form is available in the Student Insurance Office, can be mailed upon request, or can be downloaded from our website www.eiu.edu/studentinsurance.

The completed waiver form must be returned to our office **POSTMARKED NO LATER THAN THE WAIVER DEADLINE OF THE SEMESTER THE STUDENT IS REQUESTING A WAIVER FOR.** *Please note that students participating in the Intercollegiate Athletic Programs or Cheer Teams are ineligible for the medical coverage cancellation.*

Waiver Deadline

Fall Term 2020 is September 4, 2020

Spring Term 2021 is January 25, 2021

Summer Term 2021 is May 24, 2021



REINSTATEMENT

Reinstatement in the 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 Plan must be submitted, with evidence of involuntary loss of coverage, to the Student 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 5 or more hours.

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 coverage effective date 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.

Students who receive a late/retroactive withdrawal from the University, effective on or before Count Day, with a refund of tuition and fees in accordance with the University Student Withdrawal Policy, will also receive a refund of the insurance fee and no coverage is in effect that Term.

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 SUBMIT A CLAIM

1. Contact the Student Insurance Office for verification of coverage.
2. Complete the Student Insurance Claim Form and submit to our office. If the form is not completed, the claim will be denied. The claim form and complete filing instructions are available on our website eiu.edu/studentinsurance
3. It is the Covered Student's responsibility to provide primary and secondary (if applicable) insurance information to all medical providers. When Hospital charges are incurred, the Hospital must submit the standard form (UB04 and itemized charges). For Physician charges and other expenses, the standard form, (CMS 1500) must be submitted from each provider. Claims cannot be paid from "statements".
4. If the Covered Student is entitled to benefits under any other insurance policy, that policy is primary. Requirements of the primary carrier must be met and an Explanation of Benefits (EOB) documenting payment/denial from the primary carrier is required before benefits are payable by this Plan.
5. The completed claim form and all required documentation referenced above; any additional information requested by the Student Insurance Office; and payment of tuition and fee obligations to the University for the Term/Terms in which the medical expense occurred; must be made within 52 weeks from the date of the first medical expense for any one diagnosis, or claims will be denied. If information is received and/or payment of tuition and fees is made within the specified time period, the claim will be reopened and claims reprocessed. In no event will a claim be processed for payment beyond the 52-week period. The University is not responsible for lost, stolen, or mis-directed mail.

CLAIM DENIAL

In most cases, the Student 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 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: Student Insurance, 600 Lincoln Avenue, Charleston, IL 61920.

The Student 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 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) **COUNT DAY**, refers to the First Census Date of each Term as per the University Academic Calendar. 10th class day Fall/Spring Term, 5th class day Summer Term.

(c) **COVERED STUDENT**, means a student of Eastern Illinois University who is enrolled and assessed the Student Insurance fee or is eligible to purchase coverage.

(d) **DEDUCTIBLE**, means the amount of expense which must be incurred before any benefits are payable hereunder. The Plan has a disappearing deductible meaning payments by another insurance carrier can be used to reduce or satisfy the plan deductible.

(e) **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.

(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) **PLAN YEAR**, shall be the same as the academic year.

(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.

(m) **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.

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

Annual maximum benefit \$15,000.00

Only one Deductible will be taken per Injury or Illness. All related conditions and recurrent symptoms of the same or a similar condition, or injuries as a result of the same accident, will be considered one illness or one injury.

A. HOSPITAL OUTPATIENT/INPATIENT COVERED MEDICAL EXPENSES

\$100 Deductible then 70% 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 following Schedule of Benefits.*

A1. PHYSICIAN INPATIENT/OUTPATIENT DIAGNOSTIC PROCEDURE EXPENSE BENEFIT

Includes radiology, cardiology, pathology, oncology and laboratory charges. Charges are payable same as category A. CT/MRI and nuclear or bone imaging are paid at 50%.

B. ANESTHESIA EXPENSE BENEFIT

\$100 Deductible then 70% of an 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 covered surgical procedure which results from Illness, Accidental Bodily Injury or pregnancy, the Plan will pay 70% of the Actual Charge or 70% 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 70% 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 70% of the largest Usual and Customary Charge for any one of the operations so performed.

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; or c) treatment of fractures/dislocations; incision and drainage of cellulitis; or abscess, unless caused by an offending tooth.

D. IN-HOSPITAL PHYSICIAN'S EXPENSE BENEFIT

\$100 Deductible then 50% for each day of confinement, including admitting charges for history and physical, 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

\$100 Deductible then 70% 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 Emergency Room is not to be used as a doctor's office. Emergency Room visits to for non-emergency treatment will not be considered without a referral from a physician.

F. AMBULANCE EXPENSE BENEFIT

The expense of a community, hospital, or private ambulance service when required to transport a Covered Student to a hospital shall be 70% up to a maximum of \$300 per injury or illness. If transferred to a different hospital, the Plan will provide for one additional transport at 70% up to a \$300 maximum.

G. DENTAL EXPENSE BENEFIT

After \$100 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.

I. PSYCHIATRIC AND/OR SUBSTANCE ABUSE TREATMENT EXPENSE BENEFIT

Inpatient—will be paid the same as any other condition, subject to \$100 Deductible.

Outpatient—\$100 Deductible, then 70%. Psychiatric evaluation and testing paid at 70% 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—\$100 Deductible then 70% 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 70% of reasonable charge after \$100 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. Physiotherapy must occur within 52 weeks from date of surgery. If the attending physician is also the provider of Physical Therapy, then the Combined Maximum Payable will be \$500 per diagnosis, per Plan year.

K. HEALTH & COUNSELING SERVICES ON-CAMPUS PHARMACY BENEFIT

Medication	Cost without Coverage	Student Insurance Savings	Final Cost
Tier I	\$15	\$10	\$5
Tier II	\$25	\$15	\$10
Tier III	\$50	\$30	\$20
Contraceptives	\$25	\$25	\$0
<i>No Deductible on Campus</i>			

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 entitled to benefits 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."

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods: (1) A request for lump sum payment of the overpaid amount; (2) A reduction of any amounts payable under the plan.

EXCLUSIONS

No benefits will be provided under this Plan for:

1. Services and supplies not specifically provided for in this Plan, and complications thereof;
2. Services and supplies which are not required in the reasonable judgment of the Plan;
3. 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;
4. 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;
5. 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;
6. 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;
7. 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;

8. Charges for failure to keep a scheduled visit, charges for completion of a claim form, charges for medical records, x-ray copies, telephone consultations, and any handling fees;
9. 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);
10. Services and supplies used to treat conditions related to autism, hyperkinetic syndromes, 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;
11. Routine physical examinations, including routine pap smears, screening exams, or testing in the absence of Injury or Sickness;
12. Personal hygiene, comfort and convenience items such as air conditioners, humidifiers, physical fitness equipment, corrective shoes or admission kits;
13. 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;
14. 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;
15. Services and supplies, including surgery, for the treatment of obesity and/or weight control; nutritional education and other patient education;
16. Services and supplies related to biofeedback;
17. Maintenance occupational therapy and maintenance physical therapy;
18. Speech therapy;
19. 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;
20. Expenses incurred for acupuncture; alternative, holistic medicine, and/or therapy; including but not limited to yoga and hypnotherapy.
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; injections for pain management and related services and supplies;
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 for assistant surgery;
31. Elective surgery and elective treatment;
32. 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;
33. Expenses incurred for care, treatment, services, testing, or supplies for diagnosis of or related to obstructive sleep apnea and sleep disorders;
34. Human Organ Transplants other than cornea, kidney, bone marrow, heart valve, muscular-skeletal, and parathyroid human organ or tissue transplants;
35. 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;
36. A medical facility owned and operated by a Physician which does not meet the definition of a hospital;
37. Gender reassignment surgery and related services and supplies;
38. Expenses for treatment of Mental Illness or Substance Abuse provided by an Eastern Illinois University Staff Member/or individual under contract to the University, in private practice;
39. 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;
40. Charges incurred for services in the Emergency Room, Observation or Inpatient Care when the student leaves against medical advice;
41. Charges incurred in the Emergency Room which were for a diagnosis which was not an Emergency.

42. 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;

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 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 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.

STUDENT INSURANCE

600 LINCOLN AVENUE
CHARLESTON, IL 61920-3099
PHONE: (217) 581-5290

PLAN 82198

E-NUMBER

STUDENT NAME (PLEASE PRINT)

This card is for identification only. it is not a guarantee of coverage.

– fold along dotted line –

Claims address: Student Insurance, 600 Lincoln Ave,
Charleston, IL 61920

Claim may be faxed: 217-581-7507

For claim inquires, verification of eligibility of benefits,
notification of emergency services received or other
questions please call:

Student Insurance 217-581-5290

*Any other insurance coverage is used in determining the
amount of benefits payable under this Plan.*

