



PEARCE & PEARCE INC
STUDENT INSURANCE SPECIALISTS SINCE 1948

Appalachian State University

2010-2011 Student Health Insurance Plan
(for students eligible for the hard waiver plan)



The University of North Carolina

“the Policyholder”

System-Wide Student Health Insurance Plan

To waive / enroll: www.studentinsurance.com

Questions? 1-888-622-6001

email: asu@studentinsurance.com

underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa.,
with its principal place of business in New York, NY (“the Company”)

Appalachian State University

(“the Participating Organization”)

Administrator Policy # CHH0071031

Underwriter Reference # CAS9499768



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Appalachian State University

2010-2011 Student Health Insurance Plan Premiums

(for students eligible for the hard waiver plan)

	Period Covered	Premium Student ONLY
Fall:	August 1 - December 31, 2010	\$325.50
Spring/Summer:	January 1 - July 31, 2011	\$325.50

Premiums are not pro-rated

Premium refunds are allowed only if the covered student enters full-time active duty in any Armed Forces. Reserve or National Guard duty for training must exceed 31 days to be eligible for a refund. Proof of service must be submitted to Pearce & Pearce, Inc. to receive a pro-rata refund of premium for this full-time active duty period.

Premiums include \$10 that remains with the campus to support administration of the student health insurance plans.

Eligibility for Participation in the Hard Waiver Plan

Who is Eligible

Three criteria invoke the requirement for a student to have health insurance and also define a student as eligible to enroll in the hard waiver student health insurance plan. An [Appalachian State University](#) student must be:

- ▶ An undergraduate student enrolled in a minimum of 6 credit hours per semester or
AND
- ▶ Enrolled in a degree-seeking program;
AND
- ▶ Eligible to pay the Student Health Services Fee.

The premium will appear on each semester's tuition bill unless the student submits proof of creditable coverage health insurance at www.studentinsurance.com by the waiver deadline. The student's waiver request must be verified by Pearce & Pearce, Inc. and a response to the waiver request will be sent to the student within five (5) business days.

Enrolling after Waiving Out

A student who successfully waived coverage from the campus plan may subsequently become ineligible under the student's non-campus plan. If this occurs, then the student may elect to enroll in the campus plan within 31 days of the date of ineligibility under the other plan if the hard waiver eligibility criteria above are met.

Coverage and Refund Guidelines

- ▶ If a student withdraws from school within the first 31 days of the Period Covered and has not made a claim during that period, then a full refund of the premium will be made and the coverage will be terminated.
- ▶ If a student withdraws from school within the first 31 days of the Period Covered and a claim has been made during that period, then the premium will be considered fully earned, a refund will not be made under any circumstances, and the student will remain insured for the remainder of the Period Covered.
- ▶ If a student withdraws from school after 31 days of the Period Covered, then the student will remain covered under the Plan for the Period Covered and no refund will be made.

Covered Students with Dependents

Coverage for a covered student's eligible dependents (i.e., spouse, domestic partner, and/or children) may be purchased by the student by going to the student's login page at www.studentinsurance.com. Please review the benefits for dependents and note these benefits represent the "base campus plan" and not the campus enhancements available under the student's plan. A student may enroll eligible dependents online with payment of the dependent's premium.

Open enrollment for all eligible dependents is available through September 1, 2010 for Fall and through January 31, 2011 for Spring/Summer .

Employees

Any person who is eligible for employer paid health insurance coverage under the State Health Plan of NC is ineligible for the UNC System-Wide Student Health Insurance Plan.

Appalachian State University Student Health Plan Summary
(for students eligible for the hard waiver plan)

BENEFIT CATEGORY	IN NETWORK	OUT OF NETWORK
Policy Year Deductible per Person	\$300	
Maximum Benefit Lifetime Aggregate Treatment must begin within 30 days of date of Injury	Unlimited	
Medical Emergency:	\$150 Copay In addition to deductible (Copay waived if admitted to hospital)	
▸ Non-Emergency Medical Condition	80% of PPO Allowance	70% of R&C
▸ Emergency Medical Condition	80% of PPO Allowance	
Maximum Out-of-Pocket per Covered Person per Policy Year*	\$2,000 **	\$4,000 **
Maximum Out-of-Pocket per Family per Policy Year*	\$6,000 **	\$12,000 **
* Excluding deductible ** In-Network & Out-of-Network Out-of-Pocket Maximums apply separately		
Student Health Center	When covered services are rendered at the campus Student Health Center, the deductible will be waived and payment will be made at 100% of Eligible Expenses	
INPATIENT BENEFITS		
Room & Board up to the Semi-Private Room Rate	80% of PPO Allowance	70% of R&C
Intensive Care Unit	80% of PPO Allowance	70% of R&C
Hospital Miscellaneous including Intensive Care Miscellaneous	80% of PPO Allowance	70% of R&C
Physiotherapy	80% of PPO Allowance	70% of R&C
Surgery	80% of PPO Allowance	70% of R&C
Assistant Surgeon	25% of Surgery Allowance	25% of Surgery Allowance
Anesthesia (professional services)	25% of Surgery Allowance	25% of Surgery Allowance
Registered Nurse (private duty nursing)	80% of PPO Allowance	70% of R&C
Doctor’s Visits (1 visit per day when not related to surgery)	80% of PPO Allowance	70% of R&C
Psychotherapy (1 visit per day)	80% of PPO Allowance	70% of R&C
OUTPATIENT BENEFITS		
Surgery	80% of PPO Allowance	70% of R&C
Day Surgery Facility / Miscellaneous	80% of PPO Allowance	70% of R&C
Assistant Surgeon	25% of Surgery Allowance	25% of Surgery Allowance
Anesthesia (professional services)	25% of Surgery Allowance	25% of Surgery Allowance
Doctor’s Visits and Urgent Care Expense (1 visit per day when not related to surgery) includes routine physical exams only when required by academic departments for program participation such as nursing students and other students in a practicum.	80% of PPO Allowance (after \$10 per visit copay)	70% of R&C (after \$10 per visit copay)
Physiotherapy (1 visit per day), if deemed Medically Necessary	80% of PPO Allowance (after \$10 per visit copay)	70% of R&C (after \$10 per visit copay)
X-rays, Laboratory, Tests and Procedures (includes Sickle Cell Anemia Testing)	80% of PPO Allowance (after \$10 per service copay)	70% of R&C (after \$10 per service copay)
Chemotherapy / Radiation Therapy	80% of PPO Allowance	70% of R&C
Outpatient Prescription Drugs Expense up to \$1,000 maximum per Policy Year (including prescription birth control) Limited to one 30 day supply per prescription or refill per month.	Student Health Center: \$10 copay per prescription informedRx, an SXC company, participating pharmacies: 80% after \$10 generic copay / \$25 brand name copay per 30-day supply.	
Psychotherapy (1 visit per day)	80% of PPO Allowance (after \$10 per visit copay)	70% of R&C (after \$10 per visit copay)

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BENEFIT CATEGORY	IN NETWORK	OUT OF NETWORK
Accidental Death & Dismemberment	\$10,000 Principal Sum (See Policy for details)	
Ambulance:		
‣ Medically Necessary use of a professional ambulance other than for an Emergency Medical Condition.	80% of PPO Allowance	70% of R&C
‣ Emergency Medical Condition	80% of PPO Allowance	
Cat Scan / MRI	80% of PPO Allowance	70% of R&C
Chemical Dependency Treatment Expense	80% of PPO Allowance	70% of R&C
Consultant (when required and approved by attending Doctor)	80% of PPO Allowance (after \$10 per visit copay)	70% of R&C (after \$10 per visit copay)
Dental (injuries to sound natural teeth only)	80% of PPO Allowance	70% of R&C
Durable Medical Equipment / Orthopedic Braces and Appliances (replacement not covered)	80% of PPO Allowance	70% of R&C
Elective Abortion - up to \$500 maximum benefit	80% of PPO Allowance	70% of R&C
Injections and Immunizations up to a maximum benefit of \$500 per Policy Year, including flu shots at the SHC; injections for allergies; and, needle sticks HIV testing administered in the doctor's office. ‣ SHC - 100% of Eligible Expenses, not subject to deductible or copays ‣ Outside the SHC - 80% of Eligible Expenses, subject to deductible and any applicable copays		
Intercollegiate Sports	Paid as any other Injury to a maximum benefit of \$3,000 per Injury per Policy Year.	
Maternity and Complications of Pregnancy	80% of PPO Allowance	70% of R&C
Medical Evacuation* and Repatriation (Pre-Authorization required: 1-888-622-6001) <i>*The doctor ordering the medical evacuation must certify that the severity of the Covered Person's Injury or Sickness warrants his or her medical evacuation.</i>	\$1,000,000 combined maximum benefit	
Pharmacy services provided by informedRx, an SXC company	for assistance call the Pearce & Pearce, Inc. Pharmacy Help Desk: 1-888-622-6001. To obtain a formulary listing (including prior approval prescription drugs), visit www.studentinsurance.com , search for your institution and click on "Pharmacy".	

ENHANCEMENTS FOR HARD WAIVER STUDENTS ONLY

Vision Care Expense for one eye exam and glasses or contact lenses.	up to \$200 maximum benefit per Policy Year
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STATE OF NORTH CAROLINA REGULATION MANDATES COVERAGE FOR THE FOLLOWING BENEFITS:

diagnostic, therapeutic or surgical procedures involving any bone or joint of the jaw, face or head; anesthesia and hospital charges in connection with dental procedures under certain circumstances; hospital stay of 48 hours following a normal vaginal delivery and 96 hours following a cesarean section and post-delivery care in the event of earlier discharge; bone mass measurement for the diagnosis and evaluation of osteoporosis for qualified individuals; prescription contraceptives drugs or devices; colorectal cancer screening; emergency services expense; mammograms; examinations and laboratory tests for the screening for the early detection of cervical cancer; prostates specific antigen tests; diabetes equipment, supplies and outpatient self-management training; hearing screening for dependent newborn children; health care services associated with participation in covered clinical trials; surveillance tests for women at risk for ovarian cancer; breast reconstruction following a mastectomy shall include coverage for all stages and revisions of reconstructive breast surgery performed on a nondiseased breast to establish symmetry if reconstructive surgery on a diseased breast is performed, as well as coverage for prostheses and physical complications in all stages of mastectomy, including lymphadenomas on the same basis as any other illness. Reconstruction of the nipple/areolar complex following a mastectomy is covered without regard to the lapse of time between the mastectomy and the reconstruction, subject to the approval of the treating physician; and any other applicable mandated benefits.

Student Health Insurance Plan Exclusions

The Company does not cover nor provide benefits for loss or expenses incurred:

1. as a result of dental treatment, except for treatment resulting from Injury to sound natural teeth.
2. for services normally provided without charge by the Campus Health Service or by health care providers employed by the campus, or services covered by the Student Health Service fee.
3. for eye examinations, eyeglasses, contact lenses, or prescription for such except as specifically provided; or treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does, or can impair normal vision apart from the disease process. Eye refraction is not covered.
4. for hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does, or can impair normal hearing apart from the disease process.
5. as a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. for Injury or Sickness resulting from war or act of war, declared or undeclared.
7. as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation, or Occupational Disease Law but only to the extent the Loss or Expenses are the liability of the employee, employer, or Workers' Compensation carrier according to the final adjudication under the North Carolina Workers' Compensation Act, or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
8. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
9. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. for cosmetic surgery except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to, or follows surgery resulting from trauma, infection, or other disease of the involved part, including breast reconstruction after a mastectomy, and reconstructive surgery because of a congenital disease, or anomaly of a covered Dependent newborn child.
11. for preventive treatment, testing, screening exams, medicines, serums, or vaccines except as specifically provided in the Policy.
12. as a result of committing or attempting to commit an assault, or felony, or participation in a felony, riot, insurrection, or civil commotion.
13. for Elective Treatment or elective surgery.
14. after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.
15. for any services rendered by a Covered Person's immediate family member.
16. for a treatment, service, or supply which is not Medically Necessary.
17. for surgery and/or treatment of: gynecomastia; biofeedback-type services; breast implants or breast reduction unless Medically Necessary following a mastectomy; circumcision; corns, calluses, and bunions; deviated nasal septum, including submucuous resection and/or other surgical correction thereof; family planning, except as specifically provided; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; hair growth or removal; impotence, organic or otherwise; nonmalignant warts, moles, and lesions; premarital examinations; sexual reassignment surgery; sleep disorders; tubal ligation; vasectomy; and alopecia.
18. for routine physical examinations, health examinations, or preschool physical examinations, including routine care of a newborn infant, well-baby care, and related Doctor charges, except as specifically provided for in the Policy.
19. for elective sterilization or its reversal.
20. for organ transplants except "organ transplants" shall not include bone marrow transplants.
21. for Injury resulting from: the practicing for, or participating in an intercollegiate covered event except as specifically provided, professional sports; hang gliding; parasailing; sky diving; glider flying; parachuting; or bungee jumping.
22. for Injury resulting from fighting, except in self-defense.
23. for treatment of obesity, including, but not limited to the following: weight reduction or dietary control programs, prescription or nonprescription drugs or medications such as vitamins (whether taken orally or by injection), minerals, appetite suppressants, or nutritional supplements, and any complication resulting from weight loss treatments or procedures unless specifically provided.
24. for treatment, services, drugs, devices, procedures or supplies that are experimental or investigational.

Maximize Your Plan Benefits

(View Policy/Certificate at www.studentinsurance.com)

Effective and Termination Dates

The Policy on file at the University becomes effective 12:01 a.m. on August 1, 2010 and terminates 11:59 p.m. on July 31, 2011. Coverage will be effective on the Effective Date of the Coverage Period enrolled (i.e. Fall, Spring/Summer); or for students enrolling after waiving out, the date for which the first premium is paid - whichever is later. Insurance will end for the Covered Person on the earliest of: (1) the date he or she becomes full-time active duty in any Armed Forces, or, (2) the end of the period for which the premium was paid.

PPO Providers

For services rendered in the State of North Carolina, a Covered Person may choose to be treated within or outside the Medcost PPO Network. For services rendered outside the State of North Carolina, a Covered Person may choose to be treated within or outside the First Health PPO Network. Reimbursement rates will vary according to the source of care as described under the Student Health Plan Summary, herein. Assignment of a Network Provider does not guarantee eligibility or right to student health benefits. It is the Covered Person's responsibility to verify that a provider is a Participating Provider prior to services being rendered. Please be aware that if a Covered Person is treated at a PPO Hospital, it does not mean that all providers at the Hospital are PPO providers. In addition, if a Covered Person is referred by a PPO provider to another provider or facility, it does not mean that the provider or the facility to which the Covered Person is referred is also a PPO provider. To obtain a list of participating providers and hospitals, visit www.studentinsurance.com and click on "Find your Doctor/Hospital".

Claims and Pre-Notification Procedures

Please call 1-888-622-6001 for claims procedures and pre-notification of all hospital confinements and day surgery prior to admission.

Referrals

Student Health Services referral is recommended except in the case of:

- Medical Emergencies (follow-up treatment requires Student Health Services referral)
- Student Health Services is closed
- Treatment is received more than 50 miles from campus
- The Covered Person is not eligible for care at Student Health Services
- The Covered Person requires treatment for maternity
- The Covered Person requires treatment for a mental or nervous disorder

Deductibles and Copays are waived only when services are rendered at Student Health Services.

Deductibles and Copays apply to all services received outside the Student Health Services.

Creditable Coverage

Coverage under this Plan is "creditable coverage" under Federal law. When coverage terminates, the Covered Person can request a Certificate of Creditable Coverage which is evidence of his or her coverage under this Plan. The Covered Person may need such a certificate if he or she becomes covered under a group health plan or other health plan within 63 days after coverage under this Plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions the Covered Person had before enrolling, then this Certificate may be used to reduce or eliminate those exclusions or limitations. In order to obtain a Certificate of Creditable Coverage, please contact Pearce & Pearce, Inc. at 1-888-622-6001.

Extension of Benefits

If the Covered Person is confined to a Hospital on the date his or her coverage terminates as a result of Sickness or Injury for which benefits were payable prior to the date his or her coverage terminated, benefits will be payable for the Eligible Expenses incurred until the earliest of: (1) the end of Sickness or Injury; (2) the end of the 90 day period following the date his or her coverage terminated; or, (3) the date the applicable Maximum Amount is reached.

Student Health Insurance Plan Definitions

Accident

means an occurrence which: (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and, (c) causes Injury.

Covered Person

means a Covered Student while coverage under the Policy is in effect.

Elective Treatment

means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body, occurring after the Covered Person's effective date of coverage.

Eligible Expense

means a charge for any treatment, service or supply which is performed or given under the direction of a doctor for the Medically Necessary treatment of a Sickness or Injury that is: (a) not in excess of the Reasonable and Customary charges; (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any, and (d) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits Provision.

Emergency Medical Condition

means a medical condition that manifests itself by acute symptoms of sufficient severity, including, but not limited to, severe pain or by acute symptoms developing from a chronic medical condition that would lead a prudent lay person, possessing an average knowledge of medicine and health, to reasonably expect the absence of immediate medical attention of the Injury or after onset of Sickness to result in any of the following:

- (a) placing the health of an individual, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy;
- (b) serious impairment to such person's bodily functions;
- (c) serious dysfunction of any bodily organ or part;
- (d) serious disfigurement.

Injury

means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person's effective date of coverage; and (c) occurs while coverage is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

Medical Necessity / Medically Necessary

means the covered services or supplies: (a) provided for the diagnosis, treatment, cure, or relief of a health condition, illness, Injury, or disease; and except as allowed for Clinical Trials, not for experimental/investigational or cosmetic purposes; (b) necessary for and appropriate to the diagnosis, treatment, cure, or relief of a health condition, illness, Injury, or disease, or its symptoms; (c) within generally accepted standards of medical care in the community; (d) not solely for the convenience of the Covered Person, his or her immediate family, or the provider.

Pre-Existing Condition *

means a Sickness, Injury, or pregnancy for which medical care, treatment, diagnosis, or advice was received or recommended within the 6 months prior to the Covered Person's effective date of coverage under the Policy.

Reasonable and Customary (R&C)

means the charge, fee, or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and, (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

Sickness

means disease, illness, or complications of pregnancy including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. All Sicknesses due to the same or a related cause are considered one Sickness.

*** Pre-Existing Conditions Limitation**

Expenses incurred by a Covered Person as a result of a Pre-existing Condition will not be considered Eligible Expenses for a period of 12 months of continuous coverage while covered under the Policy. This limitation will not apply if, during the period immediately preceding the Covered Person's effective date of coverage under the Policy, the Covered Person was covered under prior creditable coverage for 12 consecutive months. Prior Creditable Coverage of less than 12 months will be credited toward satisfying the Pre-existing Condition limitation. This waiver of Pre-existing Condition limitation will apply only if the Covered Person becomes eligible and enrolls for coverage within 63 days of termination of his or her prior coverage. Pre-existing Conditions limitation does not apply to: (a) a newborn Dependent child; (b) a child adopted by the Covered Student or placed with the Covered Student for adoption, if adoption or placement for adoption occurs while covered under the Policy; or, (c) a foster child placed with the Covered Student while covered under the Policy.

Special Notes

Continuation of Coverage after Graduation or Discontinuation of Enrollment (for students enrolled in the 2010-2011 UNC System-Wide Student Health Insurance Plan)

A student enrolled in the 2010-2011 UNC System-Wide Student Health Insurance Plan who graduates or discontinues enrollment at a UNC campus, may continue coverage under the 2010-2011 UNC System-Wide Voluntary Plan for an additional 6 months. Such continuance has an aggregate maximum benefit of \$100,000 per Injury or Sickness. In no event, however, will the maximum amount of continued coverage exceed the difference between the UNC System-Wide Voluntary Plan Aggregate Maximum Benefit amount per Injury or Sickness, and the amount paid for the Eligible Expenses incurred by the student prior to graduation or ineligibility for that specific Injury or Sickness. A written request for continued coverage and payment of the premium must be made within 31 days of termination of the Coverage Period enrolled. Continuation of coverage will be subject to all of the terms of the policy.

Coverage after Graduation or Discontinuation of Enrollment (for students who waived out of the 2010-2011 UNC System-Wide Student Health Insurance Plan)

A student who successfully waived coverage from the campus plan for the Fall and/or the Spring/Summer Coverage Period and who maintains the hard waiver eligibility criteria as well as coverage under his or her non-campus plan for the entire Coverage Period waived, and graduates or discontinues enrollment at a UNC campus and is no longer covered under his or her non-campus plan, may elect to purchase 6 months of coverage under the 2010-2011 UNC System-Wide Voluntary Plan if written request and payment of the premium is made within 31 days of the end of the Coverage Period waived.

Any student who successfully waived and fails to comply with the coverage requirements of the UNC System-Wide Student Health Insurance Plan will not be eligible to purchase the 6 months of coverage under the 2010-2011 UNC System-Wide Voluntary Plan.

Renewal of Coverage

The UNC System-Wide Student Health Insurance Plan is Non-Renewable One-Year Term Insurance. It is the Covered Student's responsibility to obtain coverage the following academic year via the campus plan or other creditable health insurance coverage in order to maintain continuity of coverage. The eligibility criteria for enrollment in the campus plan must be met each semester. Covered students who have not received information regarding subsequent coverage prior to the Policy's Termination Date should inquire regarding such coverage with the campus student health center or visit www.studentinsurance.com.

Note About Actual Expenses

The Covered Person's actual expenses for covered services may exceed the stated amount (coinsurance percentage or co-payment amount) because actual provider charges may not be used to determine the Policy's and Covered Person's payment obligation.

Important Information

Please keep this brochure as a general summary of the insurance. This is only a brief description of the coverage available under policy series S30494NUFIC-NC. The Policy and Certificate on file at UNC General Administration may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy and Certificate. A Certificate of Coverage is available to the Covered Student upon request to Pearce & Pearce, Inc. If there is any conflict between the contents of this brochure and the Policy, the Policy shall govern. This Plan also covers Mandated Benefits as required by the State of North Carolina.

Additional Services

Nurseline: After hours telephone-based medical advice can be obtained by calling 828-262-3100

Student Assist / Travel Guard: Additional travel services are available with this plan - please see detailed benefit information at www.studentinsurance.com

If you have any questions, please contact: asu@studentinsurance.com