

**SOUTHERN ILLINOIS UNIVERSITY
CARBONDALE**

Student Health Center

STUDENT MEDICAL INSURANCE PLAN

2009-2010 Plan Year

TABLE OF CONTENTS

	<u>Page</u>
Section I	
Introduction	1
Section II	
Eligibility, Enrollment and Termination	
Eligibility and Enrollment	2
When Coverage Becomes Effective.....	2
When Coverage Ends	3
Cost of Coverage	3
Refund of Student Medical Plan Fee	4
Optional Continuation of Coverage	4
Special Contract Students	5
Section III	
How The Plan Works	6
Summary of Benefits	8
Section IV	
Eligible Expenses: What Services Are Covered Under This Plan?	11
Ambulance Services	12
Ambulatory Surgery Center.....	13
Anesthesia Services	14
Blood Expenses	14
Chiropractic Care and Osteopathic Manipulations Referrals	14
Dental Services.....	15
Durable Medical Equipment and Prosthetics	(See Supplies, Equipment...)
Emergency Room Expenses.....	16
Hemodialysis Services	17
Home Health Care	18
Hospice Care	19
Hospital Services	20
Laboratory, Pathology, X-ray & Radiology Services	21
Maternity Care.....	22
Mental Health & Substance Abuse (drug & alcohol) Treatment	23
Physician Services	24
Prescription Drugs.....	25
Specialty Care Referrals	25
Supplies, Equipment and Appliances.....	26
Surgery.....	28
Therapies (Physical, Speech, Radiation, Chemotherapy, Occupational).....	29

TABLE OF CONTENTS
(Continued)

	<u>Page</u>
Section V	
General Limitations and Exclusions: What Is <u>Not</u> Covered Under This Plan.....	30
Section VI	
How to File a Claim	40
Where to Send Claims	39
Claim Processing	41
How to File an Appeal	40
Section VII	
Coordination of Benefits: How Benefits Are Determined If Expenses Are Covered By More Than One Plan.....	42
Section VIII	
Automobile "No Fault" Insurance Provisions: When Your Medical Expenses Are Covered By Auto Insurance	43
Section IX	
Third Party Liability: How Benefits Are Paid If Someone Else is Liable.....	44
Section XI	
Medical Evacuation and Repatriation.....	45
Section XII	
Accidental Death & Dismemberment.....	46
Section XIII	
Definitions	48
Notice of Privacy Practices.....	54

SECTION I - INTRODUCTION

Southern Illinois University Carbondale strongly urges every student to obtain insurance to protect against the financial impact of hospital and medical care. We are pleased to offer a comprehensive Student Medical Insurance Plan so the cost of health care will not interfere with the student's ability to complete their education.

The Board of Trustees of Southern Illinois University adopted this Plan on August 15, 1995. This Document describes the benefits available to eligible students as restated for the 2009-2010 academic year. The Board of Trustees reserves the right to amend or terminate the Plan at any time. Plan amendments may be made from time to time as necessitated by changes in state or federal laws, to clarify benefit provisions, or to change, delete or add benefit provisions. The Plan is maintained for the exclusive benefit of the students of Southern Illinois University Carbondale.

SECTION II - ELIGIBILITY, ENROLLMENT AND TERMINATION

ELIGIBILITY AND ENROLLMENT

Students are automatically enrolled in the Student Medical Insurance Plan as a condition of enrollment, registration and the assessment and payment of the Student Medical Benefit Extended Care Fee. The Extended Care Fee represents the Plan premium paid for Plan coverage. Students who have not paid the Extended Care Fee are not considered eligible or enrolled. Selected groups of enrolled and registered students are NOT assessed the SMB Extended Care Fee or are waived the payment of this fee, making them ineligible for Plan coverage. The following list illustrates examples of enrollment status that are not assessed or are waived the SMB Extended Care Fee:

- Graduate Students registered in 601 Continuing Research Courses
- Individual Learning Program (ILP)
- On-Line/Web-Based Courses
- University Studies Program
- Interactive Video Distance Learning Program (Video Courses)
- Public Service Courses
- Continuing Education Program Courses
- Off-Campus Courses (i.e. military programs, select internships, practicums, and externships)
- Study Abroad Programs
- Students completing "incompletes" from previous semesters
- Upward Mobility program
- Faculty Staff Fee Reversals (Tuition & Fee waivers)
- Supervisor of Student Teacher Waivers
- IMGIP Fellowships
- ICEOP Fellowships
- Contract Training Grant Fees
- Selected Department of Children & Family Services programs

This list is representative of the current exceptions to automatic Plan enrollment and is subject to revision.

WHEN COVERAGE BECOMES EFFECTIVE

For new Students, coverage is effective 72 hours prior to 12:01 a.m. (0001 hrs) (CST) of the first day of classes. For returning Students, coverage is effective at 12:01 a.m. (0001 hrs) (CST) on the first day of classes. Coverage for Students who register after that time will be effective at 12:01 a.m. (0001 hrs) (CST) on the day immediately following their registration.

Those Students who have a special arrangement with the University and are required to be on campus prior to the effective dates described above must be identified in writing and submitted to the Plan for approval. Their effective date will be 12:01 a.m. (0001 hrs) on the first day they are required by published policy to be present on campus.

WHEN COVERAGE ENDS

Coverage terminates at 12:00 a.m. (2400 hrs) CST on the earliest of the following to occur:

1. On the date the Plan is terminated.
2. For the Fall Semester, on the day prior to the first day of the regularly scheduled classes for the Spring Semester.
3. For the Spring Semester or Summer Session, on the day prior to the first day of the regularly scheduled classes for the Fall Semester.
4. On the day prior to the first date of entry into the Armed Forces of any country. Membership in the reserves, with or without two (2) consecutive weeks of active duty training each year shall not be considered entry into the Armed Forces.
5. For cancelled Students, the last date of coverage for the most recent period (Fall/Spring Semester or Summer Session).
6. On the effective date of withdrawal (the last date of official class attendance) from the University. Such withdrawal may qualify the Student for a partial or complete refund of the assessed premium. A complete refund of premium will result in no coverage for the semester. Students who receive a partial refund of the assessed premium will have coverage terminated on the effective date of withdrawal. Students who withdraw and do not receive a complete or partial refund of assessed premium will be covered through the end of the regular coverage period for which premium was assessed.

Students who apply and are granted official withdrawal with an effective date during the first three weeks of the Fall or Spring Semesters or the Summer Session will automatically receive a complete refund of the premium. Students who apply and are granted official withdrawal with an effective date during the fourth through the last week of Fall or Spring semester will automatically receive a pro-rated refund of the premium. Withdrawals during the fourth through the eighth week of Summer classes will automatically generate a pro-rated refund of the premium.

If a Student stops attending classes and is subsequently withdrawn by the University (WF withdrawals) coverage will terminate on the effective date of withdrawal. Students whose effective date of withdrawal occurs during the first three weeks of the semester will receive a complete refund of the premium. Students whose effective date of withdrawal occurs during week four through week sixteen of the Fall or Spring semester will receive a pro-rated refund of the premium. Withdrawals during the fourth through the eighth week of Summer classes will automatically generate a pro-rated refund of the premium.

COST OF COVERAGE

The Southern Illinois University Board of Trustees determines the Student Medical Benefit Extended Care Fee which represents the Insurance Plan premium for each academic semester. The annual premium is divided equally between the Fall Semester and the Spring/Summer Semesters. A separate premium is established for Students who enroll for the Summer Semester, but were not enrolled for the preceding Spring Semester.

REFUND OF STUDENT MEDICAL INSURANCE PLAN PREMIUM

If a Student has equivalent medical coverage under another plan and desires a refund of premium, an application **must** be completed and submitted to the Student Medical Insurance Office by Friday of the second week for the Fall and Spring Semesters, whether or not all tuition and fees are paid. For the Summer Session, the application must be made by Friday of the first week of class. **Refund applications must be submitted for each semester that a refund is desired.** If the refund application is approved, a credit, minus a processing fee, will be placed on the Student's Bursar account. The application must be accompanied by proof of equivalent coverage, including an Identification Card and Schedule of Benefits (deductible, maximums). To qualify for a refund, students must provide documentation of annual plan deductibles of \$1,000 or less; plan benefit lifetime maximums of at least \$250,000 and accidental death or life insurance benefits of at least \$10,000. For more information, call (618) 453-4413.

OPTIONAL CONTINUATION OF COVERAGE

Students who leave the University may elect to continue this Plan for 90 days by purchasing the Optional Continuation Coverage. It may not be renewed or extended further.

1. Enrollment and Premium

Students who wish to purchase the Optional Continuation of Coverage must complete an Application and pay the separate premium prior to the last date of coverage under the Student Medical Insurance Plan.

The effective date of the Optional Continuation of Coverage is 12:01 a.m. (0001 hrs) CST on the day following the last date of coverage under the Student Medical Insurance Plan.

Students who are hospitalized or medically unable to complete the Application prior to their last day of coverage under the Student Medical Insurance Plan, must make application and payment within 30 calendar days from the last date of coverage.

Students who withdraw from the University during the first three weeks of the semester and receive a complete refund of their Plan Premium, as a result of a serious medical condition that first occurred during the first three weeks of the semester and that affects their ability to continue class attendance, can purchase the Optional Continuation Coverage with an effective date of the first day of the semester's coverage as defined by Section II (When Coverage Becomes Effective) of this Plan document.

Refunds of the Optional Continuation Coverage will NOT be granted unless the Student becomes eligible for enrollment in the regular Student Medical Insurance Plan.

2. Benefits

The Optional Continuation of Coverage extends the medical benefits of the Student Medical Insurance Plan and is subject to the same exclusions and limitations. The continuation benefits will be limited to \$50,000 during the 90 day period and will be applied to the lifetime plan maximum of \$250,000. Total benefits paid for a covered student will not exceed the lifetime plan maximum.

It does **not** include the Accidental Death & Dismemberment benefit, Medical Evacuation or Repatriation.

3. Certificate of Creditable Coverage

Upon request, the University will provide a Certificate for a Student leaving the University. The Certificate will assist Students to secure other medical coverage with no pre-existing limitation.

SPECIAL CONTRACT STUDENTS

Special Contract Students are individuals participating in non-traditional educational programs or services at SIUC that will qualify them for regular enrollment in degree producing SIUC academic programs. Special Contract Students are students who have made special arrangements through a University sponsored program to enroll in the Plan and are subject to all the Plan provisions and limitations. Plan benefits are further dependent upon the following additional qualifications:

- Benefits are limited to those provided through the on-campus Primary Care programs (if enrolled in Primary Care Program) and those benefits described in this Plan brochure, excepting benefits for Accidental Death & Dismemberment, Repatriation, Medical Evacuation or Optional Coverage(s).
- Eligibility becomes effective at 12:01 a.m. (0001 hrs) CST the day following payment of required premiums to the Student Health Center or the first day of program coverage, whichever occurs later.
- Termination of coverage occurs at 12:00 a.m. (2400 hrs) CST on the date of published program/class termination or the last date for which premium was paid, whichever occurs first. Students are not eligible to extend coverage beyond the last date of published program/class termination unless they have documented registration in the subsequent term and premium is paid to the Student Health Center prior to the termination of the current coverage. Extensions of coverage cannot exceed thirty (30) days from the last day of published program ending date.
- Applications for Special Contract Coverage will not be accepted after the Friday of the second week of the specific program qualifying the Student for enrollment. It is the Student's sole responsibility to ensure that appropriate applications are completed, submitted and premiums are paid.
- Refunds of paid premiums will only be granted upon presentation of official written notification from University officials that the Student is no longer registered in the qualifying program. Refunds will be prorated as determined by the Plan Administrator.

INTERCOLLEGIATE ATHLETIC INJURIES

See Section VII, Coordination of Benefits.

SECTION III - HOW THE PLAN WORKS

HOW THE PLAN WORKS

If a Student incurs eligible expenses as the result of an Illness or Injury, the Plan will pay a percentage as shown in the **Summary of Benefits**, subject to all Plan Limitations and Exclusions.

PRIMARY CARE

The Student Medical Insurance Plan is designed to supplement the On-Campus Student Health Services in Carbondale and Springfield which are funded by the Student Medical Benefit (SMB) Primary Care Fee.

1. Carbondale Campus - The on-campus Student Health Center provides the Student with access to on-campus Primary Health Care, Emergency Dental Care, Counseling, Sports Medicine, Women's Health, Wellness and Physical Therapy, whether or not the Insurance premium has been refunded.
2. Springfield Campus – Students attending the Springfield campus will receive primary care services similar to the services available on the Carbondale Campus, through the SIU Physicians & Surgeons Family & Community Medicine Clinic located in Springfield, Illinois.

Charges for these campus-based services are **not** eligible for reimbursement through the Student Medical Insurance Plan.

STUDENT MEDICAL INSURANCE PLAN

Students must obtain (non-emergency) primary medical care at their respective on-campus student health service (Carbondale or Springfield). If specialty medical care or testing is required, a Student Health Center Provider may give the Student a written referral following an examination. Failure to obtain such referral prior to seeking care will result in a denial of benefits.

Students who are performing academic related and required programs such as student teaching, internships, and practicums, who are residing outside a 60 mile radius of their respective campus (Carbondale or Springfield) and do not attend on-campus classes may obtain Primary Medical Care outside of the campus based services; subject to other limitations, deductible and coinsurance provisions of this Plan.

PREFERRED PROVIDER ORGANIZATION (PPO)

The Plan uses a Preferred Provider Organization (PPO) provided by HealthLink. With a PPO network, participating Hospitals, Clinics, Physicians and other providers agree to accept a “negotiated fee” as payment in full. This fee is less than their usual and customary charge for services.

The Plan has two levels of reimbursement based on the Student’s choice of provider.

When a Student goes to a Preferred Provider, the reimbursement level will be higher than if a Non-Preferred Provider is used. The level of benefits to be paid is determined by the Student’s choice of Provider for each medical service. A decision to use a non-PPO provider will result in higher out of pocket costs for the Student.

The Plan reimburses Eligible Expenses incurred by Students. **All benefits are subject to all Plan Limitations and Exclusions.**

To obtain current information on PPO providers, please contact the Student Medical Insurance Office at (618) 453-4413.

SUMMARY OF BENEFITS

This is a summary. For details, refer to the description of specific Eligible Expenses following this section. **All benefits are subject to all Plan Limitations and Exclusions.**

COINSURANCE AMOUNT

The Student is required to pay a percentage of Eligible Expenses. Reimbursements will vary depending on the provider and type of service. Services rendered by PPO providers are reimbursed at **80%** of Usual and Customary charges and the provider may **not** bill for the balance above the Usual and Customary charge. Services rendered by non-PPO providers are reimbursed at **60%** of Usual and Customary charges and the provider may bill the Student for an outstanding balance above the Usual and Customary charge.

MAXIMUM OUT-OF-POCKET (Per Plan Year)

The coinsurance paid by a Student for Eligible Expenses is limited. After the Deductible has been attained, the applicable percentage (In-Network = 20%, Out-of-Network = 40%) is applied to the next \$5,000 of Eligible Expenses. The Plan then pays 100% of Eligible Expenses for the balance of the academic year subject to continued enrollment. This maximum out-of-pocket limit does not apply to Mental Health and Substance Abuse.

BENEFIT SUMMARY

All benefits are described per Academic Plan Year, except where specifically noted otherwise. Refer to specific benefit section for detailed coverage information.

	PPO Provider	Non-PPO Provider
Deductible	\$100 per Academic Plan Year	\$150 per Academic Plan Year
Coinsurance	20% up to 1 st \$5,000 of eligible expenses per Academic Plan Year	40% up to 1 st \$5,000 of eligible expenses per Academic Plan Year
Maximum Out-Of-Pocket Expense (MOOP)	\$1,000 per Academic Plan Year, after deductible is met	\$2,000 per Academic Plan Year, after deductible is met

Eligible Expense	PPO Provider	Non-PPO Provider
Ambulance	80% up to MOOP, then 100% to Plan maximum	80% up to MOOP, then 100% to Plan maximum
Emergency Room:		
Emergency Condition	80% up to MOOP, then 100% to Plan maximum	60% up to MOOP, then 100% to Plan maximum
Non-Emergency	Not eligible	Not eligible
Urgent Care Clinic (see "Emergency Room Expenses" section)	80% up to MOOP, then 100% to Plan maximum	60% up to MOOP, then 100% to Plan maximum
Hospital Charges (In & Outpatient)	80% up to MOOP, then 100% to Plan maximum	60% up to MOOP, then 100% to Plan maximum
Physician	80% up to MOOP, then 100% to Plan maximum	60% up to MOOP, then 100% to Plan maximum
Specialty Care Referrals	80% up to 12 office visits, 12 months or \$600 per condition per Lifetime maximum which ever occurs first.	60% up to 12 office visits, 12 months or \$600 per condition per Lifetime maximum which ever occurs first.
Surgery (In & Outpatient)	80% up to MOOP, then 100% to Plan maximum	60% up to MOOP, then 100% to Plan maximum
Medically Necessary Assistant Surgeon	50%	50%
Anesthesia	80% up to MOOP, then 100% to Plan maximum	60% up to MOOP, then 100% to Plan maximum
Diagnostic Lab & X-ray	80% up to MOOP, then 100% to Plan maximum	60% up to MOOP, then 100% to Plan maximum

Eligible Expense	PPO Provider	Non-PPO Provider
Mental Health & Substance Abuse Treatment <ul style="list-style-type: none"> • Inpatient • Outpatient 	80% Lifetime max \$20,000 80%, up to \$60 per visit for 40 visits per year with a Lifetime maximum of \$3,000	60% Lifetime max \$20,000 60%, up to \$60 per visit for 40 visits per year with a Lifetime maximum of \$3,000
Maternity Elective Termination during first trimester	80% up to MOOP, then 100% to Plan maximum 80% up to \$500 Lifetime maximum	60% up to MOOP, then 100% to Plan maximum 60% up to \$500 Lifetime maximum
Therapy (physical, speech, occupational) Chiropractic Care & Osteopathic Manipulations	80% for up to 10 visits 50% up to \$50 per visit for 20 visits	60% for up to 10 visits 30% up to \$50 per visit for 20 visits
Hospice Care Home Health Care	80% up to MOOP, then 100% up to six months 80% up to MOOP, then 100% for 30 days	60% up to MOOP, then 100% up to six months 60% up to MOOP, then 100% for 30 days
Durable Medical Equipment Prosthetics	80% up to MOOP, then 100% up to \$ 5,000 80% up to MOOP, then 100% up to \$ 5,000	60% up to MOOP, then 100% up to \$5,000 60% up to MOOP, then 100% up to \$5,000
Dental Restoration	80% up to \$5,000 per Lifetime	80% up to \$5,000 per Lifetime

MAXIMUM BENEFIT per Student while covered under the Plan is \$250,000 per lifetime, subject to the other limits of the Plan.

SECTION IV - ELIGIBLE EXPENSES

"Eligible Expenses" are the Reasonable and Customary Charges incurred as a result of services prescribed by a Physician for the diagnosis and/or treatment of an Illness or Injury to a Student.

The following pages describe the medical services and supplies covered by the Plan. Refer to the Summary of Benefits to determine what part of each expense is paid by the Plan.

Eligible Expenses	Page
Ambulance Services	12
Ambulatory Surgery Center	13
Anesthesia Services	14
Blood Expenses	14
Chiropractic Care and Osteopathic Manipulations Referrals	14
Dental Services.....	15
Durable Medical Equipment and Prosthetics (See Supplies, Equipment...)	
Emergency Room Expenses.....	16
Hemodialysis Services.....	17
Home Health Care	18
Hospice Care	19
Hospital Services	20
Laboratory, Pathology, and Radiology (X-ray) Services	21
Maternity Care	22
Mental Illness and Substance (Alcohol and Drug) Abuse Treatment	23
Physician Services.....	24
Prescription Drugs	25
Specialty Care Referrals.....	25
Supplies, Equipment and Appliances	26
Surgery	28
Therapies (Physical, Speech, Radiation, Chemotherapy, Occupational)	29

AMBULANCE SERVICES

An "ambulance" is a specially designed and equipped vehicle or aircraft used exclusively for the transfer of sick or injured individuals. It must have customary patient care, safety and life-saving equipment, trained personnel and be licensed as an ambulance.

ELIGIBLE EXPENSES

Reasonable charges for the following ambulance services are Eligible Expenses when a Student cannot be safely transported by any other means. Eligible Expenses include the base rate, mileage, nursing services and necessary supplies.

1. Professional ambulance service to the nearest Hospital with appropriate facilities.
2. Professional ambulance service from one Hospital to another for inpatient care.
3. Professional ambulance services for outpatient care in a Hospital when such care is related to an accident or medical emergency.
4. Medically appropriate air ambulance service to the nearest hospital with appropriate facilities and the aircraft used meets all qualifications of a professional ambulance.
5. Charges will be reviewed to confirm the appropriateness of ambulance service versus another means of transportation. If not shown to be Medically Necessary, the expense will be the responsibility of the Student.
6. Charges for private automobile or commercial or public transportation are not covered.

AMBULATORY SURGERY CENTER

An "ambulatory surgery center" is a free standing facility which meets all of the following criteria:

- Meets applicable state licensing standards.
- Is set up, equipped and able to provide general surgery.
- Charges for its services.
- Is directed by a staff of Physicians. At least one Physician must be on the premises when surgery is performed and during the recovery period.
- Has at least one certified anesthesiologist at the site during surgery which requires general or spinal anesthesia and during the recovery period.
- Extends surgical staff privileges to Physicians who practice surgery in an area Hospital and dentists who perform oral surgery.
- Has at least two operating rooms and one recovery room.
- Provides or arranges with a medical facility in the area for diagnostic x-ray and lab services needed in connection with surgery.
- Does not have a place for patients to stay overnight.
- Provides, in the operating and recovery rooms, full-time skilled nursing services directed by a Registered Nurse.
- Is equipped and has trained staff to handle medical emergencies.
- Has a written agreement with a Hospital in the area for immediate emergency transfer of patients. Written procedures for such a transfer must be displayed and the staff must be aware of them.
- Provides an ongoing Quality Assurance program. The program must include reviews by Physicians who do not own or direct the facility.
- Keeps a medical record on each patient.

ELIGIBLE EXPENSES

Medically necessary charges made for or in connection with a surgical procedure performed in an ambulatory surgery center.

ANESTHESIA SERVICES

"Anesthesia services" are services performed by a Physician or Certified Registered Nurse Anesthetist (CRNA). General anesthesia produces unconsciousness in varying degrees with muscular relaxation and reduced or absent pain sensation. Regional or local anesthesia produces similar muscular and pain effects in a limited area with no loss of consciousness.

ELIGIBLE EXPENSES

Administration of anesthesia.

BLOOD EXPENSES

ELIGIBLE EXPENSES

1. Cost of blood, blood plasma and blood derivatives for eligible surgical procedures.
2. Charges for processing, transportation, handling, and administration, excluding any non-insured student donor expense.

CHIROPRACTIC CARE AND OSTEOPATHIC MANIPULATIONS REFERRALS

A "Referral" is a written authorization to obtain Chiropractic and Osteopathic care outside the On-Campus Student Health Service (Carbondale or Springfield). Chiropractic and Osteopathic Care is NOT an Eligible Expense of this Plan except as noted below

ELIGIBLE REFERRALS

1. Referrals from an On-Campus Student Health Service Physician.
2. Referral benefits are limited to 20 visits per Plan Year.

DENTAL SERVICES

"Dental services" are performed for the treatment of conditions related to the teeth or structures supporting the teeth.

ELIGIBLE EXPENSES

1. Charges for treatment by a Physician, dentist or dental surgeon will be covered when due to accidental (external force) injuries to sound, natural teeth. The charges will be covered as Eligible Expenses if the accident occurred after the Student's effective date in the Plan. Eligible Expenses include reconstruction of such teeth and related x-rays when the first service was provided within ninety (90) days from the date of an accident.

The Student must obtain a referral from a Student Health Center Physician or Student Emergency Dental Service Dentist. With adequate documentation, a referral can also be made by an Emergency Room Physician.

2. Hospital care will be considered an Eligible Expense only when the hospitalization is Medically Necessary due to a covered, concurrent illness, such as heart disease.

EMERGENCY ROOM EXPENSES

“Emergency Room Expenses” refers to Eligible Expenses incurred in the Emergency Room of a Hospital for an accidental Injury or the sudden onset of a serious Illness.

The Emergency Room should not be used as a doctor’s office. Do not go to the Hospital Emergency Room (or Urgent Care clinic) for treatment that can be safely scheduled for the next day.

ELIGIBLE EXPENSES

1. Medically Necessary care for a sudden, acute and severe condition with symptoms requiring immediate treatment to prevent death or serious impairment to the Student. Services for any life threatening Illness or Injury, or a major trauma should be obtained at the closest Hospital Emergency Room equipped to treat that condition.
1. For conditions that do not qualify as an emergency, the Student may obtain “same day” care at their On-Campus Student Health Service (Carbondale or Springfield, Illinois). Services in an Emergency Room that do not meet the criteria of an emergency are not eligible for reimbursement.
2. The Plan will pay eligible Emergency Room or Urgent Care Clinic charges when treatment meets the following criteria:
 - a. The Student incurs expenses related to an accidental injury or an emergency medical condition which does not require the Student to be admitted as a patient in a hospital; and
 - b. Initial treatment was received within 48 hours of onset; and
 - c. Documented symptoms indicate the absence of immediate medical attention could be reasonably expected to place the Student’s health in jeopardy or cause serious dysfunction of a bodily organ or part. Examples of covered emergency medical conditions include:

Heart Attack	Allergic Reactions	Coma
Fractures	Lacerations	Appendicitis
Contusions		
3. Routine follow up care and/or diagnostic tests must be obtained at the On-Campus Student Health Service. If appropriate, the Emergency Room Physician can refer the Student to a Specialty Physician.
4. Medically necessary suture removal can be received and will be considered for benefits if the care is received from an Urgent Care Clinic or Hospital Emergency Room provided the Student is away from their On-Campus Student Health Service at the time suture removal is recommended.

HEMODIALYSIS SERVICES

"Hemodialysis" is the treatment of a kidney disorder by removal of blood impurities with dialysis equipment.

ELIGIBLE EXPENSES

1. Hemodialysis is an Eligible Expense when provided, as an inpatient, or as an outpatient in a Hospital or other eligible facility.
2. Rental or purchase of dialysis equipment and Necessary Medical Supplies for the personal and exclusive use of the Student.
3. Repair, maintenance, replacement and adjustment of dialysis equipment owned by the Student.

HOME HEALTH

HOME HEALTH CARE

"Home Health Care" is a Physician prescribed program of intermittent skilled health care services provided to Students in their homes by a licensed Home Health Care agency. A visit is a personal contact in the home for up to four (4) hours to provide the Student a single service.

Home Health Care services are Eligible Expenses to the extent they are provided in lieu of hospitalization, are not custodial in nature, and are billed by the agency delivering Home Health Care. Services billed by a Hospital or a Physician are not considered Home Health care expenses

Home Health Care services must be prescribed by a Physician.

ELIGIBLE EXPENSES

1. Part-time or intermittent skilled nursing services performed by a practicing Registered Nurse (RN) or under the supervision of one.
2. Physical therapy performed by a Registered Physical Therapist (RPT). See "Therapy" for benefit details and applicable limitations.
3. Occupational therapy performed by an accredited Registered Occupational Therapist (OTR) or a Certified Occupational Therapy Assistant (COTA). See "Therapy" for benefit details and applicable limitations.
4. Respiration and inhalation therapy performed by a therapist trained or licensed to provide these services.
5. Medical supplies to the extent that charges would be covered in an inpatient setting. Laboratory services which are Medically Necessary and ordered by the attending Physician to the extent that the charges would be covered in an inpatient setting.
6. Injectable Lovenox will be considered eligible for coverage following hospitalization for a diagnosis of Deep Vein Thrombosis (DVT) in lieu of continued hospitalization.

HOSPICE CARE

"Hospice Care" is the treatment of a terminally ill Student for physical, emotional, and spiritual needs. Hospice Care emphasizes nursing care, relief of pain, and psychosocial support and does not include curative or life-prolonging procedures. "Terminally Ill" is defined as having a life expectancy of six months or less. Hospice Care expenses are only considered eligible if the Student is under Physician care.

Eligible Expenses

1. Inpatient services provided and billed by the hospice program facility.
2. Services provided on an outpatient basis by a Hospice Facility.
3. Physician services provided by the hospice medical director.
4. Medical supplies and laboratory services which are Medically Necessary and ordered by the attending Physician.
5. Prescription Drug Therapy (for pain management control only).
6. Home Health Care services by the hospice team (registered nursing service, licensed practical nursing service, and certified home health aide services).
7. Physical, occupational and speech therapy provided by the hospice team.
8. Respite (continuous) care provided by the hospice team on a short-term basis enabling the terminally ill Student to remain at home.
9. Benefits are limited to those services provided and billed by a hospice program facility approved by the Plan Administrator.

HOSPITAL SERVICES

"Hospital Services" are necessary services and supplies, other than personal or convenience items, which are customarily furnished and billed by a Hospital.

ELIGIBLE EXPENSES

1. Hospital room and board, limited to the average daily rate and semi-private room accommodations. Charges for Private Room are not eligible
2. Use of intensive care facilities, operating room, recovery room, treatment room and equipment.
3. Drugs, medicines, and pharmaceutical preparations administered during hospitalization.
4. Dressings and supplies, sterile trays, casts and orthopedic implants and splints.
5. Diagnostic and therapeutic services.
6. Benefits for the normal period of inpatient convalescence or recovery following surgery or an acute illness.

LABORATORY, PATHOLOGY, X-RAY AND RADIOLOGY DIAGNOSTIC SERVICES

"Laboratory" and "Pathology" services are testing procedures required for the diagnosis or treatment of a condition. Generally, these services involve the analysis of a specimen of tissue or other material which has been removed from the body. Diagnostic medical procedures which require the use of technical equipment for evaluation of body systems are allowed as laboratory services. (EXAMPLE: electrocardiograms and electroencephalograms).

"X-ray" and "Radiology" services involve the use of radiology, nuclear medicine, and ultrasound equipment for the purpose of obtaining a visual image of internal body organs and structures, and the interpretation of these images.

ELIGIBLE EXPENSES

Inpatient and outpatient laboratory and x-ray services related to an Eligible Expense when provided by a Physician, independent pathology laboratory or independent radiology facility.

Outpatient diagnostic services require a referral from an On-Campus Student Health Service Physician. The referral can be 1) direct authorization for the procedure, or 2) given to a Specialty Physician to order the procedure.

The Plan will also reimburse eligible diagnostic services when the Hospital recommends a procedure within 24 hours of an Eligible Emergency Room visit.

MATERNITY CARE

"Maternity services" are those required by a Student for diagnosis and care during pregnancy and delivery.

ELIGIBLE EXPENSES for pregnancies conceived while insured and expenses incurred while covered under the Plan.

1. Inpatient – Medically necessary charges for a semi-private room and eligible ancillary services.
2. Outpatient – Medically necessary services provided by a Hospital or other eligible facility.
3. Normal delivery.
4. Cesarean section.
5. Birthing centers within a licensed facility may be approved as eligible Providers for obstetrical care under the Plan.
6. Spontaneous termination of pregnancy (miscarriage) prior to full term. Elective surgical abortion during the first trimester of a pregnancy (gestation of 12 weeks or less). Elective termination of pregnancy via prescription medication is not covered under the Plan.
7. Complications of pregnancy (for example, toxemia, ectopic pregnancy).
8. Nutrition educational services.
9. Pre- and post natal care can be provided by an OBGYN. Any other care not directly related to the pregnancy must be provided by the campus-based student health services or there must be a written referral from the On-Campus Student Health Service Physician. Primary care services, other than maternity care, are NOT covered under the Plan unless they are provided by the physician providing maternity care or provided by the campus-based student health services physician. NOTE: Claims cannot be processed until the services have been provided.

MENTAL HEALTH and SUBSTANCE ABUSE

"Mental Health and Substance Abuse conditions" requiring specific treatment, primarily because the Student requires psychotherapeutic treatment, rehabilitation from Substance Abuse, or both.

ELIGIBLE EXPENSES

1. Inpatient hospitalization is an Eligible Expense.
2. Intensive outpatient treatment (in lieu of a hospitalization) is an Eligible Expense and payable as an inpatient benefit when approved by a Student Health Center Clinic Physician and the Plan.
3. Individual and group outpatient treatment is an Eligible Expense. It must be provided in a licensed, certified, accredited facility, under the direction of a licensed mental health professional. Such treatment may not begin until the Student has completed 12 visits with the SIUC Counseling Center (Carbondale campus) and received written authorization from the SHC Physician (*or SHC/CC Counselor*) to continue care at another facility. Students attending the Springfield campus must be referred by their On-Campus Student Health Services physician.
4. The coinsurance for inpatient and outpatient care does not apply towards the maximum out-of-pocket limit.

PHYSICIAN SERVICES

"Physician services" are Medically Necessary Services and Supplies which are customarily furnished and billed by a Physician. In most cases, outpatient Physician care requires a written Referral from the On-Campus Student Health Service Physician. For more information, see "Specialty Care Referrals" for limitations and exclusions.

ELIGIBLE EXPENSES

1. Medical care in the Physician's office or hospital (in or outpatient).
2. Surgery, including the treatment of fractures and dislocations. Refer to "Surgery."
3. Obstetrical care, including pre- and postnatal care and delivery. Refer to "Maternity Services."
4. Administration of anesthesia (including anesthesia administered by a nurse anesthetist). Refer to "Anesthesia Services".
5. Diagnostic studies - for example, laboratory, electrocardiograms, electroencephalograms and thyroid profiles. Refer to "Laboratory Services".
6. Consultations related to an eligible diagnosis or procedure.
7. Allergy testing, but not treatment.
8. Nutritional and educational services for new diagnosed diabetic patients.
9. Primary Care must be obtained at the On-Campus Student Health Service. Primary Care is not an Eligible Expense of this Plan unless the Student is performing academic related and required programs such as student teaching, internships, and practicums, and reside outside a 60 mile radius of their respective campus (Carbondale or Springfield, Illinois) and do not attend on-campus classes may obtain Primary Medical Care outside of the On-Campus Student Health Service; subject to other limitations, deductible and coinsurance provisions of this Plan.
10. Outpatient Physician Services require a written referral from On-Campus Student Health Service Physician, an Emergency Room Physician or a Specialty Physician operating within the limitations of an existing Referral.

PRESCRIPTION DRUGS

Eligible “prescription drugs” are ones which require a Physician’s written prescription for purchase. They must be listed in the United States Pharmacopoeia, the National Formulary, the Homeopathic Pharmacopoeia or New Drugs.

ELIGIBLE EXPENSES

1. Drugs which are prescribed by a Physician and administered for eligible conditions during:
1) an inpatient hospital stay; 2) an Emergency Room/Urgent Care Center visit; 3) Outpatient Surgery; and 4) Diagnostic Testing
2. All drugs and medications must be approved by the Food and Drug Administration and not identified as “Experimental” or “Investigational”.

SPECIALITY CARE REFERRALS

A “Referral” is a written authorization to obtain Physician Specialty medical care outside the On-Campus Student Health Service (Carbondale or Springfield). Specialty Care is NOT an Eligible Expense of this Plan except as noted below

ELIGIBLE REFERRALS

1. Referrals from the On-Campus Student Health Service Physicians.
2. Referrals from an Emergency Room Physician following treatment in the Emergency Room. Urgent Care Physician referrals are not authorized.
3. Referrals from a Specialty Physician who is practicing within the time limit of an existing, written Referral from the On-Campus Student Health Service Physician.
4. Referral benefits are limited to six specialty physician office visits or twelve (12) months duration or lifetime benefit limitation, whichever occurs first.
5. A Referral is not required for follow up care after an eligible inpatient admission. Post-hospitalization follow-up specialty care is limited to twelve (12) months for the physician specialists who attended the eligible student while hospitalized, subject to other Plan Limitations & Exclusions.

SUPPLIES, EQUIPMENT AND APPLIANCES

"Durable Medical Equipment" is equipment which withstands repeated use, serves a medical purpose, is appropriate for use in the home and is useless to a person who is not ill or injured.

"Medical Supplies" are expendable items (except prescription drugs) required for the treatment of an illness or injury.

An "Orthopedic Appliance" is a rigid or semi-rigid support. It is used to eliminate, restrict or support motion in a part of the body that is diseased, injured, weak or deformed.

"Prosthesis" is any device that replaces all or part of a missing body organ or body member.

ELIGIBLE EXPENSES

1. Durable Medical Equipment includes:
 - a. The rental of such equipment, including respirators, intermittent positive pressure breathing machines, TENS unit and CPM unit.
 - b. Purchase of durable medical equipment if determined by the Claims Administrator to be more cost effective than rental or if such equipment is not available for rental. This includes repair, replacement and adjustment of equipment.
 - c. Hospital beds.
 - d. Traction equipment.
 - e. Wheelchairs.
 - f. Walkers.
 - g. Crutches.
 - h. Oxygen and the equipment to administer it.
 - i. Pulmonaides.
 - j. Medimist systems
 - k. Syringes and needles when for home IV therapy or heparin therapy.

2. Medical supplies and dressings include:
 - a. Colostomy bags and supplies required for their use
 - b. Catheters
 - c. Dressings when Medically Necessary for conditions such as cancer, diabetic or ulcers and burns.

3. Prostheses and orthopedic appliances include:
 - a. Artificial arms, legs and accessories.
 - b. Leg braces when required for all normal activities (i.e., occupation or household duties).
 - c. Arm braces, back braces, knee braces.
 - d. Maxillofacial prosthesis.
 - e. Surgical implants.
 - f. Artificial eyes.
 - g. Fitting, adjusting, and repairing of such prosthetic or orthopedic appliances.
 - h. Charges for the replacement of prosthetic appliances when determined to be Medically Necessary by the attending Physician due to a change in the Student's condition or wear of an appliance unless it is the result of negligence or misuse.

4. Other

Prescription glasses or contact lenses will be Eligible Expenses when their function is to replace a human lens lost through intraocular surgery or ocular injury. The benefit will be limited to one (1) pair of prescription glasses or contact lenses.

5. Items considered standard equipment will be considered eligible. Items considered deluxe equipment will not be Eligible Expenses.

SURGERY

"Surgery" is an operative procedure for the treatment of diseases or injuries. Treatment of fractures and dislocations is also considered surgery.

ELIGIBLE EXPENSES

1. Inpatient - Medically Necessary semi-private room and eligible ancillary services.
2. Outpatient - Medically Necessary services provided by a Hospital or other eligible facility. The outpatient surgery benefit is limited to procedures that require the presence of an Anesthetist or Certified Registered Nurse Anesthetist and are performed in a hospital or ambulatory surgical center.
4. Surgery performed by a Physician which requires administration of general anesthesia. Surgery not requiring general anesthesia and pre-operative visits are covered only with a written Specialty Care Referral. Post-operative care is considered part of the maximum allowable surgery benefit.
5. Services of a medically necessary assistant surgeon, an RN surgical assistant, or a Physician Assistant (in lieu of an eligible assistant surgeon).
6. Medically Necessary services and supplies.
7. Cosmetic surgery to restore bodily function or correct deformity resulting from disease, accidental injury, or previous therapeutic process. The condition must have occurred and developed while the Student is continuously enrolled in the Plan. Reconstruction following surgical removal of all or part of the breast tissue as a result of Illness is also covered.
8. Multiple surgical procedures are defined as one or more unrelated procedures performed through the same incision, or one or more procedures performed through different incisions. Multiple procedures are performed during the same operative session and add significant time and/or complexity to the Student's care.
9. Bilateral procedures refer to the same procedure being performed on both sides of the body (for example, tubes being placed in both ears). Reasonable and Customary allowances for multiple surgical and bilateral procedures are subject to medical practice guidelines.
10. Hospital visits by the Student's surgeon are considered part of the surgical benefit and are not eligible as a separate service
11. Pre-surgical tests are not eligible expenses to the extent the services have already by performed by the Student Health Center Clinic or an authorized physician specialists.

THERAPIES

Physical, Speech, Radiation, Chemotherapy, Occupational

Chemotherapy is drug therapy administered as treatment for malignant conditions and diseases.

Occupational therapy utilizes educational, vocational, and rehabilitative techniques to improve a Student's functional ability to achieve independence in daily living.

Radiation therapy is the treatment of malignant diseases and other medical conditions by means of x-ray, radon, cobalt, betatron, telacobalt, or radioactive isotopes.

Speech and audio therapy are services for diagnosis and treatment of speech, language, and audio disorders resulting in a difficulty to communicate.

Physical therapy uses physical agents to treat disability resulting from illness or injury, and as post hospital or surgical treatment. Physical agents used include: heat, cold, electric current, ultrasound, ultraviolet radiation, massage, and therapeutic exercise.

ELIGIBLE EXPENSES

1. Chemotherapy for malignant conditions when such therapy is the medically accepted treatment.
2. Occupational therapy is eligible following hospitalization or related surgical procedure, when performed by an accredited occupational therapist.
3. Radiation therapy for malignant conditions when such therapy is the medically accepted treatment.
4. Speech therapy including diagnostic testing, is eligible following hospitalization or related surgical procedure when performed by a Physician or a therapist certified by the American Speech and Hearing Association.
5. Physical therapy modalities and procedures are covered to the extent that the same services are not provided through the on-campus health services.

SECTION V – PLAN LIMITATIONS AND EXCLUSIONS: What Is Not Covered Under This Plan?

This is a partial list of services which are NOT Eligible Expenses. Refer to the appropriate sections for further information.

AFTER HOURS SERVICES

Charges for services provided after regular office hours in addition to basic services.

AIR TRAVEL

Injuries received during air travel except while traveling on a regularly scheduled airline, participating with the Flying Salukis, and Students academically enrolled in Aviation Technology and injured during class participation.

ALTERNATIVE MEDICINE (e.g. ACUPUNCTURE)

Acupuncture, acupressure, Rolfing, alternative or complimentary medicine, or other non-traditional medicine is not an Eligible Expense.

ANESTHESIOLOGIST MD/CRNA

Plan does not cover expenses of both a CRNA and a MD Anesthesiologist for the same procedure.

AUTO (MOTOR VEHICLE) ACCIDENT EXPENSES

Expenses for injuries sustained in a motor vehicle accident will not be covered to the extent of minimum coverage required by the applicable state law. For more information see the "Automobile Insurance Provisions" section.

ASSOCIATIONS

Services or supplies received from a dental or medical department maintained by or on behalf of a group, mutual benefit association, labor union, trust or similar person.

PSYCHOLOGICAL/NEUROPSYCHOLOGICAL TESTING & SERVICES

Psychological and neuropsychological testing, educational materials and biofeedback, services are not Eligible Expenses.

Psychological services received off campus that are available through the on campus Counseling Center, SHC Psychiatric services or other similar services available on the Springfield campus are not covered.

BIRTH CONTROL

Birth control pills, the insertion and/or removal of contraceptive devices, or services and supplies for sterilization or reversal of sterilization.

BIRTH DEFECT

Treatment related to a congenital birth defect.

BONE DENSITY TESTING

The Plan will not cover bone density testing for a student who has received Depo-Provera injections until the student has completed twelve consecutive months of continuous enrollment in the Plan and remains enrolled in the Plan.

COGNITIVE REHABILITATION

Cognitive rehabilitative methods that retrain or alleviate problems caused by deficits in attention, visual processing, memory reasoning, problem solving, executive functions and cognitive Orthotic Devices are not Eligible Expenses

COMPLICATIONS OF INELIGIBLE SERVICES

Services or supplies (including hospitalizations) for complications resulting from services that are not eligible (i.e. experimental procedures, cosmetic surgery, tattooing, body piercing).

CONVENIENCE/PERSONAL COMFORT

Services, supplies or equipment for personal comfort, hygiene or convenience such as, but not limited to air conditioners, humidifiers, hot tubs, whirlpools, or physical exercise equipment, even if the items are prescribed by a Physician, are not Eligible Expenses.

COURT ORDERED OR UNIVERSITY REQUIRED SERVICES

Court ordered testing, evaluation and treatment are not covered.

Testing, evaluation or treatment that is required as a result of violating University policy is not covered.

CORNS, CALLUSES OR TOENAILS

Expenses for trimming corns, calluses, or toenails, except for services for treatment of metabolic or peripheralvascular disease.

COSMETIC SURGERY AND APPLIANCES

Services or supplies related to surgery to improve a Student's appearance by surgical alteration of a physical characteristic.

Prosthetic appliances for cosmetic purposes.

CRIMINAL OR UNLAWFUL ACTIVITIES

Any charges incurred for services or supplies resulting directly or indirectly from participation in criminal, illegal or unlawful activities, or from participation in a riot.

CUSTODIAL CARE

When the purpose of Hospital admission is convalescent or custodial care, no benefits are available. In those instances when the type of care rendered during a continuous period of Hospital confinement develops into custodial care, that portion of the stay beginning on the day of such development is excluded from benefits. Benefits for Medically Necessary diagnostic, x-ray and laboratory services will be provided if benefits would have been eligible on an outpatient basis.

DENTAL

Filling of teeth, removal of a tooth, root or wisdom teeth, treatment of infected and/or diseased gum tissue, professional fees for other dental care, except if such care is related to Accidental Bodily Injury to sound, natural teeth as long as the injury necessitating treatment occurred while student was continuously enrolled in the Plan. Damage to caps, crowns, bridges, dentures and partials will not be covered; these are not considered "natural teeth."

Services pertaining to the periodontium (The periodontium is the investing and supporting tissues surrounding a tooth, namely the periodontal membrane, the gingival and the alveolar bone.) are not eligible.

DEPENDENT CHILDREN

Charges for dependent children, born or unborn, including but not limited to fetal surgeries and testing, newborn patient nursery care and associated Physician charges are not eligible.

DIAGNOSTIC TESTING

The Plan will not pay for laboratory, x-ray services or other diagnostic testing that is inconsistent with the Physician's diagnosis.

DIETARY SUPPLEMENTS

Dietary supplements are not Eligible Expenses.

DNA TESTING

DNA testing is not an Eligible Expense.

ENVIRONMENTAL CHANGE

Hospitalization for environmental change or any related charges.

EXPERIMENTAL SERVICES

Procedures which are defined as Experimental or Investigational in nature, or which are not proven to be effective and are not FDA Approved.

FOOT CARE

Services or supplies in connection with the treatment of weak, strained or flat feet, any instability or imbalance of the feet, or any metatarsalgia or bunion. Expenses incurred for the use of orthotics unless used exclusively to promote healing.

GOVERNMENT SERVICES

Expenses for services or supplies furnished by or for any U.S. and/or other government program or law under which the Student is or could be covered, except for charges that the Student is legally required to pay, are not eligible under this Plan.

HEARING AIDS

Hearing aids, including BAHA (Bone Anchored Hearing Aids), cochlear implants and related exams, services and supplies.

IMPLANTS

Services and supplies for artificial heart implants.

INFERTILITY

Services and supplies necessary for the diagnosis and treatment of a medical condition causing infertility are covered under this Plan. However, services related to inducing pregnancy are not covered; such services include but are not limited to artificial insemination, in-vitro fertilization, gamete intrafallopian transfer (GIFT), embryo transfers, hormone therapy, prescription drugs and surrogate parenting.

LEAVING THE EMERGENCY ROOM OR HOSPITAL AGAINST MEDICAL ADVICE

For charges incurred for services when the Student leaves the Emergency Room, Ambulance, Observation room, or Inpatient care against medical advice (AMA)

MAINTENANCE CARE

Services provided to assist the Student in activities of daily living such as but not limited to feeding and bathing, or do not require the continuous attention of skilled medical or paramedical personnel.

MEDICAL EQUIPMENT

Durable equipment - whirlpool baths, air conditioners, purifiers, dehumidifiers, exercise equipment and other self-help devices or are not Eligible Expenses.

Maintenance charges for durable medical equipment are not Eligible.

Repair charges for durable medical equipment are not Eligible Expenses if damage is due to negligence or misuse.

Equipment that does not specifically promote healing of a covered condition (e.g. scooters for mobility) is not eligible.

MEDICATIONS/PRESCRIPTIONS

Medicines and/or syringes while not hospital confined except for prescription medicine administered within a hospital emergency room, outpatient surgery center or medically necessary ambulance in the treatment an eligible condition are not eligible. Elective termination of pregnancy via prescription medication is not eligible.

MENTAL IMPAIRMENT

Services or supplies used to treat autism, hyperkinetic syndromes, learning disabilities, behavioral problems, mental retardation, or senile deterioration, beyond the period necessary to diagnose the condition.

MISSED APPOINTMENTS

Physician charges for completion of forms, missed appointments and/or canceled appointments are not Eligible Expenses.

NOT SPECIFICALLY COVERED

Services or supplies not specifically stated as covered.

NUTRITIONAL SERVICES

Meals are not an eligible expense. Nutritional Education and other patient education, except as provided in relation to maternity benefits or newly diagnosed diabetics are not an eligible expense.

OBESITY AND WEIGHT LOSS

Services or supplies provided for the treatment of obesity and weight reduction.

OFF CAMPUS SERVICES

Services for medical, mental, psychological, dental and other health services which are available through the on-campus student health services.

ON-CAMPUS STUDENT HEALTH SERVICES (Primary Care) (CARBONDALE & SPRINGFIELD, ILLINOIS)

Charges incurred for services provided at the on-campus student health services are not eligible.

ORGAN TRANSPLANTS

Service or supplies provided for the transplant of any organ except cornea, kidney, heart valve, muscular-skeletal, and parathyroid human organ or tissue transplants. Expenses for non-student donors are not eligible for coverage.

ORTHOTICS

Orthotics are not Eligible Expenses.

Dental-related orthotic appliances for a temporomandibular joint (TMJ) diagnosis are not Eligible Expenses.

PERSONAL ITEMS

Personal hygiene and convenience items, such as air conditioners, humidifiers, whirlpools, or exercise equipment, whether or not recommended or prescribed by a Physician.

PERSONAL SERVICES AND SUPPLIES

Personal services and supplies billed by the Hospital, including guest meals and cots are not eligible.

PHYSICAL EXAMINATION

Services in connection with a routine physical examination or test required for employment, class participation, insurance physical and other non-treatment physical examinations.

POST-NATAL CARE

Post-natal home nursing visits are not Eligible Expenses.

PRE-EXISTING CONDITION

Pre-Existing Conditions are defined as any illness, injury or condition for which medical advice or treatment was received within the six (6) months preceding the Student's effective date of coverage under this Plan, or which produced clear, distinct symptoms that indicated the illness, injury or condition probably began and manifested itself before the effective date of the Student's coverage and would cause an ordinarily prudent person to seek diagnosis, care or treatment. Pre-existing conditions are not eligible until after the Student has completed twelve (12) consecutive month of continuous enrollment in the Plan and remains enrolled in the Plan. If the Student is enrolled in the Plan for Spring and the subsequent Fall semester, they will receive credit towards the twelve (12) month requirement.

PREVENTIVE SERVICES (other than provided at the on-campus student health service)

Primary (routine) care must be obtained at the on-campus student health service, including physical exams and immunizations. Students who are performing academic related and required programs such as student teaching, internships, and practicums, who are residing outside a 60 mile radius of their respective campus (Carbondale or Springfield, Illinois) and do not attend on-campus classes may obtain Primary Medical Care outside of the campus based services; subject to other limitations, deductible and coinsurance provisions of this Plan.

PRIVATE ROOM OR PRIVATE DUTY NURSING CHARGES

Private room charges in excess of published semi-private rate and private duty nursing charges.

PROVIDER DISCOUNTS

Provider discounts applicable to another plan which is considered primary will not be considered eligible expenses for reimbursement under this Plan.

RECORDS AND MISSED APPOINTMENTS

Charges for telephone consultations, failure to keep a scheduled visit, itemized billing, or copies of medical records, x-rays, or other information.

RELATED PROVIDERS

Services of a provider who is a member of a Student's immediate family.

RESIDENTIAL TREATMENT FACILITIES

Residential Treatment Facilities and Halfway House Services are not covered by the Plan

SCOPE OF LICENSE

Services or supplies furnished by any person or institution acting beyond the scope of his or her license or legal authority.

SEX CHANGE

Services or supplies related to gender change, including but not limited to prescription drugs, hormone therapy, any surgical procedures and diagnostic testing.

SPEECH THERAPY

Charges related to speech therapy that is custodial or educational, is intended to maintain speech communication, is intended to improve speech skills that are not fully developed, or that is not restorative in nature are not eligible expenses.

Speech therapy or diagnostic testing related to learning disorders which accompany mental retardation, stuttering at any age, and personality, developmental, voice or rhythm disorders when any of these conditions are not the direct result of a diagnosed neurological, muscular, or structural abnormality involving the organs of speech.

SPECIAL EDUCATION

Expenses for special education, counseling, therapy, or care for learning deficiencies or behavioral problems, whether or not associated with mental disorders or other disturbances.

STAND-BY CHARGES

Stand by charges of a Physician.

SURGERY – INCIDENTAL PROCEDURES

Incidental surgical procedures are performed during the same operative sessions but are unrelated to the primary surgery, and are not Eligible Expenses for benefits (for example, incidental appendectomy performed during the same operative session for an abdominal hysterectomy). Incidental procedures do not add significant time and/or complexity to the Student's care.

TEMPOROMANDIBULAR JOINT (TMJ) TREATMENT

Services or supplies related for the treatment of skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction and associated myofascial pain.

THERAPY (INCLUDING PHYSICAL THERAPY)

Physical therapy when provided to maintain functionality after a period of restoration or when no further significant improvement can be expected is not eligible

Physical therapy does not include the services of a masseur, physical culturist, or a physical education instructor

Recreational or diversional therapy is not covered

Physical therapy services that are provided through the on-campus health services are not covered

Massage Therapy is not an eligible expense

High dose chemotherapy rendered in conjunction with an ineligible autologous bone marrow transplant is not covered

THIRD PARTY LIABILITY

Services which are the liability of another insurance carrier, including but not limited to Auto, Motorcycle, etc.

TOBACCO

Services or supplies related to smoking cessation, the treatment of nicotine abuse from tobacco or from other substances.

TRAVEL

Travel, whether or not recommended by a Physician

VISION

Services or supplies related to prescription glasses or contacts unless due to ocular Injury or intraocular surgery. Expenses for eye refraction, vision therapy, radial keratotomy, laser correction or other vision aids are not eligible.

WAR

Services or supplies provided as a result of disease contracted or bodily Injury sustained due to war, whether declared or undeclared, civil war, insurrection, rebellion, or revolution, or to any act or condition incidental to any of the foregoing.

WORKERS' COMPENSATION

Services or supplies resulting from an occupational accident or sickness recoverable under a state or federal statute such as workers' compensation, occupational disease laws, or public health law, even though the Student will not be eligible to receive benefits under this Plan if he does not follow procedures for the Employer's Workers' Compensation plan.

SECTION VI - HOW TO FILE CLAIMS AND APPEALS

HOW TO FILE CLAIMS

If the Student is eligible for benefits under any other insurance, that policy will be primary. See "Coordination of Benefits". Claims must be submitted to and processed by the primary plan before any benefits are payable under this Plan.

Claims must be filed with the Student Medical Insurance Office within six (6) months from the date of service. It is the Student's responsibility to submit a claim within this time frame.

A claim must be completed for each injury or illness, and must include each of the following:

1. Primary Insurance Form – documents presence or lack of other insurance.
2. Claim Form – provides current information about the Student, medical condition, and circumstances pertinent to the condition.
3. Itemized Statement including the following:
 - a. Patient name
 - b. Date of service
 - c. Procedure code (5 digits)
 - d. Diagnosis
 - e. Charge per service
 - f. Provider name, address, phone number and FEIN/TIN (tax number)
4. Explanation of Benefits Form from primary insurance company (if applicable).
5. Related Medical Records as necessary.

The Primary Insurance and Claim Forms can be obtained from the Student Medical Insurance Office or downloaded from the website <http://shc.siuc.edu/>. The Student may request them in writing and a supply will sent by regular mail.

Upon receipt of a claim, the Student Medical Insurance Office may need to request additional information from the patient and/or provider(s). If a response is not received within 14 calendar days of that request, the claim will be denied.

If the requested information is received within six months of the service date, the claim will be automatically reopened for processing. In no event will a claim be processed for payment more than twelve (12) months after the end of the Plan year.

WHERE TO SEND CLAIMS

The Student should make a copy of the completed claim package for his/her records and submit the originals to the address shown below:

Student Health Center
Student Medical Insurance Office
Mail Code 6802
Southern Illinois University Carbondale
1225 Douglas Drive
Carbondale, IL 62901
(618) 453-4413

Providers should submit claims electronically to the following address:

SIUC/HL
PO Box 419104
St. Louis, Missouri 63141

The Southern Illinois University Student Insurance Office has full discretion to determine eligibility for all Plan benefits, interpret the terms of the Plan, and answer questions arising from the Plan.

CLAIM PROCESSING

The Claims Administrator will furnish a written disposition of the Student's claim within thirty (30) days after the claim is filed. Under special circumstances, such as, coordination of benefits, this period may be extended 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. How to contact the Student Medical Insurance Office if the Student has any questions regarding the claim.

HOW TO FILE AN APPEAL

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

Student Health Center
Student Medical Insurance Office – Claims Administrator
Mail Code 6740
Southern Illinois University Carbondale
374 East Grand Avenue
Carbondale, IL 62901

The Claims Administrator will acknowledge receipt of the appeal, conduct the review and notify the claimant of the decision within sixty (60) calendar days. In the event that additional time to review the claim is necessary, the Claims Administrator will notify the claimant that an additional sixty (60) calendar days is necessary to complete the review of the appeal.

If the student wishes further review, the student may submit a written request no later than 14 calendar days after the Claims Administrator's decision. The appeal will be presented to an Appeals Committee for independent consideration of the applicable documents. The Committee will acknowledge the appeal, conduct the review and notify the Student of its decision within sixty (60) calendar days. An additional sixty (60) calendar days may be taken under special circumstances.

SECTION VII - COORDINATION OF BENEFITS: How Benefits Are Determined If Expenses Are Covered By More Than One Plan

DUPLICATE COVERAGE

If medical expenses for a Student are covered under this Plan and another plan(s), there is "duplicate coverage." Benefits of this Plan will be coordinated with the benefits a Student may be entitled to receive under any another health care or benefit plan; however, benefits paid by all plans collectively shall not exceed a total of 100% of Eligible Expenses.

THE STUDENT MEDICAL INSURANCE PLAN IS SECONDARY

The Coordination of Benefits provision determines which plan or coverage has primary responsibility for a claim. Benefits of the primary plan are paid for Eligible Expenses received by the Student. This Plan, the secondary plan, then makes its benefit determination. However, all plans collectively shall not pay more than a total of 100% of Eligible Expenses.

HOW TO FILE CLAIMS WHEN THERE IS DUPLICATE COVERAGE

1. Send all claims to the primary plan(s) so benefits of that plan can be determined and paid.
2. When you receive notice of the primary plan's payment (Explanation of Benefits Form), send this form with a copy of all the related documents (insurance acceptable bills) and claims to the secondary plan (Student Medical Plan) for processing.

COORDINATION WITH MEDICARE

This Plan is secondary.

COORDINATION WITH MEDICAID

This Plan is primary.

COORDINATION WITH CHAMPUS

This Plan is primary.

COORDINATION WITH NCAA CATASTROPHIC COVERAGE PROGRAM

Intercollegiate athletes (including Saluki Cheerleaders, official team mascots and Saluki Shakers) competing, including necessary travel to an official competition or practicing under the direct supervision of an athletic trainer and/or coach who incur athletic-related injuries are eligible for coverage under this Plan for diagnosis and treatment of the injury to the maximum of \$75,000 per injury, limited to the overall Plan maximum stated elsewhere in this document. Additional coverage (greater than \$75,000 per injury) may be available through the NCAA Catastrophic Coverage Program. The Student Insurance Plan is secondary to any other insurance coverage in effect at the time of injury.

SECTION VIII – AUTOMOBILE “No Fault” INSURANCE PROVISIONS: When Your Medical Expenses Are Covered By Auto Insurance

A "Complying Plan" is an insurance plan approved by the applicable State Division of Insurance that provides at least the minimum coverage required by law, and one that is subject to the Auto Accident Reparations Act. Any state or federal law that provides similar benefits through legislation or "No-Fault" is also considered a complying Plan.

HOW THE PLAN COORDINATES WITH COMPLYING POLICIES

When an Injury occurs involving an automobile and a complying plan exists, the Plan will coordinate its benefits with the complying automobile insurer for Eligible Expenses. This coordination will also include the Coordination of Benefits described in Section VII.

WHAT THE PLAN WILL PAY

After Coordination of Benefits with any complying automobile insurance and any other medical insurance in effect, the deductible of the complying automobile plan will be considered an Eligible Expense and paid in accordance with Plan provisions.

When the complying automobile insurer(s) and any other medical insurance in effect, has paid its(their) maximum benefits, the Plan will become liable for uncovered Eligible Expenses.

If more than one complying automobile insurer is responsible for providing benefits, the Plan will become liable after all complying automobile insurers have paid their maximum benefits.

LIMITATIONS AND EXCLUSIONS

This Plan will not provide benefits to the extent of minimum coverage required by an applicable state "No-Fault" law or other insurance legislation for Injuries suffered in an automobile accident, if:

1. Student is the owner of the vehicle; and,
2. Student is either operating or riding in the owned vehicle; and,
3. The vehicle is not covered by Insurance as required by law.

The benefits of this Plan will be available if the Injured Student is a non-owner operator, passenger or a pedestrian not covered by Automobile Insurance. Under such circumstance, this Plan will be secondary to any other available coverage.

**SECTION IX - THIRD PARTY LIABILITY:
How Benefits Are Paid If Someone Else Is Liable
For Your Medical Expenses**

If the Student suffers an Injury or Illness as a result of a negligent or wrongful act or omission of a third party, the Student Medical Plan has the right to pursue subrogation. The Student is required to complete and submit the subrogation agreement prior to payment determination. The Student Medical Plan will subrogate and succeed to the Student's right of recovery against a third party. This Plan will not pay benefits unless the Student agrees in writing before or at the time benefits are paid to assign to the Plan the right to recover from that third party or its insurer the lesser of the following:

1. All payments the Plan makes as a result of the Illness or Injury;
2. An amount equal to the damages recovered as a result of the negligence.

A third-party liability exists when another entity or person becomes legally responsible for the Student's condition or Injury. The Plan is not responsible to provide benefits for charges arising from Illness or Injury to the extent payment is made by some person or entity other than the Student. A third-party includes automobile liability insurers and persons or entities who carry insufficient or no auto insurance coverage where required by law.

RIGHT OF REIMBURSEMENT

When this Plan provides benefit payments for Injuries sustained by a Student and the Student later is also reimbursed by a third party for the same expenses, the Student is obligated to refund to this Plan an amount equal to the Plan's benefit payment.

For purposes of this provision, a "third party" will include, but not be limited to, uninsured or underinsured motorist coverage.

If the Plan makes payment that according to the Plan should not have been made, including, but not limited to, payment made in error, the Plan may recover that incorrect payment from the provider of service, Student, or from any other appropriate party.

SUBROGATION CLAUSE

If any Student has rights to recover damages from another person, those rights are transferred to Southern Illinois University at Carbondale to the extent of its payment or the value of the services rendered to or on behalf of the Covered Student. The Student shall take all necessary and reasonable steps to secure SIUC's rights and shall do nothing after loss to impair them; otherwise the Student may be held personally accountable to the extent of payments made or the value of services rendered. The recovery will not exceed the amount of the award.

SECTION X - MEDICAL EVACUATION AND REPATRIATION

MEDICAL EVACUATION -

When recommended by the attending physician as medically necessary to obtain the desired medical treatment, benefits are payable for the transfer of the Student from a medical facility to a medical facility nearest his or her permanent residence in his or her natural country of residence. This benefit is limited to actual expenses not to exceed \$15,000. This benefit is limited to international students attending the SIUC campus or U.S. students required for academic purposes to reside temporarily outside of the United States.

This benefit only applies if the Student receives inpatient care for a period of five consecutive days immediately preceding the transfer.

REPATRIATION -

The Student is eligible for benefits in the event death should occur from an accident or illness while outside the Student's state or country of permanent residence and insured by this policy. This Plan will pay actual expenses up to \$15,000 for the preparation and transportation of the deceased body to the home country. This benefit is limited to international students attending the SIUC campus or U.S. students required for academic purposes to reside temporarily outside of the United States.

SECTION XI - ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

HOW THE PLAN WORKS

If a Student, as a result of accidental bodily injury that occurred while enrolled in this Plan, suffers any of the losses described below, directly and independently of all other causes within ninety (90) days from the date of the accident, the Plan will pay the amount specified below:

PAYMENT OF BENEFITS

AD&D benefits are paid to the Student. Benefits for loss of a Student's life will be paid to the following person(s) in the following order of priority:

- Spouse
- Child(ren)
- Parent(s)
- Sibling(s)
- Estate of the decedent

LOSS	BENEFIT
Life	\$10,000
Both Hands or Both Feet, or Sight of Both Eyes	\$10,000
One Hand and One Foot	\$10,000
One Foot, and Sight of One Eye	\$10,000
One Hand, or One Foot	\$ 5,000
Sight of One Eye	\$ 5,000

ELIGIBLE EXPENSES

In reference to Hand or Hands, Foot or Feet, Loss means complete severance through or above the wrist or ankle joint so that no part of the Hand or Foot remains, and as used in reference to Eye or Eyes, Loss means the irrecoverable loss of the sight thereof.

LIMITATIONS AND EXCLUSIONS

1. No more than \$10,000 shall be paid for all losses resulting from one accident.
2. No benefit will be paid under any circumstances for a loss not enumerated on the previous page.
3. A loss resulting from bodily or mental infirmity, ptomaines, bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound), or by any other kind of disease is not covered.
4. Loss resulting from war or any act of war, declared or undeclared, or by participating in a riot, or as the result of the commission of a felony by the Student is not covered.
5. Loss sustained from an intentional act of a covered student.
6. Benefits are not payable to a beneficiary whose criminal act resulted in a legal responsibility for the death of a covered student.
7. Loss sustained while riding in, boarding or alighting from any aircraft, except while as a passenger, and not as a pilot or crew member in boarding or alighting from a previously tried, tested, and approved aircraft being used at the time for the transportation of passengers only, provided that:
 - a) such aircraft is operated in accordance with then existing regulations of the authority having jurisdiction over the operation of the aircraft, and;
 - b) such aircraft is not operated under the direction of any military (land, sea or air) authority other than transport aircraft operated by the Military Air Command (MAC), or the United States, or the similar services of Canada or Great Britain.

This exclusion shall not apply to loss sustained by a covered person holding a student pilot certificate while riding in, boarding, or alighting from any aircraft owned by Southern Illinois University, provided such person is registered in a course of formal flight instruction sponsored by the University.

SECTION XII - DEFINITIONS

This section defines certain words used throughout the document. The first letter in each defined word or phrase is capitalized throughout the document. You may want to refer to this section to find out how, for the purposes of this document, a term is used.

AMBULATORY SURGICAL CENTER

A public or private establishment that:

1. has an organized staff of Physicians and permanent facilities equipped mainly to do surgery. It does not provide services or accommodations for patients to stay overnight, but it has the services of a Physician and a Registered Nurse (RN) at all times; or
2. is licensed as an Ambulatory Surgical Center by the state in which the center is located.

ASSISTANT SURGEON

A Physician who assists the primary Physician in performing surgery.

CLAIMS ADMINISTRATOR

The persons or organization designated by Southern Illinois University Carbondale responsible for the administration and processing of claims in accordance with the Plan Document.

CO-INSURANCE

The amount of Eligible Expenses the Student is responsible to pay.

COORDINATION OF BENEFITS

If medical expenses are covered by more than one medical plan(s), the Southern Illinois University Carbondale Student Medical Insurance Plan will be secondary. If a Student incurs medical expenses which are Eligible Expenses under this Plan and another insurance plan(s) or other liable party, benefits from all plans or liable parties will be coordinated so total reimbursement does not exceed 100% of Eligible Expenses

DEDUCTIBLE

A specified amount of Eligible Expenses a Student must pay each plan year before benefits are provided. Expenses incurred for either Participating or Non-Participating Provider charges will be used to satisfy the Deductible.

DURABLE MEDICAL EQUIPMENT

Equipment prescribed by the attending Physician for a covered condition which meets all of the following requirements.

1. It is Medically Necessary;
2. It can withstand repeated use;

3. It is primarily and customarily used to serve a medical purpose (modifications to the home such as air cleaners and humidifiers do not qualify as DME);
4. It is not disposable;
5. It is not useful in the absence of an Illness or Injury;
6. It would have been covered if provided in a Hospital;
7. It is appropriate for use in the home; and
8. It is not used for comfort, convenience or personal hygiene.

ELIGIBLE EXPENSES

Usual and Customary charges for Medically Necessary Services and Supplies incurred by a Student. Furthermore, "Eligible Expenses" means only those services or supplies which are ordered by a Provider (other than an immediate family member) operating within the scope of his or her license as recognized by the state in which treatment is received, and which are provided for in the context of the Plan and which are not considered Experimental or Investigational.

EMERGENCY TREATMENT/EMERGENCY ADMISSION

Medically Necessary care required for an acute and severe medical condition with symptoms occurring suddenly and requiring immediate treatment to prevent death or serious impairment to the Student.

ENROLLMENT

Eligible Students are automatically enrolled in the Plan at the time of registration with an effective date of coverage specific to the semester for which the Student has registered.

EXCLUSIONS

Any provision of the Plan whereby coverage for a specific hazard or condition is entirely eliminated regardless of Medical Necessity.

EXPERIMENTAL/INVESTIGATIONAL

"Experimental" or "Investigational" procedures means medical, surgical or psychiatric procedures, treatments, devices and pharmacological regimes (including investigational drugs and drug therapies) identified as "Experimental and/or Investigational" by the medical community at large, including but not limited to the Food and Drug Administration. The Plan reserves the right to change from time to time the procedures considered to be Experimental or Investigational to reflect generally accepted medical standards.

HOSPITAL

A legally operated institution which meets one of the following requirements:

1. Is accredited under the Hospital Accreditation Program of the Joint Commission on the Accreditation or Hospitals; or
2. Is supervised by a staff of Physicians, has 24-hour-a-day nursing service and is primarily engaged in providing either:
 - a. General inpatient medical care and treatment through medical, diagnostic and major surgical facilities on its premises or under its control, or
 - b. Specialized inpatient medical care and treatment through medical and diagnostic facilities (including x-ray and laboratory) on the premises, or under its control, or through a written agreement with a Hospital or with a specialized Provider of these facilities.
3. Applies only to treatment of alcoholism, chemical dependency and mental, psychoneurotic and personality disorders - state licensed, accredited Hospital approved to furnish services for the care and treatment of alcoholism, chemical dependency or mental, psychoneurotic and personality disorders by the appropriate state agency.

In no event will the term "Hospital" include a nursing home, facility or an institution or part of one which primarily:

1. A facility for convalescence, nursing, rest, or the aged;
2. Furnishes domiciliary or custodial care, including training in daily living routines; or
3. Provides educational or rehabilitative care.
4. Provides residential substance abuse rehabilitation services or half-way house services.

ILLNESS

"Illness" means a bodily disorder, disease, physical illness, mental infirmity, or functional nervous disorder of a Student. "Illness" also includes congenital defects or birth abnormalities.

IMMEDIATE FAMILY

This includes the Student and his/her eligible dependents. It also includes parents, in-laws, sisters, and brothers.

INJURY

A condition caused by accidental means which results in damage to the Student's body from an external force. Any loss which contributed to or is caused by a physical weakness, such as a hernia, will be considered a loss under the definition of Illness, and not a loss resulting from an Injury.

MAXIMUM BENEFIT

The maximum dollar amount payable under the terms of the Plan for any Student.

MAXIMUM OUT-OF-POCKET EXPENSE

The maximum amount of money paid by a Student for Eligible Expenses per Plan year. Charges in excess of Plan benefits will not apply to maximum out-of-pocket limitation. Expenses received from a non-PPO network provider exceeding Usual & Customary charges will not apply to the maximum out-of-pocket limitation.

MEDICALLY NECESSARY SERVICE OR SUPPLY

A service or supply prescribed or ordered by a Provider consistent with the Student's Illness, Injury or condition, and required for definitive medical diagnosis and treatment. A service or supply will not be considered Medically Necessary if:

- a. it is provided only as a convenience to the Student, Student's family or Provider,
- b. It is not the appropriate treatment for the diagnosis or symptoms, or
- c. It exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate, and appropriate diagnosis or treatment.

NEGOTIATED CHARGE

The amount a Preferred Provider has agreed to accept as payment in full. Furthermore, the Provider agrees not to bill for any difference between the negotiated charge and billed charge for each service or supply.

ORTHOTIC DEVICE

An external device intended to correct any defect in form or function of the human body.

PLAN

Southern Illinois University Carbondale Student Medical Insurance Plan approved and adopted by the Board of Trustees of Southern Illinois University.

PLAN YEAR

A period of one academic school year which begins at 12:01 a.m. (0001 hrs) (CST) on the first day Fall classes and ends at 12:00 a.m. (2400 hrs) (CST) on the day prior to the first day of next Fall semester's first day of classes.

PRE-EXISTING CONDITION

Pre-Existing Conditions are defined as any illness, injury or condition for which medical advice or treatment was received within the six (6) months preceding the Student's effective date of coverage under this Plan, or which produced clear, distinct symptoms that indicated the illness, injury or condition probably began and manifested itself before the effective date of the Student's coverage and would cause an ordinarily prudent person to seek diagnosis, care or treatment. Pre-existing conditions are not eligible until after the Student has completed twelve (12) consecutive months of continuous enrollment in the Plan and remains enrolled in the Plan. If the Student is enrolled in the Plan for Spring and the subsequent Fall semester, the Student will receive credit towards the twelve (12) month requirement.

This Pre-Existing Limitation will be applied again if there is any lapse in coverage.

PROVIDER/PHYSICIAN

A health care provider licensed to practice medicine by the state in which the services are rendered, and operating within the scope of his license. This does not include residents or interns. The term Physician includes:

1. Medical Doctor (MD)
2. Osteopath (DO)

For services covered by the Plan, the following licensed individuals will be considered eligible Providers:

1. Podiatrist (DPM)
2. Doctor of Dentistry (DDS or DMD)
3. Chiropractor (DC)
4. Optometrist (OD), (special certification necessary)
5. Licensed Psychologist (PhD, EdD, PsyD)

Upon referral by a on-campus student health services Physician for services within the scope of their license, the following will be considered eligible Providers:

1. Speech Pathologist
2. Physical Therapist
3. Midwife

For services covered under the Mental Health and Substance Abuse benefit, the following will be considered eligible Providers:

1. Medical Doctor (MD)
2. Psychologist (PhD, EdD)
3. Licensed Social Worker or Master of Social Work (LSW, MSW)
4. Licensed Professional Counselor (LPC)
5. Licensed Clinical Social Worker, Clinical or a Professional Counselor to the extent that he shall render services which he is legally qualified and licensed to perform.

USUAL AND CUSTOMARY CHARGE

Charges made by a Hospital, Physician or other Provider as normally made by the community in which the services are rendered for similar services provided under similar conditions. The basis for determination of Usual and Customary (sometimes referred to as Reasonable and Customary) Charges will be reviewed periodically by the Plan.

STUDENT

A student who is enrolled for benefits under the Plan.

SUBROGATION

A 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.

THIRD PARTY LIABILITY

Liability of another entity or person who becomes legally responsible for a Student's condition or Injury.

NOTICE OF PRIVACY PRACTICES Effective April 14, 2003

This Notice Describes How Medical Information About You May Be Used And Disclosed And How You Can Gain Access To This Information. Please Review It Carefully.

The terms of this Notice of Privacy Practices apply to Southern Illinois University Carbondale, Student Health Center, SHC, operating as a clinically integrated health care arrangement. In order to provide you with health care & insurance benefits, SHC collects & maintains a great deal of personal health information about you. The information in this notice will be adhered to:

- Any healthcare professional who treats you at any of our locations
- All departments of SHC; Insurance, Dental, Wellness, Clinic, Sports Medicine, Pharmacy, Physical Therapy, & any area so designated as a treatment facility
- All employees, associates, staff or volunteers of our organization
- All residents, fellows, medical students, nursing students, and other trainees
- Any business associate or partner with whom we may share information

We are required by law to maintain the privacy of our patients' personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it in effect.

Changes To This Notice:

We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us. You may receive a copy of any revised notices at our Web Site (www.shc.siu.edu) or at any SHP location, or a copy may be obtained by contacting the SIUC SHC Administrative Office, ATTN: Privacy Officer, Student Health Center, 374 East Grand Ave, Carbondale, IL. 62901.

How We May Use & Disclose Medical Information About You:

Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have previously signed a form authorizing the use or disclosure. Illinois law requires that we obtain consent for release of information for drug/alcohol abuse, HIV test results &/or diagnosis, & all mental health services. You have the right to revoke that authorization in writing unless we have taken action in reliance on the authorization. We make uses & disclosures of your personal health information as **necessary for your treatment**. For instance, doctors, nurses & other professionals involved in your care will use information in your medical record & information that you provide about your symptoms & reactions to plan a course of treatment for you that may include procedures, medications, tests, etc. We may also release your personal health information to another health care facility or professional who is not affiliated with our practice but who is or will be providing treatment to you. **For Payment purposes**; to determine eligibility, coverage, cost sharing amounts, coordination of benefits, subrogation & adjudication of health benefit claims, (including appeals), billing, collection & claims management activities & related health care data processing, including auditing payments, investigating & resolving payment disputes & responding to participant inquiries about payments, obtaining payment under contract for reinsurance, medical necessity reviews or reviews of appropriateness of care or justification of charges, utilization review, concurrent review & retrospective review, disclosure to consumer reporting agencies related to collection of premiums or reimbursement, or to prepare a bill to send to you or the person responsible for your payment, or to prepare a bill to send to you or the person responsible for your payment. We may also use & disclose your personal health information as necessary & as permitted by law, **for our health care operations** which includes clinical improvement, professional peer review, clinical teaching, accreditation & licensing, insurance case management & care coordination, business management, data & information systems management, etc. With your approval we may, from time to time, disclose your personal health information to designated family & friends & others who are involved in your care or payment of your care in order to

facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated or facing an emergency medical situation & we determine that a limited disclosure may be in your best interest, we may share limited personal health information with individuals without your approval. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other person that may be involved in some aspect of caring for you. We may disclose medical information to **Business Associates** who assist us with our healthcare operations, such as audits, accreditation, legal services, and for **health products & services**, , necessary for treatment or to advise you of a new product or service we offer, **appointment reminder services** & to provide general health & wellness information. **For research** we may use & disclose your personal health information in limited circumstances.

For example, a research organization may wish to compare outcomes of all patients who received a particular medication & will need to review a series of medical records. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidential requirements applied by an Institution Review Board (IRB) or privacy board which oversees the research. We may contact you to donate to a **fundraising** effort for or on our behalf. You have the right to "opt-out" of receiving fundraising materials or communications & may do so by sending your name & address together with a statement that you do not wish to receive fundraising materials or communications from us to: SIUC SHC Administrative Office, ATTN: Privacy Officer, Student Health Center, 374 East Grand Ave, Carbondale, IL. 62901.

Other Uses and Disclosures:

We are permitted or required by law to make certain other uses & disclosures of your personal health information without your consent or authorization. We may release your personal health information:

- For any purpose required by law
- For public health activities, such as required reporting of disease, injury, birth & death, & required public health investigations
- For suspicion of child abuse or neglect or if we believe you to be a victim of abuse, neglect, or domestic violence
- To the Food & Drug Administration if necessary to report adverse events, product defects or product recalls
- To your employer when we have provided health care to you at the request of your employer
- To government oversight agencies conducting audits, investigations, or civil or criminal proceedings if required by law
- If required by a court or administratively ordered subpoena or discovery request
- To law enforcement officials as required by law to report wounds, injuries & crimes
- To coroners &/or funeral directors consistent with law
- To arrange an organ or tissue donation from you or a transplant for you
- As required by armed forces services, if you are a member of the military & if necessary for national security or intelligence activities
- For Workers' Compensation agencies if necessary for your Workers' Compensation Benefit Determination
- If we suspect a serious threat to health or safety

Rights That You Have:

- You have the right to:
- Copy &/or inspect much of the personal health information that we retain on your behalf. You will be charged \$10 for the first 5 pages & 10 cents per page thereafter if you request a second copy of the information we may also charge an additional fee for postage if you request the information to be mailed to you.
- Request that personal health information we maintain about you be amended or corrected but we are not obligated to make all requested amendments. We will give each request careful consideration. If an amendment or correction you requested is made by us, we may also notify others who work with us & have copies of the uncorrected record if we believe that such notification is necessary.
- Receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003. The first accounting in any 12 month period is free; you will be charged a fee of \$10 for each subsequent accounting you request within the same 12 month period.
- Request restrictions on certain of our uses & disclosures of your personal health information for treatment, payment, or health care operations. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests & we retain the right to terminate an agreed to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate an agreed-to restriction by sending such written termination notice to: SIUC Student Health Center, Administrative Office, and Attn: Privacy Officer, Student Health Center, 374 East Grand Ave, Carbondale, IL. 62901.

NOTE: All requests must be made in writing & signed by you or a representative. You may request an Access Request Form from: SIUC Student Health Center, Information Management Department Supervisor, Beimfohr Hall, Carbondale, IL. 62901.

Complaints:

If you believe your privacy rights have been violated, you can file a complaint with the SIUC Student Health Center's Administrative Office. You may also file a complaint with the Secretary of the U.S. Department of Health & Human Services in Washington D.C. in writing within 180 days of violation of your rights. There will be no retaliation for filing a complaint. Our Administration Office can provide you with the address. You will be asked to sign a form acknowledging that you received this Notice of Privacy Practices. If you have questions or need further assistance regarding this Notice, you may contact our Privacy Officer. As a patient you retain the right to a paper copy of the Notice of Privacy Practices, even if you have requested such a copy by e-mail or other electronic means.