

**Goucher College**  
**Student Blanket Accident and Sickness Plan**  
**2009-2010 Summary of Benefits**

**Eligibility:** All undergraduate students taking 12 or more credit hours and all graduate students taking 9 or more credit hours are required to be enrolled in a health insurance plan with benefits equal to or better than the plan detailed below. Student will be automatically enrolled in the school-sponsored plan, unless they provide evidence of acceptable, personal, medical insurance.

**Effective Dates:** August 21, 2009 - August 21, 2010

**Cost of Insurance:** Student- \$850; Dependent Spouse- \$1,676; Dependent Child- \$1,207  
(Annual Rates) Rates include all administrative fees.

**Networks:** The **First Health PPO Network** is available to students and dependents. Use of a network provider reduces out-of-pocket expenses as network providers have agreed to accept lower fees as payment for healthcare services. The use of an out-of-network provider could result in increased out-of-pocket expenses. A First Health provider directory can be obtained at [www.firsthealth.com](http://www.firsthealth.com), click “consumers” and then click “electronic directory”

**Nurseline:** All enrolled students will have access to a team of registered nurses 24 hours a day to assist them with medical questions and concerns.

	In-Network	Out-of-Network
<b>Per Condition Maximum</b> - combined total for in- and out-of-network.	\$75,000	
<b>Usual, Reasonable and Customary (URC)</b> is the charges and/or fees for medical services, treatments or supplies that are the lesser of the usual charge by the provider for the service or supply given or the average charged for the service or supply in the area where the service/supply is given or received and that are reasonable in relationship to the severity of the condition.		
<b>INPATIENT BENEFITS</b>		
<b>Hospital Expense</b> Daily semi-private room rate and Hospital Miscellaneous Expenses which includes pre-admission testing, anesthesia, operating room, laboratory tests, x-rays, oxygen, medicines, drugs (excluding take home drugs), dressings, and other medically necessary non-room and board expenses. \$5,000 aggregate per day.	80% URC	80% URC
<b>Physiotherapy</b>	80% URC	80% URC
<b>Surgeon's Fees</b> – Maximum \$3,000 per condition. Charges Above \$3,000 paid at 50% of URC No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or immediate succession	80% URC	80% URC
<b>Assistant Surgeon</b> When required by the hospital only	25% of Surgeon's URC Fees	25% of Surgeon's URC Fees
<b>Anesthetist and Nurse Anesthetist</b>	25% of Surgeon's URC Fees	25% of Surgeon's URC Fees
<b>Nurse's Services</b> , private duty nursing care	80% URC	80% URC
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery	80% URC	80% URC
<b>Pre-Admission Testing</b>	80% URC	80% URC
<b>OUTPATIENT BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Surgeon's Fees</b> - Up to \$3,000 per condition. Charges Above \$3,000 paid at 50% of URC. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or immediate succession	80% URC	80% URC
<b>Assistant Surgeon</b> - When required by the hospital only	25% of Surgeon's URC Fees	25% of Surgeon's URC Fees
<b>Day Surgery Miscellaneous</b> - related to scheduled surgery performed in a Hospital, including fees; the cost of the operating room, laboratory tests, x-ray examinations, professional anesthesia, drugs or medicines; and supplies	80% URC	80% URC
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when a visit is related to surgery or Physiotherapy. Subsequent Physician's Visits in the same day are payable only when referred by the Student Health Center	80% URC (injury benefit) \$75 First Visit/\$50 Each Subsequent Visit (Sickness benefit)	80% URC (injury benefit) \$75 First Visit/\$50 Each Subsequent Visit (Sickness benefit)
<b>Physiotherapy</b> , benefits limited to one visit per day	80% URC (injury benefit) \$75 First Visit/\$50 Each Subsequent Visit (Sickness benefit)	80% URC (injury benefit) \$75 First Visit/\$50 Each Subsequent Visit (Sickness benefit)
<b>Medical Emergency Expenses</b> - Includes use of Emergency Room and supplies. (Deductible does not apply to urgent care facilities)	80% URC after a \$100 Deductible	80% URC after a \$100 Deductible
<b>Diagnostic X-Ray, Injections and Tests and Procedures</b>	80% URC	80% URC
<b>Laboratory Services</b>	80% URC	80% URC
<b>Radiation Therapy</b>	80% URC	80% URC
<b>Chemotherapy</b>	80% URC	80% URC
<b>Prescription Drugs</b> Mandatory Generic, if available; No coverage for Non-formulary Brand Name Drugs; Limited to \$1,000 per policy year. <b>No Co-payment required for prescriptions issued and filled at the Goucher Health Center while covered under this plan.</b>	\$20 copay - Generic \$30 - Brand Name 2 Retail Copayments for Mail Order(90 day supply)	No Coverage
<b>Outpatient Psychotherapy</b> (by licensed Psychotherapist)	80% of first 5 visits, 65% for visits 6-30 per policy term, 50% for any visits thereafter per policy year	80% of first 5 visits, 65% for visits 6-30 per policy term, 50% for any visits thereafter per policy year

This summary of benefits will introduce students to the accident and sickness benefits offered by Goucher College sponsored plan. This is only a summary and does not replace or supersede the full plan document which is available through the College. IT DOES NOT PROVIDE FULL DETAILS FOR ALL BENEFITS. This summary highlights the most common areas of interest when comparing health plans. For additional information, please call the Healthcare Advocate at Hulse/CMs at (800) 434-3695.

OTHER BENEFITS	In-Network	Out-of-Network
<b>Ambulance</b>	80% URC (Maximum of \$700)	80% URC (Maximum of \$700)
<b>Braces and Appliances</b> , a written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered.	80% URC	80% URC
<b>Consultant Physician Fee</b> - when requested and approved by the attending Physician	80% URC	80% URC
<b>Dental Treatment</b> , made necessary by injury to Sound Natural Teeth. Sickness Dental benefits are payable for extraction and root canal procedures	80% URC up to a maximum of \$1500 (injury benefit) \$100 per tooth/\$400 maximum (sickness benefit)	80% URC up to a maximum of \$1500 (injury benefit) \$100 per tooth/\$400 maximum (sickness benefit)
<b>Maternity and Complications of Pregnancy</b>	Paid as any other sickness	Paid as any other sickness
<b>Elective Abortion</b>	100% of URC (Maximum of \$300)	100% of URC (Maximum of \$300)
<b>Second Surgical Opinion</b>	80% URC	80% URC
<b>Acne</b>	80% URC (Maximum of \$125)	80% URC (Maximum of \$125)
<b>Allergy Testing and Treatment</b>	80% URC (Maximum of \$125)	80% URC (Maximum of \$125)
<b>School-Sponsored Sports Injury</b> Maximum of \$25,000 per injury for both in- and out-of-network combined.	100% URC to a maximum benefit of \$25,000	
<b>Medical Evacuation</b>	\$50,000 in and out of network combined	
<b>Repatriation of Remains</b>	\$7,500 in and out of network combined	

\*In addition to the listed benefits, this insurance plan will contain all benefits mandated by the state of MD: Home Health Care; Well Baby Care; Diabetes Care; Enteral Formulas; Maternity; Mammography; Dental General Anesthesia; Prostate Cancer Screening; Infertility Benefit; Scalp Hair Prosthesis; Reconstructive Breast Surgery; Osteoporosis Prevention & Treatment; Clinical Trials; Chlamydia Screening; Mastectomy and Testicular Surgery; Mastectomy Prosthetic Device; Morbid Obesity; Hearing Aid for Children; Rehabilitative Services; Blood & Blood Plasma; Colorectal Cancer Screening; Contraceptive Drugs; and Off-Label Drugs.

#### Exclusions and Limitations

- Services normally provided without charge by the Policyholder's student health service center, infirmary, or Hospital, or by Health Care Providers employed by the Policyholder;
- Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports, intercollegiate club sports, and professional sports, except for benefits payable under an attached Intercollegiate Sports rider;
- Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part;
- Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
- Services incurred prior to the Insured Person's Effective Date or during Hospital Confinement in one or more facilities which began prior to the Insured Person's Effective Date;
- Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to natural teeth;
- Injury or Sickness resulting from declared or undeclared war; or any act thereof;
- Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage. However, this exclusion is not applicable to Medicaid recipients or to the treatment of tuberculosis, mental illness, or another covered illness received in a Hospital or other institution of the State or of a county or municipal corporation of the State, whether or not the Hospital or other institution is deemed charitable;
- For services, supplies or treatment, including any period of Hospital Confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses non-medical in nature;
- Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
- Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multifacis testing, or lasix or other vision procedures except as required for repair caused by a covered Injury;
- Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance. However, this exclusion is not applicable to Medicaid recipients or to the treatment of tuberculosis, mental illness, or another covered illness received in a Hospital or other institution of the State or of a county or municipal corporation of the State, whether or not the Hospital or other institution is deemed charitable;
- An amount of a charge in excess of the Reasonable and Customary Expense;
- Elective Treatment or elective surgery, except as specifically provided;
- Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regularly scheduled flights
- For International Students, expenses incurred within the Insured Person's Home Country or Country of regular domicile;
- Injury caused by, contributed to, or resulting from suicide, attempted suicide or intentionally self-inflicted Injury, except as a result of a mental disorder that is currently under the care of a mental health professional;
- Medical services that are not Medically Necessary or that do not conform with medical standards of practice within the community. Also, services and supplies in connection with Experimental or Investigational Care for the terminally ill. This exclusion does not apply to the Medical Clinical Trials Expense Benefit;
- Treatment for breast implants; breast reduction; circumcision; deviated nasal septum, including sub mucous resection and/or other surgical correction thereof; learning disabilities; lesions; warts; inguinal hernia; skeletal irregularities of one or both jaws including testing thereof; sleep disorders; tubal ligation and vasectomy;
- Expenses incurred for experimental infertility procedures and fertility tests unless caused by Sickness or Injury;
- Biofeedback programs;
- Expenses incurred for the treatment of and supplies for weight reduction, hair growth or removal, or smoking cessation;
- Expenses incurred in connection with weak, strained or flat feet, corns, calluses, bunions, or toenails;
- Cosmetic surgery, except for the correction of birth defects, corrections of deformities resulting from cancer surgery, or surgery that is required as a result of an Injury which necessitates medical treatment within 24 hours of accident. Correction of deviated nasal septum shall be considered as Cosmetic surgery for the purpose of the Policy.
- Expenses for preventive medicines, vaccines, or prescription drugs, or injections administered during an outpatient visit, except an injection given by a Physician in private practice who will certify that a Medical Emergency was required for the condition;
- Pre-marital examinations;
- Expenses for supplies related to sex changes, sexual dysfunctions or inadequacies with the exception of penile prosthesis required for Physiological impotence;
- Services or supplies which are experimental or investigative in nature; including the treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies, not recognized as accepted medical practice and any such items requiring federal or governmental agency approval not received at the time services were rendered;
- Personal and convenience items and completion of forms;
- Injury sustained or Sickness contracted while in the service of the armed forces of any country. When an Insured enters the armed forces, we will refund any unearned prorated premium with respect to such person;
- Injuries sustained while committing or attempting to commit an assault or felony, or fighting except in self defense;
- Injury resulting from racing or speed contests, skin diving or sky diving, snowmobiling, mountaineering (where ropes or guides are customarily used), or any other hazardous sport or hobby;
- Organ transplants
- Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.

Under the Intercollegiate Sports benefits, no benefits will be paid for:

- Infections except pyogenic infections caused wholly by a covered Injury;
- Cysts, blisters, boils;
- Hernia, regardless of how caused, and;
- Artificial aids such as crutches, braces, appliances, and artificial limbs in excess of \$5,000

**Healthcare Advocacy Provided  
by the Healthcare Advocates  
at Hulse/QM®  
(800) 434-3695**

Claims Administrator:  
A-G Administrators, Inc.  
P.O. Box 979  
Valley Forge, PA 19482  
(800) 634-8628

Coverage is Underwritten by:  
United States Fire  
Insurance Company  
Eatontown, New Jersey

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