

BAYLOR[®]

U N I V E R S I T Y



STUDENT HEALTH INSURANCE PLAN 2009–2010



Please read the brochure to understand your coverage.

Underwritten by:
ACE American Insurance Company
Philadelphia, PA

SDHN01063480-09

SDHN01063480-0609

BAYLOR

U N I V E R S I T Y

Dear Students:

On behalf of the Baylor Health Center staff, thank you for selecting Baylor University and entrusting your health and well being to us. The mission of Health Services seeks to facilitate the academic success and retention of students by maintaining their maximum health and wellness through the delivery of quality medical care in a Christian environment. Health Service offers excellent primary care, women's health, physical therapy, pharmacy, health education, and prevention service to all currently enrolled students.

Why Health Matters

Health is essential to education. By promoting good health, we can remove barriers to achievement and student success. Every visit to the Baylor Health Center is a learning opportunity. We want to educate the student about important risks to health, better ways to take care of themselves, and how to be smart and effective health care consumers.

Health Insurance is Important

Baylor University strongly encourages all students to maintain adequate health insurance coverage at all times. Easy, quick access to health care when and wherever needed is important for students to avoid any personal hardship, including disruption of studies. Indeed, maintaining adequate health insurance coverage may prevent severe financial hardship, should unforeseen major medical care be required due to accident or illness. Students without adequate health insurance may wish to consider the plan offered through Baylor University. The cost is reasonable and the benefits are adequate for most students.



A description of the Student Health Insurance Plan that is administered by Academic HealthPlans, underwritten by ACE American Insurance Company, offered through Baylor University is enclosed for your review. Please read the brochure in detail so that you will understand both the coverage and exclusions. If you have questions, please call the Baylor insurance office at (254) 710-1493, Academic HealthPlans at (888) 308-7320 or log onto the website at www.AHPCare.com/baylor. This protection can be very important to the student.

Baylor Health Center will accept and bill insurance plans for services provided in the Health Center. The student's account will be billed for co-payments and services not covered by your plan. Therefore, we will ask students for the insurance information every time they visit the Health Center. We will

work with the student to assist them in getting the required information, but you can help by making sure you have a valid health insurance card that can be used if you need to access health care.

If you need more information about the Baylor Health Center or have questions, please visit us online at: <http://www.baylor.edu/healthservices> or call us at (254) 710-1010.

We look forward to serving you.

Sincerely,

Sharon W. Stern, M.D.
Interim Medical Director
Baylor University Health Services

ELIGIBILITY

All registered **Domestic students** taking six (6) or more credit hours {three (3) in the Summer} are eligible to enroll in the insurance plan.

All registered **International students** on non-immigrant visas, taking one (1) or more credit hours and accompanying dependents are required to participate in the Baylor University Student Health Insurance Plan. Although students are welcome to submit an application for a waiver, in order to have such waiver approved, the plan submitted must be equivalent to the University Student Health Insurance Plan in all material respects.

Graduate students taking one (1) or more credit hours and enrolled in the master or doctoral level thesis or dissertation class may enroll in the insurance plan.

All **J Scholars and students on campus for Academic Research or Study** are required to participate in the Baylor University Student Health Insurance Plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, distance learning, internet classes and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is refund of premium.

Eligible students who enroll may also insure their Dependents. **Dependent enrollment must take place at the initial time of student enrollment or beginning with the next enrollment period, with the exception of newborn or adopted children.** Dependent means an Insured Student's lawful spouse; or an Insured's unmarried child and grandchild, from the moment of birth to age 25.

A child, for eligibility purposes, includes an Insured Student's (1) natural child; (2) stepchild; (3) adopted child, beginning with any waiting period pending finalization of the child's adoption. This includes, but is not limited to the situation when the Insured Student is a party in a suit seeking adoption of the child; and (4) grandchild who is dependent on the Insured Student for federal income tax purposes at the time application for coverage of the child is made. Dependent Eligibility expires concurrently with that of the Student.

EFFECTIVE AND TERMINATION DATES

Coverage becomes effective at 12:01 a.m. at the University's address on the later of the following dates:

- 1) The effective date of the Policy, August 15, 2009; or
- 2) The date premium is received by the Company or its authorized representative.

Semester coverage is effective as follows:

	From	To
Annual	08/15/2009	08/15/2010
Fall	08/15/2009	01/13/2010
Spring/Summer	01/13/2010	08/15/2010
Summer Only	05/15/2010	08/15/2010

The coverage provided with respect to the Covered Person shall terminate at 12:01 a.m. on the earliest of the following dates:

- 1) The last day of the period through which the premium is paid;
- 2) August 15, 2010;
- 3) The date the eligibility requirements are not met; or
- 4) The date the Covered Person enters full time active duty in any Armed Forces.

You must meet the Eligibility requirements listed above each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 31 days after the coverage Expiration Date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.



Effective and Termination Dates Continued...

Refunds of premium are allowed only upon entry into the Armed Forces, and the Company receives proof of active duty. Otherwise all premiums received by the Company will be considered fully earned and nonrefundable.

The Policy issued to the University is a Non-Renewable, One-Year Term Policy. However, if you still maintain the required eligibility you may purchase the plan the next year. It is the Covered Person's responsibility to enroll for coverage each year in order to maintain continuity of coverage. If you no longer meet the eligibility requirements contact Academic HealthPlans at (888) 308-7320 prior to your termination date.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Plan ceases on the termination date. However, if a Covered Person is hospital confined on the termination date for a covered Injury or Sickness for which benefits were paid before the termination date, Covered Expenses for such Covered Injury or Sickness will continue to be paid provided the condition continues but not to exceed the earlier of 90 days after termination date or the discharge date from the Hospital.

The total payments made in respect of the Covered Person for such condition both before and after the termination date will never exceed the maximum benefit. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

PREFERRED PROVIDER INFORMATION

Preferred Providers allow the Covered Person to maximize the benefits offered under this Plan. Covered Persons should seek treatment from the Preferred Provider Organization (PPO), which consists of hospitals, doctors, ancillary, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates.

PHCS PPO Network
www.multipan.com
800.922.4362

MANDATED BENEFITS

The Company will pay benefits for the following mandated benefits. A detail of benefits for: acquired brain injury; breast cancer treatment; colorectal cancer screening; diabetes treatment; mammography; annual cytologic screening for women 18 years of age or older (includes human papillomavirus testing); contraceptive drugs and devices and related services; chemical dependency; off-label use of prescription drugs; medical foods (enteral formulas); osteoporosis detection and prevention; prostate cancer screening; reconstructive breast surgery; serious mental illness and alternate mental health coverage; phenylketonuria and heritable diseases; telemedicine; temporomandibular joint and craniomandibular disorders; childhood immunization services; craniofacial abnormalities; and hearing impairment coverage for children under 24 months old may be found in the Policy on file at the University.

CREDITABLE COVERAGE

Your coverage under this health Plan is "creditable coverage" under Federal Law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this Plan. You may need such a certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health Plan terminates. A Certificate of Creditable Coverage may be requested in writing from Academic HealthPlans.

COORDINATION OF BENEFITS

If a Covered Person is eligible for benefits under this insurance plan and any other group or blanket plans, the Company will coordinate the benefits payable under this plan with the benefits payable under the other group or blanket plans.

OUTPATIENT PRESCRIPTION DRUG BENEFIT

Outpatient prescription drugs are provided through a prescription drug program managed by WellDyneRx. There is a \$15 co-pay for each generic prescription drug/\$30 co-pay for each brand prescription drug at the Student Health Center and \$20 co-pay for generic prescription drugs/\$40 co-pay for brand prescription drugs outside the Student Health Center. Expenses are payable up to a maximum of \$1,500 per Policy year. After you have reached your maximum, you can continue to receive discounted prices for your prescriptions, go to a pharmacy within the WellDyneRx network. Present your insurance ID Card to the pharmacy to identify yourself as a participant in this Plan. Eligibility status will be on-line at the pharmacy. You can locate a participating pharmacy by calling (888) 479-2000 or visit the website at www.welldynrx.com.



CONTINUATION OF COVERAGE

All Covered Persons who have been continuously insured under the school's regular student Policy for at least 6 consecutive months and who no longer meet the eligibility requirements under the Policy are eligible to continue their existing coverage for a period of not more than six months under the school's Policy in effect at the time of such continuation.

Premium rates for continuation of coverage are higher than rates for students at Baylor University. Enrollment must be made and applicable premium must be paid directly to Academic HealthPlans and be received prior to the expiration date of your student coverage. For more information on the Continuation of Coverage, please contact Academic HealthPlans at (888) 308-7320.

SCHEDULE OF MEDICAL EXPENSE BENEFITS INJURY AND SICKNESS

Up to \$200,000 Lifetime Maximum Benefit Paid as
Specified Below for Each Covered Injury or Sickness
\$300 Deductible Per Covered Person (per Policy year)
\$600 Deductible Per Family (per Policy year)

Benefits at Baylor University Health Center (SHC) (Students Only): After the Deductible is satisfied, Allergy treatment, Routine Pap Smear, Laboratory, X-ray and Physical Therapy and Psychiatric benefits are paid at 90% of the negotiated fee schedule. After the deductible is satisfied, Mental & Nervous Disorder benefits are payable beginning with the 10th visit, \$25 for 10th visit, \$10 per visit for all remaining visits.

Benefits outside Baylor University Health Center: After the Deductible is satisfied, benefits will be paid based on the selected Provider. Benefits will be paid at 80% of the Preferred Allowance for services rendered by Preferred Providers in the PHCS Network, unless otherwise specified in the Policy. Services obtained from Out-of-Network providers (any provider outside the PHCS Network) will be paid at 60% of Usual & Customary Charges, unless otherwise specified in the Policy. Benefits are limited to 90 days maximum per hospital confinement for each covered Injury or Sickness. Re-admissions within 90 days of a previous discharge are considered continuations of prior admissions. Benefits will be paid up to the maximum for each service as specified below regardless of the provider selected, not to exceed the \$200,000 Maximum Lifetime Benefit. Unless otherwise specified, the maximum amounts apply on a per Covered Injury or Sickness basis. Covered Expenses are:

	INPATIENT	OUT-OF-NETWORK
IN NETWORK		
Hospital Expenses, \$1,750 aggregate maximum per day, daily semi-private room rate; general nursing care provided by the Hospital; Hospital Miscellaneous Expenses such as the cost of the operating room, Laboratory tests, X-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, Physical Therapy, supplies and Pre-Admission testing. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.		
	<i>80% of Preferred Allowance</i>	<i>60% of Usual and Customary Charges</i>
Intensive Care/Hospital Expenses, \$2,000 aggregate maximum per day		
	<i>80% of Preferred Allowance</i>	<i>60% of Usual and Customary Charges</i>
Surgery, no more than one Surgical procedure will be covered when multiple procedures are performed from the same incision or in immediate succession.		
	<i>80% of Preferred Allowance</i>	<i>60% of Usual and Customary Charges</i>
Anesthetist		
	<i>80% of Preferred Allowance</i>	<i>60% of Usual and Customary Charges</i>
Assistant Surgeon, only when required by Hospital.		
	<i>25% of Surgery Allowance</i>	<i>25% of Surgery Allowance</i>
Doctor's Visits, benefits are limited to one visit per day and do not apply when related to Surgery.		
	<i>80% of Preferred Allowance</i>	<i>60% of Usual and Customary Charges</i>
Mental & Nervous Disorders, \$15,000 maximum per Policy year, only in a Hospital or the DePaul Center.		
	<i>Paid as any other covered Sickness</i>	<i>Paid as any other covered Sickness</i>
Alcoholism & Drug Abuse		
	<i>Paid as any other covered Sickness</i>	<i>Paid as any other covered Sickness</i>

	OUTPATIENT	OUT-OF-NETWORK
IN NETWORK		
Surgery, no more than one Surgical procedure will be covered when multiple procedures are performed from the same incision or in immediate succession.		
	<i>80% of Preferred Allowance</i>	<i>60% of Usual and Customary Charges</i>
Day Surgery Miscellaneous, \$5,000 maximum, related to scheduled Surgery performed in a Hospital, including the cost of the operating room, Laboratory tests, X-ray examinations, including professional fees, anesthesia, drugs or medicines and supplies.		
	<i>80% of Preferred Allowance</i>	<i>60% of Usual and Customary Charges</i>

OUTPATIENT

IN NETWORK

Anesthetist

80% of Preferred Allowance

60% of Usual and Customary Charges

Assistant Surgeon, only when required by Hospital.

25% of Surgery Allowance

25% of Surgery Allowance

Doctor's Visits, \$25 co-pay, benefits are limited to one visit per day and do not apply when related to Surgery or Physical Therapy.

80% of Preferred Allowance

60% of Usual and Customary Charges

Physical Therapy, benefits are limited to one visit per day. (See exclusion # 31 for additional limitations.)

80% of Preferred Allowance

60% of Usual and Customary Charges

Medical Emergency, \$100 co-pay, benefits are payable for the use of the Emergency Room & Supplies. Treatment must be rendered within 72 hours of Injury or first onset of Sickness. Benefits will be paid at 80% of Usual and Customary Charges if emergency treatment cannot be reasonably obtained from a Preferred Provider.

80% of Preferred Allowance

60% of Usual and Customary Charges

Diagnostic X-rays & Laboratory, \$50 co-pay (not applicable at the SHC), includes diagnostic services and medical procedures performed by a Doctor, other than Doctor's Visits and Physical Therapy.

80% of Preferred Allowance

60% of Usual and Customary Charges

Chemotherapy and Radiation Therapy

80% of Preferred Allowance

60% of Usual and Customary Charges

Prescription Drugs, (\$1,500 maximum per Policy year), (See Outpatient Prescription Drug Benefit Section for additional information.)

\$15 co-pay for Generic/\$30 co-pay Brand at SHC

Not Applicable

\$20 co-pay for Generic/\$40 co-pay Brand outside SHC at participating WellDyneRx Pharmacies

Mental & Nervous Disorders, \$1,000 maximum per Policy year, includes all related and ancillary charges incurred as a result of a Mental & Nervous Disorder. Benefits are limited to one visit per day.

50% of Preferred Allowance

50% of Usual and Customary Charges

Alcoholism & Drug Abuse, (\$25 co-pay per visit), \$500 maximum per Policy year, benefits are limited to one visit per day.

80% of Preferred Allowance

60% of Usual and Customary Charges

OTHER

IN NETWORK

Ambulance,(\$400 maximum per trip)

80% of Usual and Customary Charges

80% of Usual and Customary Charges

Braces & Appliances, when prescribed by a Doctor and a written prescription accompanies the claim when submitted. Replacement braces and appliances are not covered.

80% of Usual and Customary Charges

80% of Usual and Customary Charges

Consultant, (\$300 maximum per Policy year) when requested and approved by the attending Doctor.

80% of Preferred Allowance

60% of Usual and Customary Charges

Dental Treatment, \$250 maximum per tooth, made necessary by Injury to Sound, Natural Teeth only.

80% of Usual and Customary Charges

80% of Usual and Customary Charges

Maternity/Maternity Testing/Complications of Pregnancy, (prenatal vitamins are not covered.)

Paid as any other covered Sickness

Paid as any other covered Sickness

Home Health Care

80% of Preferred Allowance

60% of Usual and Customary Charges

Allergy Testing, \$500 maximum per Policy Year, when referred by Baylor University Health Services.

80% of Preferred Allowance

60% of Usual and Customary Charges

Services, supplies or other Covered Expenses not specified above, but included in Mandated Benefits, (Subject to state mandated limitations and any limitations shown above.)

80% of Preferred Allowance

60% of Usual and Customary Charges

ACCIDENTAL DEATH AND DISMEMBERMENT - *available to students only*

Loss of Life, Limb, or Sight

If a Student's Injury results in any of the following losses within 180 days of a covered accident, we will pay the amount shown for that loss. The loss must result solely and independently from all other causes from a covered accident. We will pay only one benefit, the largest, for all losses due to the same covered accident.

For Loss Of:

Life	\$3,000
Two or more Members	\$3,000
One Member	\$1,500

Member means hand, arm, foot, leg or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Severance means the complete separation and dismemberment of the part of the body.

DEFINITIONS

Covered Expenses means: expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies not excluded or limited by the Policy. Coverage under the Policy must remain continuously in force from the date of the Covered Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

Covered Person means: any eligible student or an eligible Dependent who applies for coverage, and for whom the required premium is paid to the Company.

Doctor means: a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person's Immediate Family or household.

Injury means: accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through violent and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

Medically Necessary means: a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. The cost of the alternative to be the Covered Expense must be approved by the Company.

Out-of-Network means: a provider who has not agreed to any prearranged fee schedules. We will not pay charges in excess of the Usual and Customary Charges.

Preferred Allowance means: the amount a Preferred Provider will accept as payment in full for Covered Expenses.

Definitions Continued...

Preferred Provider means: the Doctors, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

Sickness means: an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

Usual and Customary Charge means: the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

PRE-EXISTING CONDITION LIMITATION

"Pre-Existing Condition" means: a disease or a physical condition for which medical advice or treatment was received by the person 12 months prior to the Covered Person's Effective Date under the Policy. Pre-Existing Conditions are not covered under the Policy until the earlier of: 1) a 12-month waiting period from the effective date of continuous coverage during which the person has received no medical advice or treatment in connection with such disease or physical condition; or 2) the end of the 12-month period commencing on the Effective Date of the Covered Person's coverage, with the exception of newborn infants who have been covered under the Policy since birth and adopted children; or 3) the Covered Person was previously covered for such Pre-existing Condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 63 days prior to the effective date of coverage under the Policy.

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Services provided normally without charge by the Student Health Center;
2. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness, except as specifically provided in the Policy;
3. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems and examinations therefore. Radial Keratotomy/ Lasik surgery is not covered;
4. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear that can impair normal hearing. (This exclusion does not apply to children from birth to 24 months old.);
5. Dental treatment, except for accidental Injury to sound, natural teeth, except as specifically provided in the Schedule of Benefits;
6. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rated premium will be refunded upon request for such period not covered);
7. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
8. Injury sustained while (a) participating in any interscholastic, intercollegiate or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
9. Treatment in a government hospital, unless there is a legal obligation for the Covered Person to pay for such treatment; (this includes ex-members of the Armed Forces);
10. An accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route;
11. Elective surgery and elective treatment;
12. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
13. Voluntary or elective abortion;
14. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception. Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproductive ability; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery;

Exclusions and Limitations Continued...

15. Nasal and sinus surgery; except surgery made necessary as the result of a covered Injury or acute purulent sinusitis;
16. Expense incurred in excess of the Usual and Customary Charge for the service, supply or treatment given;
17. Services which are not essential for the necessary medical care and treatment of a Covered Injury or Sickness;
18. Services and supplies related to nicotine addiction;
19. Biofeedback - services and supplies related to biofeedback;
20. Cosmetic procedures, except cosmetic surgery required to correct a covered Injury for which benefits are otherwise payable under the Policy or for newborn or adopted children; hirsutism; nonmalignant warts, moles and lesions;
21. Immunization services and supplies related to immunizations, except as specifically provided in the Policy; Preventive medicines or vaccines;
22. Services and supplies for conditions related to learning disabilities;
23. Services or supplies for the care of corns, bunions or calluses;
24. Services, supplies and/or treatment for acne; acupuncture; allergy, including allergy testing, except as specifically provided in the Policy; alopecia;
25. Sleep disorders, supplies, treatment, or testing relating to sleep disorders;
26. Supplies, except as specifically provided in the Policy;
27. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided in the Policy;
28. Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, treatment for obesity;
29. Routine newborn baby care, well-baby nursery and related Doctor charges; and
30. Outpatient Physical Therapy except for a condition that required surgery or Hospital Confinement: a) within the 30 days immediately preceding such Physical Therapy ; or b) within 30 days immediately following the attending Doctors release for rehabilitation, except as specifically provided in the Policy.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

GLOBAL EMERGENCY SERVICES (PROVIDED BY SCHOLASTIC EMERGENCY SERVICES, INC.)

Insured Students enrolled under the Plan shall have access to 24-hour global emergency services provided by Scholastic Emergency Services, Inc.

If you are a U.S. student studying in a U.S. location, you are eligible for all services when traveling more than 100 miles away from your permanent residence and for selected services at your campus location. If you are a U.S. student studying abroad, you are eligible for all assistance services at your campus location. If you are a foreign national student studying in the U.S., you are eligible for services, both on campus and while traveling outside of your home country for the duration of your studies. Foreign national students are not eligible for services in their home country of origin.

The services include referrals to qualified, local medical providers, transportation to the nearest appropriate medical facility if it is not available locally (evacuation), critical care monitoring and, upon discharge from the hospital and if ongoing assistance is needed, medically supervised transportation home (repatriation) with an escort, if necessary. The Scholastic Emergency Services program also includes other services such as transportation of a family member to join hospitalized patient, emergency counseling, prescription replacement assistance, pre-trip information, lost luggage and document assistance, as well as return of mortal remains. Scholastic Emergency Services completely arranges and pays for all of the assistance services it provides without limits on the covered cost. **All services must be arranged and provided by Scholastic Emergency Services. No claims for reimbursement will be accepted. (Scholastic Emergency Services, Inc. is not affiliated with ACE American Insurance Company.)**

CLAIM PROCEDURE

In the event of Injury or Sickness, the Student should:

- 1) Report to the Student Health Center for treatment or when not in school, to your Doctor or Hospital. Covered Persons should go to a participating Doctor or Hospital for treatment if possible.
IN AN EMERGENCY, REPORT DIRECTLY TO THE NEAREST EMERGENCY ROOM FOR TREATMENT.
- 2) Mail to the address below all medical and hospital bills along with patient's name and Insured student's name, address, social security number and name of the University under which the student is Insured.
- 3) File claims within 30 days of Injury or first treatment for a Sickness or as soon as reasonably possible. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

SUBMIT ALL CLAIMS AND INQUIRIES:

Klais & Company, Inc.
1867 West Market Street
Akron, OH 44313
KlaisClaims@klais.com

Medical Providers Call: (800) 331.1096

All Other Calls: (888) 308-7320



An Academic Risk Management, Inc. Business Partner

Plan Administrator:

Academic HealthPlans, Inc.
P.O. Box 1605
Colleyville, Texas 76034-1605
(888) 308-7320
(817) 479-2100
fax (817) 479-2101

FOR MORE INFORMATION ABOUT THIS PLAN

OR TO ENROLL ONLINE, PLEASE VISIT:

www.AHPCare.com/baylor

IMPORTANT NOTICE

This information provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered under form number AH-10331a-TX. Complete details may be found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

PRIVACY DISCLOSURE

Under HIPAA's Privacy Rule, we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You will receive a copy of ACE USA's HIPAA Privacy Notice upon request. Please write to Academic HealthPlans, Inc., P.O. Box 1605, Colleyville, TX 76034-1605 or call (817) 479-2100. You may also view and download a copy from the website at www.AHPCare.com/baylor.