

Student Health Insurance Plan

<https://studentinsurance.wellsfargo.com>



Western States Chiropractic College 2009-2010

Brokered By:
Wells Fargo of California Insurance Services, Inc.
Student Insurance Division

Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa.,
with its principal place of business in New York, NY ("the Company")
Administrator Policy #: AMH0086640
Underwriter Reference #: CAS9710805

Summary of Benefits Chart		
Plan Maximum \$75,000 per Policy Year Plan Deductible \$300 per Policy Year, per Covered Person		
Inpatient Hospitalization Benefits		
	Preferred Care	Non-Preferred Care
Hospital Room and Board Expense. <i>Semi-private room rate.</i>	90% of the Allowable Charge	50% of R&C
Intensive Care Unit Expense	90% of the Allowable Charge	50% of R&C
Miscellaneous Hospital Expense <i>Covered Medical Expenses include, but are not limited to: laboratory tests, x-rays, anesthesia, use of special equipment, medicine (excluding take home drugs) and use of operating room.</i>	90% of the Allowable Charge	50% of R&C
Doctor Hospital Visit Expenses <i>Benefits are limited to one visit per day</i>	90% of the Allowable Charge	50% of R&C
Surgical Benefits (Inpatient and Outpatient)		
Surgical Expense	90% of the Allowable Charge	50% of R&C
Anesthetist Expense & Assistant Surgeon Expense	90% of the Allowable Charge	50% of R&C
Outpatient Benefits		
Doctor's Office Visits <i>Benefits are limited to one visit per day. Benefits not subject to Policy Year Deductible</i>	90% of the Allowable Charge after \$20 Copay per visit	50% of R&C
Emergency Care <i>Copay/Per Visit Deductible waived if admitted.</i>	90% of the Allowable Charge after \$150 Copay per visit	50% of R&C \$150 Copay per visit
Urgent Care Expense <i>Benefits not subject to Policy Year Deductible.</i>	90% of the Allowable Charge after \$100 Copay per visit	50% of R&C
Mental Health and Substance Abuse Benefits		
Inpatient Expense - Mental Health and Substance Abuse <i>Benefits limited to maximum of 30 days per Policy Year for all Mental Health and Substance Abuse expenses, combined</i>	90% of the Allowable Charge	50% of R&C
Outpatient Expense— Mental Health and substance Abuse <i>Outpatient treatment is payable up to a maximum benefit of \$52,000per Policy Year</i>	90% of the Allowable Charge	50% of R&C
Additional Benefits		
Women's Health Benefit <i>Covered Expenses will include: one baseline mammogram for women between the ages of 35 and 40; an annual mammogram for women age 40 and older. Covered Medical Expenses include one</i>	90% of the Allowable Charge after \$20 Copay per visit	50% of R&C

<i>annual Pap Smear screening for women age 18 and older</i>		
Diagnostic X-ray and Laboratory Expense	90% of the Allowable Charge	50% of R&C
Physical/Occupational Therapy and Chiropractic Care Expense <i>Benefits limited to 1 visit per day, 20 visits maximum, combined, per Policy Year.</i>	90% of the Allowable Charge	50% of R&C
Durable Medical Equipment <i>Benefits limited to \$300 maximum per Policy Year</i>	90% of the Allowable Charge	50% of R&C
Diabetes Self-Management & Education	90% of the Allowable Charge after \$20 Copay per visit	50% of R&C
Dental Expense, <i>limited to treatment of an Injury to sound, natural teeth.</i>	90% of the Allowable Charge	50% of R&C
Maternity Expenses	90% of the Allowable Charge	50% of R&C
Ambulance Expense <i>Benefits limited to \$1,000 maximum per trip.</i>	80% of R&C	
Well Child/Baby Care <i>Benefits are limited to maximum of \$75 per visit.</i>	90% of the Allowable Charge after \$20 Copay per visit	50% of R&C
Prescription Drug Expense Benefits are limited to \$750 per Covered Person, per Policy Year	90% of the Allowable Charge \$10 Copay for Generic \$25 Copay for Brand Name	50% of R&C

Exclusions and Limitations

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

1. as a result of dental treatment, or dental x-rays except for treatment resulting from Injury to sound natural teeth.
2. for services normally provided without charge by the Policyholder's Health Service.
3. for eye examinations, eyeglasses, contact lenses, or prescription for such (except lenses required after cataract surgery); radial keratotomy or laser surgery; hearing aids or prescriptions or examinations for such except as required for repair caused by a covered Injury or treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process. Eye refraction is not covered.
4. as a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
5. for Injury or Sickness resulting from war or act of war, declared or undeclared.
6. as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
7. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.

8. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
9. for cosmetic surgery except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent newborn child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.
10. for Injuries sustained as the result of a motor vehicle Accident to the extent provided for any loss or any portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.
11. for preventive treatment, testing, medicines, serums, or vaccines, except as specifically provided in this Policy.
12. as a result of committing or attempting to commit an assault or felony or participation in a felony or riot.
13. for Elective Treatment or elective surgery voluntary or elective abortions unless otherwise provided in the Policy.
14. after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.
15. for any services rendered by a Covered Person's immediate family member.
16. for a treatment, service or supply which is not Medically Necessary.
17. for treatment of temporomandibular joint dysfunction and associated myofacial pain.
18. for treatment of Mental or Nervous Conditions except as specifically provided in the Policy.
19. for the treatment of alcoholism or substance abuse except as specifically provided in the Policy.
20. for surgery and/or treatment of: gynecomastia; biofeedback-type services; breast implants or breast reduction unless Medically Necessary following a mastectomy; deviated nasal septum, including submucuous resection and/or other surgical correction thereof except for purulent sinusitis; hair growth or removal; premarital examinations; sexual reassignment surgery and related therapy; smoking cessation; tubal ligation; vasectomy; alopecia; and weight reduction.
21. for routine physical examinations and testing; routine vision examinations; routine dental examinations; routine hearing examinations; immunizations or other preventive services and supplies, except as specifically provided for in the Policy.
22. by a Covered Person who is not a United States Citizen for services performed within the Covered Person's home country if the Covered Person's home country provides national health insurance.
23. in connection with birth control except as specifically provided, sterilization or sterilization reversal, including surgical procedures and devices.
24. for treatment of infertility, including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception, artificial insemination or in vitro fertilization.
25. for athletic Injury resulting from: the practicing for, participating in, or traveling as a team member to and from intercollegiate sports, including travel to and from the activity and practice.
26. for rest cures or custodial care.
27. for treatment of obesity, including, but not limited to the following: weight reduction or dietary control programs, prescription or nonprescription drugs or medications such as vitamins (whether taken orally or by injection), minerals, appetite suppressants, or nutritional supplements and any complication resulting from weight loss treatments or procedures.
28. for breast reconstruction and implantation or removal of breast prostheses unless such care and services are performed solely and directly as a result of a Medically Necessary mastectomy.
29. for treatment, services, drugs, device, procedures or supplies that are experimental or investigational.

30. for treatment, service or supply for which a charge would not have been made in the absence of insurance.

WELLS FARGO OF CALIFORNIA INSURANCE SERVICES, INC. PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling us toll-free at (800) 853-5899 or by visiting us at studentinsurance.wellsfargo.com.

CLAIMS ADMINISTERED BY:
Claims, Eligibility and Coverage Questions

Maksin Management Corp
PO Box 2647
Camden, NJ 08101-2647
(877) 775-5430

EMERGENCY TRAVEL ASSISTANCE:

How to Contact Travel Assist Services: Inside the US and Canada, dial (800) 626-2427 toll-free.

Outside the US and Canada:

1. Request an international operator.
2. Ask the international operator to connect to an AT&T operator in the US.
3. Request the AT&T operator to place a collect call to Houston, TX, USA at (713) 267-2525.

* Our fax number is 01-713-974-3422

PREFERRED PROVIDER:
To Find a Doctor or Provider

First Health Network
(800) 226-5116
www.firsthealth.com

PHARMACY BENEFIT MANAGER:

Express Scripts, Inc.
(800) 451-6245
www.express-scripts.com

PRIOR NOTIFICATION:

Maksin Management Corp
PO Box 2647
Camden, NJ 08101-2647
(877) 775-5430

24-HOUR NURSE ADVICE LINE:

American Holdings, Inc
(866) 241-3793

THE PLAN ADMINISTERED BY:

Wells Fargo of California Insurance Services, Inc.
Student Insurance Division
OR License No. 802263
11017 Cobblerock Drive, Suite 100
Rancho Cordova, CA 95670
(800) 853-5899 or (916) 231-3399
Fax: (916) 231-3398
<https://studentinsurance.wellsfargo.com>

THE UNDERWRITING COMPANY:

National Union Fire Insurance Company of Pittsburgh, Pa

IMPORTANT NOTICE

Please keep this brochure as a general summary of the Insurance. This is a brief description of the coverage available under policy series S30494NUFIC-OR. The Policy on file at the University contains all of the limitations, exclusions, definitions and termination provisions of the insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between the brochure and the Policy, the Policy shall govern in all cases.