



2009-2010

Student Accident & Sickness Plan Summary

All full-time undergraduate students are automatically enrolled in the Student Accident & Sickness Plan covering sickness as well as accidents for a full 12 months. The Student Accident & Sickness Plan is provided at an annual cost of \$268 per student. This includes a fee for administration of the plan. Participation in this plan is required unless evidence of primary major medical insurance is provided by completing the online waiver form prior to September 10, 2009. A complete plan summary is available online at <http://www.eiaa.org/wartburg>.

Excess Coverage: This plan will consider benefits after any other valid and collectible insurance pays its benefits. This plan will cover eligible deductibles and co-payments not covered by your primary insurance carrier.

HARD WAIVER ACCIDENT & SICKNESS LIMIT:	\$5,000 AGGREGATE LIMIT
Accident Benefit Limit:	\$5,000
Deductible:	\$0
Benefit Schedule:	100% of the Usual, reasonable and customary (URC) up to the aggregate limit.
Benefit Period:	104 weeks after the date of accident
Sickness Benefit Limit:	\$5,000
Deductible:	\$0
Pre-existing Conditions:	Covered under sickness benefits
Benefit Period:	12 months (8/15/09 – 8/14/10)
Inpatient Sickness Hospital Benefit:	\$5,000
Benefit Schedule:	100% of the first \$500; 80% thereafter to the aggregate limit. Semi-private rate. Includes coverage for all charges incurred while hospital confined.
Outpatient Surgeon Expense Benefit Limit:	\$3,000
Benefit Schedule:	90% of the URC up to the limit of \$3,000
Covered Services:	If, while not confined to a hospital, your sickness requires surgery, we will consider the expenses for the services of a surgeon.
Outpatient Surgical Expense Benefit:	\$2,500
Benefit Schedule:	100% of the first \$2,500; 80% thereafter to the aggregate limit.
Covered Services:	Surgical / Ambulatory Center
Physician Office Visit Expense Benefit:	\$75 per day
Outpatient Diagnostic X-Ray & Lab Benefit Limit:	\$500
Outpatient Emergency Room Benefit Limit:	\$1,000
Deductible:	\$100 per condition
Benefit Schedule:	100% of the URC
Covered Services:	In the case of a true medical emergency, covered services would include those services rendered during the time of the emergency room visit.
Prescription Benefit Limit:	\$250 per condition
Ambulance Benefit Limit:	\$500, if hospitalized for 18 hours or more
Mental Health & Substance Abuse Benefit Limit:	\$100 per visit / \$500 maximum

The above outline of coverage is intended only as a quick reference and does not limit or amplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file with the College.