



2006-2007

## STUDENT INJURY AND SICKNESS INSURANCE PLAN

LIMITED BENEFIT PLAN. PLEASE READ CAREFULLY.

Designed Especially for the Students of

### THE STATE OF SOUTH DAKOTA SYSTEM

BLACK HILLS STATE UNIVERSITY  
DAKOTA STATE UNIVERSITY  
NORTHERN STATE UNIVERSITY  
SOUTH DAKOTA SCHOOL OF MINES & TECHNOLOGY  
SOUTH DAKOTA STATE UNIVERSITY  
UNIVERSITY OF SOUTH DAKOTA  
CENTER FOR PUBLIC HIGHER EDUCATION



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## PRIVACY POLICY

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We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic 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 nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-800-767-0700 or by visiting us at [www.studentresources.com](http://www.studentresources.com).

## ELIGIBILITY

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### *Domestic Students*

All domestic students taking 5 or more credit hours (3 hours in summer), all domestic graduate students taking credit hours and students seeking a doctorate degree are eligible to enroll in this insurance Plan.

### *International Students*

All registered international students taking credit hours and their Dependents are required to purchase this insurance Plan at the time of registration. International students, except for those entitled to establish a legal domicile in South Dakota, who have enrolled in any Board of Regents university, their spouses and their dependents are required to purchase the South Dakota Board of Regents endorsed student health insurance plan. Exemptions to this requirement may be granted by the university only when comparable or superior health insurance is provided for the student, spouse and Dependents by the student's sponsoring agency or government. Students who transfer to a university in the spring and summer terms may also be exempted by the university, provided their previous institution required the purchase of comparable, non-refundable coverage and that coverage is still in force for the remainder of the university year.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Internet classes that give credit hours and are sanctioned by the Policyholder will be considered active attendance. Home study, correspondence, Internet 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 policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible domestic students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age, or 24 years if a full-time dependent student at an accredited institution of higher learning, who are not self supporting. Dependent Eligibility expires concurrently with that of the Insured student.

## ALTERNATIVE COVERAGE

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If you do not meet the Eligibility requirements of this student policy, please call 1-800-406-2338 for information on alternative coverage. You may also access information on this plan, get premium quotes, and apply online at our website [www.SecureNowInsurance.com](http://www.SecureNowInsurance.com).

## EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective August 15, 2006. Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates August 14, 2007. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

If paying Premium by session, coverage expires as follows:

Fall:	01/10/2007
Spring:	05/06/2007
Summer:	08/14/2007

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 30 days after the premium expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

Refunds of premiums are allowed only upon entry into the armed forces. The Policy is a Non-Renewable One Year Term Policy.

## EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the Insured continues to be Hospital Confined but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After the "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

## PRE-ADMISSION NOTIFICATION

Avidyn should be notified of all Hospital Confinements prior to admission.

- 1. PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:**  
The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.
- 2. NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:** The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide the notification of any admission due to Medical Emergency.

Avidyn is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m. C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

**\* IMPORTANT:** Pre-notification is not a guarantee that benefits will be paid. Failure to follow the pre-notification procedures will not affect the benefits payable under the policy.

## **MANDATED BENEFITS**

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### **BENEFITS FOR MAMMOGRAPHY**

Benefits will be paid the same as any other Sickness for mammography screening as follows:

1. Ages thirty-five (35) to thirty-nine (39), one baseline mammogram;
2. Ages forty (40) to forty-nine (49), one mammogram every other year;
3. Age fifty (50) and older, one mammogram every year; or
4. More often if recommended by a Physician.

"Low-dose mammography" means the X-ray examination of the breast using equipment dedicated specifically for mammography, including the X-ray tube, filter, compression device, screens, films and cassettes, with an average radiation exposure delivery of less than one rad midbreast, with two views for each breast and with interpretation by a qualified radiologist.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **BENEFITS FOR BREAST RECONSTRUCTION**

Benefits will be paid the same as any other Sickness for breast reconstruction recommended by a Physician following a covered mastectomy for:

1. Reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complication of all states of mastectomy, including lymphedemas.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **BENEFITS FOR DRUG TREATMENT OF CANCER OR LIFE THREATENING CONDITIONS**

When Prescription Drug benefits are payable under the policy, benefits will be provided for drugs for treatment of cancer or life threatening conditions although the drug has not been approved by the Food and Drug Administration for that indication if that drug is recognized for treatment of such indication in one of the standard reference compendia or in the appropriate medical literature. The prescribing Physician must submit documentation supporting the proposed off-label use or uses to the Company if requested. Coverage shall include Medically Necessary services associated with the administration of such drugs.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **BENEFITS FOR DIABETES**

Benefits will be paid the same as any other Sickness for equipment, supplies, and self-management training and education, including medical nutrition therapy, for treatment of Insureds diagnosed with diabetes if prescribed by a Physician. Medical nutrition therapy does not include any food items or nonprescription drugs.

The benefit for Medically Necessary equipment and supplies shall include blood glucose monitors, blood glucose monitors for the legally blind, test strips for glucose monitors, urine testing strips, insulin, injection aids, lancets, lancet devices, syringes, insulin pumps and all supplies for the pump, insulin infusion devices, prescribed oral agents for controlling blood sugars, glucose agents, glucagon kits, insulin measurement and administration aids for the visually impaired, and other medical devices for the treatment of diabetes.

### ***Benefits for Diabetes Continued***

Diabetes self-management training and education shall be covered if: (a) the service is provided by a Physician, nurse, dietitian, pharmacist, or other licensed health care provider who satisfies the current academic eligibility requirements of the National Certification Board for Diabetic Educators and has completed a course in diabetes education and training or has been certified as a diabetes educator; and (b) the training and education is based upon a diabetes program recognized by the American Diabetes Association or a diabetes program with a curriculum approved by the American Diabetes Association or the South Dakota Department of Health.

The benefit for diabetes self-management training is limited to (a) persons who are newly diagnosed with diabetes or have received no prior diabetes education; (b) persons who require a change in current therapy; (c) persons who have a co-morbid condition such as heart disease or renal failure, or (d) persons whose diabetes condition is unstable. Under these circumstances, no more than two comprehensive education programs per lifetime and up to eight follow-up visits per year are covered. Coverage is limited to the closest available qualified education program that provides the necessary management training to accomplish the prescribed treatment.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **BENEFITS FOR BIOLOGICALLY-BASED MENTAL ILLNESS**

Benefits will be paid the same as any other Sickness for services and supplies for the Medically Necessary treatment of Biologically-based Mental Illness when recommended by a Physician.

"Biologically-based mental illness means schizophrenia and other psychotic disorders, bipolar disorder, major depression and obsessive-compulsive disorder.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **BENEFITS FOR DENTAL ANESTHESIA**

Benefits shall be provided for dental anesthesia and related Hospital Covered Medical Expenses for services and supplies provided to a covered Dependent who:

- 1 Is a child under age five; or
- 2 Is severely disabled or otherwise suffers from a developmental disability as determined by a Physician which places such child at serious risk.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### **BENEFITS FOR PROSTATE CANCER SCREENING**

Benefits will be paid the same as any other Sickness for prostate cancer screening. Subject to the following:

- (1) An annual medically recognized diagnostic examination, including a digital rectal examination and a prostate-specific antigen test, as follows:
  - (a) For asymptomatic men aged fifty and over; and
  - (b) For men aged forty-five and over at high risk for prostate cancer; and
  - (c) For males of any age who have a prior history of prostate cancer, medically indicated diagnostic testing at intervals recommended by a physician, including the digital rectal examination, prostate-specific antigen test, and bone scan.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

**SCHEDULE OF MEDICAL EXPENSE BENEFITS**  
**UP TO \$50,000 MAXIMUM BENEFIT PAID AS SPECIFIED BELOW (FOR EACH INJURY OR SICKNESS)**  
**\$200 DEDUCTIBLE (PER INSURED PERSON)(PER POLICY YEAR)**

The policy provides benefits for the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$50,000 for each Injury or Sickness. If care is received from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of Benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used. Usual & Customary Charges are paid at the 80th percentile.

All covered medical expenses provided by SDSU SHS and certain covered medical expenses provided by Sioux Valley Vermillion Clinic (SVVC) are covered at 100% with no deductible. Please see your SHS or SVVC for additional details. **Note:** No referral required for Medical X-ray Center, Sioux Falls, SD.

Usual and Customary Charges will be calculated based on the 80th percentile of Ingenix based on the locality of the Policyholder. Benefits will be paid up to the Maximum Benefits for each service as scheduled below. Covered Medical Expenses include:

	<b>PREFERRED PROVIDER</b>	<b>OUT-OF-NETWORK</b>
<b>INPATIENT</b>		
<b>Hospital Expense</b> , daily semi-private room rate; and 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, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	.80% of Preferred Allowance/ \$1,500 maximum per day	.60% of Usual & Customary Charges/ \$1,500 maximum per day
<b>Intensive Care</b>	.80% of Preferred Allowance	.60% of Usual & Customary Charges
<b>Routine Newborn Care</b> , while Hospital Confined; and routine nursery care provided immediately after birth.	Paid as any other Sickness Up to 48 hours for vaginal delivery or up to 96 hours for cesarean section delivery	Paid as any other Sickness Up to 48 hours for vaginal delivery or up to 96 hours for cesarean section delivery
<b>Physiotherapy</b>	.80% of Preferred Allowance	.60% of Usual & Customary Charges
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures.	.80% of Preferred Allowance	.60% of Usual & Customary Charges
<b>Anesthetist</b> , professional services in connection with inpatient surgery.	.80% of Preferred Allowance	.60% of Usual & Customary Charges
<b>Registered Nurse's Services</b> , private duty nursing care.	.80% of Preferred Allowance	.60% of Usual & Customary Charges
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.	.80% of Preferred Allowance	.60% of Usual & Customary Charges
<b>Pre-admission Testing</b> , payable within 3 working days prior to admission.	.80% of Preferred Allowance	.60% of Usual & Customary Charges
<b>Psychotherapy</b> , benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	Paid as any other Sickness/ \$5,000 maximum (Per Policy Year)	Paid as any other Sickness/ \$5,000 maximum (Per Policy Year)
<b>Biologically Based Mental Illness</b> , see Benefits for Biologically Based Mental Illness	Paid as any other Sickness	Paid as any other Sickness
<b>OUTPATIENT</b>		
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures.	.80% of Preferred Allowance	.60% of Usual & Customary Charges
<b>Day Surgery Miscellaneous</b> , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	.80% of Preferred Allowance	.60% of Usual & Customary Charges
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	.80% of Preferred Allowance	.60% of Usual & Customary Charges
<b>Physician's Visits</b> , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	.80% of Preferred Allowance	.60% of Usual & Customary Charges
<b>Physiotherapy</b> , benefits are limited to one visit per day. Outpatient Physiotherapy benefits are payable only for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation. (Without Surgery or Hospital Confinement benefits are payable at \$20.00 per day, 6 days maximum).	.80% of Preferred Allowance	.60% of Usual & Customary Charges
<b>Medical Emergency Expenses</b> , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. (The \$100 copay/Deductible per visit is in addition to the Policy Deductible and will be waived if admitted).	.80% of Usual & Customary Charges/ \$100 copay per visit	.80% of Usual & Customary Charges/ \$100 Deductible per visit
<b>Diagnostic X-ray &amp; Laboratory Services</b>	.80% of Preferred Allowance	.60% of Usual & Customary Charges
<b>Radiation Therapy &amp; Chemotherapy</b>	.80% of Preferred Allowance	.60% of Usual & Customary Charges
<b>Tests &amp; Procedures</b> , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	.80% of Preferred Allowance	.60% of Usual & Customary Charges
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement.	.80% of Preferred Allowance	.60% of Usual & Customary Charges
<b>Prescription Drugs</b> , Benefits for Prescription Drugs are payable only when the prescriptions are dispensed by a CAREMARK® Pharmacy. Limited to one 30-day supply per prescription.	\$10 copay per prescription for generic drugs/ \$25 copay per prescription for brand name drugs/ 40% coinsurance per prescription for non-preferred drugs / \$1,000 maximum (Per Policy Year)	No Benefits
<b>Psychotherapy</b> , Including all related or ancillary charges incurred as a result of a Mental and Nervous Disorder (including Prescription Drugs). Benefits are limited to one visit per day. See Benefits for Biologically Based Mental Illness	.50% of Preferred Allowance \$1,000 maximum (Per Policy Year)	.50% of Usual & Customary Charges/ \$1,000 maximum (Per Policy Year)
<b>Biologically Based Mental Illness</b> , see Benefits for Biologically Based Mental Illness.	Paid as any other Sickness	Paid as any other Sickness
<b>Cat Scan/MRI</b>	.80% of Preferred Allowance / \$500 maximum per occurrence	.60% of Usual & Customary Charges/ \$500 maximum per occurrence
<b>OTHER</b>		
<b>Ambulance Services</b>	.80% of Usual & Customary Charges	.80% of Usual & Customary Charges
<b>Durable Medical Equipment</b> , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	.80% of Usual & Customary Charges/ \$250 maximum	.80% of Usual & Customary Charges/ \$250 maximum
<b>Consultant Physician Fees</b> , when requested and approved by the attending Physician.	.80% of Preferred Allowance	.60% of Usual & Customary Charges
<b>Dental Treatment</b> , made necessary by Injury to Sound Teeth. <i>Exception: Benefits will be paid up to \$50 per tooth for the extraction of impacted wisdom teeth.</i>	.80% of Usual & Customary Charges	.80% of Usual & Customary Charges
<b>Alcoholism</b> , inpatient treatment only, not to exceed 30 days in any six-month period. Maximum Lifetime Benefit will not exceed 90 days per Insured Person.	Paid as any other Sickness	Paid as any other Sickness
<b>Drug Abuse</b>	Paid under Psychotherapy	Paid under Psychotherapy
<b>Maternity/Complications of Pregnancy</b>	Paid as any other Sickness	Paid as any other Sickness

**STUDENT HEALTH CENTER (SHC)**  
**REFERRAL REQUIRED FOR STUDENTS ONLY**  
**(UNIVERSITY OF SOUTH DAKOTA AND SOUTH DAKOTA STATE UNIVERSITY STUDENTS ONLY)**

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The student must use the resources of the Health Center first where treatment will be administered, or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health Center for which no prior approval or referral is obtained are excluded from coverage. A referral issued by the SHC must accompany the claim when submitted.

A SHC referral for outside care is not necessary only under the following conditions:

1. Medical Emergency. The student must return to SHC for necessary follow-up care;
2. When the Student Health Center is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than 50 miles from campus;
5. Medical care obtained when a student is no longer able to use the SHC due to a change in student status;
6. Maternity; or
7. Psychotherapy.

Dependents are not required to use the SHC; and therefore, are exempt from the above limitations and requirements.

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**CARMARK® PHARMACY**

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When you use a CAREMARK® network pharmacy, you will be able to get up to a 30-day supply of drugs prescribed for a Covered Injury or Sickness. You will pay a \$10 copayment for each generic drug, \$25 copayment for each brand name drug and 40% coinsurance for each non-preferred drug, not to exceed the \$1,000 (Per Policy Year) benefit maximum. Please present your ID card to the network pharmacy when the prescription is filled. If you do not use a network pharmacy, you will be responsible for paying the full cost for the prescription.

If you do not present the card, you will need to pay the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please call CAREMARK® Customer Care toll free at 1- 877-348-0578.

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**MATERNITY TESTING**

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This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening; Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-767-0700.

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**EXCESS PROVISION**

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Even if you have other insurance, the Plan may cover unpaid balances, Deductibles, and pay those eligible medical Expenses not covered by other insurance.

Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectible insurance or under an automobile insurance policy.

### ***Excess Continued***

However, this Excess Provision will not be applied to the first \$100 of medical expenses incurred.

Covered Medical Expenses exclude amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with policy provisions or requirements.

**Important:** The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

## **PREFERRED PROVIDER INFORMATION**

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**"Preferred Providers"** are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in the local school area are

TLC Advantage and Student Health Network

The availability of specific providers is subject to change without notice. Insured's should always confirm that a Preferred Provider is participating at the time services are required by visiting the website at [www.tlcadvantage.com](http://www.tlcadvantage.com) or by calling at 1-800-767-0700 and/or by asking the provider when making an appointment for services.

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

**"Out of Network"** providers have not agreed to any prearranged fee schedules. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

**"Network Area"** means the 50 mile radius around the local school campus the Named Insured is attending.

Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

The Insured will be responsible for all out of pocket expenses in excess of the insurance policy benefits as described in the Schedule of Medical Expense Benefits and the policy limitations and exclusions.

### **Inpatient Hospital Expenses**

**PREFERRED HOSPITALS** - Eligible inpatient hospital expenses at a Preferred Hospital will be paid at 80% of Preferred Allowance, up to any limits specified in the Schedule of Medical Expense Benefits. Call 1-800-767-0700 or visit [www.tlcadvantage.com](http://www.tlcadvantage.com) for information about Preferred Hospitals.

**OUT OF NETWORK HOSPITALS** - If care is provided at a Hospital that is not a Preferred Provider, eligible inpatient hospital expenses will be paid according to the benefit limits in the Schedule of Medical Expense Benefits.

### **Outpatient Hospital Expenses**

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits. Insureds are responsible for any amounts that exceed the benefits shown in the Schedule, up to the Preferred Allowance.

### **Professional & Other Expenses**

Benefits for Covered Medical Expenses provided by TLC Advantage will be paid at 80% of Usual and Customary Charges, or up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.

Insureds will be responsible for all out of pocket expenses in excess of the policy limits contained in the Schedule of Benefits.

**OPTIONAL INTERCOLLEGIATE SPORTS**  
**MAXIMUM BENEFIT: UNIVERSITY OF SOUTH DAKOTA**  
**\$3,000 (FOR EACH INJURY)**  
**MAXIMUM BENEFIT: ALL OTHER SCHOOLS \$2,000 (FOR EACH INJURY)**  
**DEDUCTIBLE: \$200 (PER POLICY YEAR)**

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Provided that the additional premium of \$377 for football or \$251 for all other sports has been paid, insured student athletes who are members of and participating in intercollegiate athletic teams sponsored by the Policyholder are covered for sports Injury as follows.

Subject to a Deductible of \$200 (Per Policy Year), benefits will be paid 80% of Preferred Allowance for Preferred Providers and 60% of Usual and Customary Charges for Out-of-Network Providers under the Schedule of Benefits for intercollegiate sports Injury up to \$3,000 for University of South Dakota and up to \$2,000 for all other schools, for each Injury.

No benefits will be paid for:

1. Infections, except pyogenic infections cause wholly by a covered Injury;
2. Cysts, blisters or boils;
3. Overexertion, heat exhaustion, fainting;
4. Hernia, regardless of how caused; or
5. Artificial aids such as crutches, braces, appliances and artificial limbs.

**DEFINITIONS**

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**COVERED MEDICAL EXPENSES** means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 3) made for services and supplies not excluded under the policy; 4) made for services and supplies which are a Medical Necessity; 5) made for services included in the Schedule of Benefits; and 6) in excess of the amount stated as a Deductible, if any.

Covered Medical Expenses will be deemed "incurred" only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

**INJURY** means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

**PRE-EXISTING CONDITION** means: any condition which is diagnosed, treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under the Policy.

**SICKNESS** means sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.

**USUAL AND CUSTOMARY CHARGES** means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

## EXCLUSIONS AND LIMITATIONS

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No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Acne; acupuncture; allergy, including allergy testing;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Assistant Surgeon Fees;
4. Learning disabilities;
5. Biofeedback;
6. Circumcision;
7. Congenital conditions except as specifically provided for Newborn or adopted Infants;
8. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
9. Dental treatment, except as specifically provided in the Schedule of Benefits;
10. Elective Surgery or Elective Treatment;
11. Elective abortion;
12. Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
13. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
14. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
15. Hirsutism; alopecia;
16. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
17. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. Injury sustained while (a) participating in any interscholastic, club, 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;
19. Organ transplants, including organ donation;
20. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
21. Pre-existing Conditions for a period of 6 months, except for individuals who have been continuously insured under the school's policy for at least 6 consecutive months. Credit will be given for the time the Insured was covered under previous Creditable Coverage if the Creditable Coverage was continuous to a date not more than sixty-three (63) days prior to the Insured's Effective Date under this Policy;
22. Prescription Drugs, services or supplies as follows:
  - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use (except as specifically provided in the Benefits for Diabetes);
  - b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use;
  - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;

### *Prescription Drugs Continued*

- d) Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs; except as specifically provided in the policy;
  - e) Products used for unapproved cosmetic indications;
  - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
  - g) Anorectics - drugs used for the purpose of weight control;
  - h) Fertility agents or sexual enhancement drugs such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
  - i) Growth hormones; or
  - j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
- 23. 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; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
  - 24. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
  - 25. 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;
  - 26. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
  - 27. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; nasal and sinus surgery;
  - 28. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
  - 29. Sleep disorders;
  - 30. Supplies, except as specifically provided in the policy;
  - 31. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
  - 32. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
  - 33. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
  - 34. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

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### **MYNURSELINE**

Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 1-800-883-2951. MyNurseLine is staffed by Registered Nurses who can help students determine if they need to seek medical care, understand their medications or medical procedures, or learn ways to stay healthy.

## ASSIST AMERICA®: GLOBAL EMERGENCY ASSISTANCE SERVICES

If you are a student insured with this insurance plan, you and your insured spouse and minor child(ren) are eligible for Assist America services. The requirements to receive these services are as follows:

International Students, insured spouse and insured minor child(ren): You are eligible to receive Assist America services worldwide, except in your home country.

Domestic Students, insured spouse and insured minor child(ren): You are eligible for Assist America services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

Assist America services include Emergency Medical Evacuation and Return of Mortal Remains that meet the United States Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All Assist America services must be arranged and provided by Assist America, any services not arranged by Assist America will not be considered for payment.

Key Services include:

\*Medical Consultation, Evaluation and Referrals \*Foreign Hospital Admission Guarantee  
\*Emergency Medical Evacuation \*Critical Care Monitoring \*Medically Supervised Repatriation \*Prescription Assistance \*Transportation to Join Patient \*Care for Minor Children Left Unattended Due to a Medical Incident \*Return of Mortal Remains  
\*Emergency Counseling Services \*Lost Luggage or Document Assistance \*Interpreter and Legal Referrals

Please visit your school's insurance coverage page at [www.studentresources.com](http://www.studentresources.com) for the Assist America Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations.

To access services please call:  
(877) 488-9833 Toll-free within the United States  
(609) 452-8570 Collect outside the United States

Services are also accessible via e-mail at [medservices@assistamerica.com](mailto:medservices@assistamerica.com).

When calling Assist America's Operations Center, please be prepared to provide:

1. Caller's name, telephone and (if possible) fax number, and relationship to the patient
2. Patient's name, age, sex, and Reference Number
3. Description of the patient's condition
4. Name, location, and telephone number of hospital, if applicable
5. Name and telephone number of the attending physician
6. Information of where the physician can be immediately reached

Assist America is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by Assist America. Claims for reimbursement of services not provided by Assist America will not be accepted. Please refer to your Assist America brochure for Program Guidelines as well as limitations and exclusions pertaining to the Assist America program.

## COMPLAINT RESOLUTION

Insured Persons, Preferred Providers, Out-of-Network Providers or their representatives with questions or complaints may call the Customer Service Department at 1-800-767-0700. If the question or complaint is not resolved to the satisfaction of the complainant, the complainant may submit a written request to the Claims Review Committee, which will make a thorough investigation and respond to the complainant in a timely manner. The Company will not retaliate against the complainant because of the complaint.

## CLAIM PROCEDURE

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In the event of Injury or Sickness, students should:

- 1) Report to the Student Health Service or Infirmary for treatment or referral, or when not in school, to their Physician or Hospital.
- 2) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the university under which the student is insured. A Company claim form is not required for filing a claim.
- 3) File claim within 90 days of Injury or first treatment for a Sickness. 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.

**THIS PLAN IS UNDERWRITTEN BY:  
THE MEGA LIFE AND HEALTH INSURANCE COMPANY**

### **SUBMIT ALL PREFERRED PROVIDER CLAIMS:**

**TLC**  
P.O. Box 89410  
Sioux Falls, South Dakota 57109-9410  
877-893-9685  
[www.tlcadvantage.com](http://www.tlcadvantage.com)

### **SUBMIT ALL OTHER CLAIMS/INQUIRIES TO:**

**STUDENT INSURANCE**  
P.O. Box 809025  
Dallas, Texas 75380-9025  
888-889-3312  
[customerservice@studentinsurance.net](mailto:customerservice@studentinsurance.net)  
[claims@studentinsurance.net](mailto:claims@studentinsurance.net)

### **SALES/MARKETING SERVICES:**

**STUDENT RESOURCES**  
805 Executive Center Drive West, Suite 220  
St. Petersburg, FL 33702  
727-563-3400  
800-237-0909  
**Email: [info@studentresources.com](mailto:info@studentresources.com)**

### **ONLINE SERVICES:**

Please Visit our Website at [www.studentresources.com](http://www.studentresources.com) to buy insurance online or to view and print Brochures, Enrollment Cards (printable using Adobe Acrobat), Coverage Receipts, ID Cards, Claims Status and other services.

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control payment of benefits.

**This Brochure is based on Policy # 2006-53-1:**

Black Hills State University	2006-80-1
Dakota State University	2006-220-1
Northern State University	2006-1228-1
South Dakota School of Mines & Technology	2006-232-1
South Dakota State University	2006-263-1
University of South Dakota	2006-221-1
Center for Public Higher Education	2006-1381-1