CONFORMITY WITH STATE STATUTES

Any provision of this plan of insurance which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes. Additional benefits may be required by the State of North Carolina for this Plan. For additional information regarding the mandated benefits please refer to the Master Policy issued to Chowan University.

EXCLUSIONS AND LIMITATIONS

Benefits are not payable under this Policy for any of the following or loss that results therefrom:
1. Routine physical examinations and routine testing; preventive testing or Treatment; screening examinations or testing in the absence of Injury or Sickness.
2. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; eyeglasses, contact lenses or other Treatment for visual defects and problems, except as required as a result of a covered Injury. “Visual defects” means any physical defect of the eye that does or can impair normal vision.
3. Dental care or Treatment other than care of sound, natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy, and rendered within 12 months of the Accident.
4. War or any act of war, declared or undeclared, or while serving in the armed forces of any country (a pro-rata premium will be refunded for such period of service).
5. Participation in a not civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony.
6. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
7. Injury, Sickness or death contributed to by the use of drugs or alcohol, unless administered by a Physician.
8. Operating any vehicle while under the influence of alcohol, unless administered by a Physician.
9. Injuring aircraft or damages to aircraft, or loss that results therefrom:
   - Bills submitted later than 90 days after the date of Injury or Sickness or as soon as reasonably possible.
   - Information to identify the student or dependent must be provided with the claim.
10. Injury while sane or insane.
11. A felon.
13. Except in self-defense; commission of or attempt to commit a felony.
14. Except in self-defense; commission of or attempt to commit a felony.
15. The insured during the period of service.
16. Injury sustained as a result of riding in or on a two or three-wheeled motor vehicle, or riding in or on a snowmobile.
17. Supplies, except as otherwise provided in the Policy.
18. Routine foot care, including the treatment of corns, calluses and bunions.

CLAIM PROCEDURE

Send all medical, pharmacy or hospital itemized bills including diagnosis to the address below within 90 days after the date of the Injury or Sickness or as soon as reasonably possible.

Send claims or inquiries to:
Administrative Concepts, Inc.
944 Old Eagle School Rd., Suite 1005
Wayne, PA 19087-1802
Phone (888) 293-9229
Fax (610) 293-9299
Email: aciacdms@visit-aci.com

Customer Service for claims is available for calls between 7:00 a.m. and 6:00 p.m. Eastern Time. Monday - Friday.

Students may check the status of a claim already filed by calling Customer Service for claims is available for calls between 7:00 a.m. and 6:00 p.m. Eastern Time. Monday - Friday.

Grievance procedures can be obtained by contacting First Agency, Inc., or from the Master Policy on file with the School.

Note: The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this Brochure and the Master Policy.

IMPORTANT NOTICE ABOUT THIS PLAN: The coverage provided under this plan is short-term limited duration coverage that is not subject to the Patient Protection and Affordable Care Act (“PPACA”). The Master Policy is non-renewable. It is the Insured’s responsibility to maintain continuity of coverage. No renewal notices will be sent to the Insured.

This is a general summary of Student Accident and Sickness Insurance. Keep this Brochure as no individual policy will be issued. This summary is not a contract; however, the Master Policy is on file at the school or available by contacting the claims administrator below. A student may also complete the online claim form from the website.

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PRIVACY NOTICE

BICS Insurance Company and First Agency, Inc. is committed to maintaining the privacy of the Insured person’s personal health information and complying with all state and federal privacy laws. A copy of the Privacy Notice may be obtained by contacting First Agency, Inc. at (800) 243-6298 or visiting its website.

COMPLAINTS AND CLAIM APPEALS

An Insured person has a right to file a Grievance in writing for any provision of services or claim practices of BICS Insurance Company which offers an insurance plan or its claim administration by Administrative Concepts, Inc. (ACI).

If there is a problem or concern the Insured person can first call the customer service number on the ID card. A customer service representative will provide assistance in resolving the problem or concern as quickly as possible. If the Insured person continues to disagree with the decision or explanation given, a written request may be submitted for a review through the internal grievance process.

The internal grievance process may be initiated by contacting ACI. The Insured person can:

• Submit written comments, documents, records, and other material relating to the review;
• Receive, upon request, reasonable access to and copies of all documents relevant to the request for benefits relating to claim denial.

The grievance will be reviewed and a written decision will be mailed. The grievance procedures can be obtained by contacting ACI, or from the Master Policy on file with the School.

 Complaints or Grievances may be submitted for a review through the internal grievance process.

Grievance may be sent to:
Administrative Concepts, Inc.
944 Old Eagle School Rd., Suite 1005
Wayne, PA 19087-1802
Phone (888) 293-9229
Fax (610) 293-9299

Coverage is for the Students of:
Chowan University

BCS Insurance Company
Student Accident & Sickness Plan
Designed for
Chowan University
2015 - 2016

IMPORTANT NOTICE ABOUT THIS PLAN: The coverage provided under this plan is short-term limited duration coverage that is not subject to the Patient Protection and Affordable Care Act (“PPACA”). The Master Policy is non-renewable. It is the Insured’s responsibility to maintain continuity of coverage. No renewal notices will be sent to the Insured.

This is a general summary of Student Accident and Sickness Insurance coverage. Keep this Brochure as no individual policy will be issued. This summary is not a contract; however, the Master Policy is on file at the school or available by contacting First Agency, Inc., or from the Master Policy on file with the School.

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Administrative Concepts, Inc.
944 Old Eagle School Rd., Suite 1005
Wayne, PA 19087-1802
Phone (888) 293-9229
Fax (610) 293-9299

This Plan is underwritten by:
BCS Insurance Company
Oakbrook Terrace, IL

Timely and accurate claims processing is the responsibility of the claims administrator. First Agency, Inc., is the claims administrator for this plan.

Claim administrators can be contacted by:
First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501
PH: (269) 381-6630 or (800) 243-6298
FAX: (269) 381-3055
www.1stAgency.com

This is a non-renewable term Policy. It is the Insured’s responsibility to maintain continuity of coverage. No renewal notices will be sent to the Insured.

2015-2016
Policy #: BSA-00200

Keep this brochure as a summary of the Insurance. No individual policies will be sent. If any discrepancies exist between the brochure and the Policy, the Policy on file with the University governs the payment.

CHOWAN UNIVERSITY

Murfreesboro, NC 27855
DEFINITIONS

UCR* = Usual, Customary and Reasonable

$0

100% of UCR*

$2,000

Sincerely,

traveling. This Policy is primary to any enrolling in https://www.1stagency.com/waivecoverage.php?num=6 protects insured students on area without prior permission, sometimes not even then. This Policy those dates, the fee To be exempt from this coverage and fee, University are automatically enrolled in the Accident and Sickness plan. To be exempt from this coverage is furnished by the deadline.

We urge you to consider enrolling in the school-sponsored plan. Many IMO’s will only pay for treatment outside their network area when it is an emergency and will not pay for treatment from doctors out of their area without prior permission. This Policy protects insured students on and off campus, at home or while traveling. This Policy is primary to any other insurance the student may carry. For additional details please visit: www.chowan.edu/insurance.

If your personal insurance is an IMO, you are automatically enrolled in the Accident and Sickness plan. To be exempt from this coverage and fee, you must request in writing prior to the deadline. This Policy is primary to any other insurance the student may carry. For additional details please visit: www.chowan.edu/insurance.

ELEGIBILITY

All full-time day-program students enrolled for a minimum of 12 credit hours are included in this insurance plan and the premium for coverage is added to your bill unless proof of comparable coverage is furnished by the deadline. Part-time day-program students enrolled for a minimum of 6 credit hours may purchase this insurance plan. Please contact the business office for payment details.

REFUND PROVISION

The Company retains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that the Policy eligibility requirements have not been met, the Company’s only obligation is refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

TERM OF COVERAGE

The Coverage term for the 2015/16 school year becomes effective on 8/1/15 (for Spring Term enrollees 11/1/16) at 12:01 a.m. and terminates on 6/1/16 at 12:01 a.m. Coverage terminates at the earliest of:

- the date the insured ceases to be an eligible person.
- the last day of the Term of Coverage for which premium is paid.
- the date the insured ceases to be an eligible person.

Should an Insured Person graduate or withdraw from the university, the insurance shall remain in effect until the end of the period for which premium has been paid.

WAIVER DEADLINE

If you have proof of comparable insurance and wish to waive coverage, the deadline to waive out of this plan is 8/28/15. For students beginning their studies in the spring, the deadline is 1/15/16. Following is the web-link for submitting your waiver online: https://www.1stagency.com/waivecoverage.php?

The opportunity to waive coverage is limited ONLY to students who have other health insurance. If the waiver is not received by those dates, the fee will remain on your bill. The cost for students entering the Fall Term is $252.00, for the Spring Term $220.00.

If your personal insurance is an IMO, we urge you to consider enrolling in the school-sponsored plan. Many IMO’s will only pay for treatment outside their network area when it is an emergency and will not pay for treatment from doctors out of their area without prior permission. This Policy protects insured students on and off campus, at home or while traveling. This Policy is primary to any other insurance the student may carry. For additional details please visit: www.chowan.edu/insurance.

Sickness means illness or disease contracted and causing loss covered by this Policy.

Usual, Customary, and Reasonable Charges

means illness or disease. Routine or preventative services are not covered under this benefit.

SICKNESS BENEFIT

Maximum Benefit Amount, per Sickness*: $3,000

Deductible, per Sickness: $0

SICKNESS BENEFIT

*UCR = Usual, Customary and Reasonable

SICKNESS BENEFIT

Maximum Benefit Amount, per Injury: $3,000

Deductible, per Injury: $0

SICKNESS BENEFIT

SICKNESS means illness or disease contracted and causing loss covered by this Policy.

Usual, Customary, and Reasonable Charges

means illness or disease. Routine or preventative services are not covered under this benefit.

ACCIDENT DEATH & DISMEMBERMENT BENEFIT

If, within 180 days of an Accident covered under the Policy in accordance with the Coverage to which this benefit applies, bodily Injury results in death, the Company will pay the benefit amount in a lump sum. If the Covered Person sustains more than one such loss as the result of any one Accident, the Company will pay only the largest amount to which the Covered Person is entitled.

ACCIDENT DEATH & DISMEMBERMENT BENEFIT

Benefit Period

Maximum Benefit Amount, per Injury

Maximum Benefit Amount, per Sickness

Benefit Period

Maximum Benefit Amount, per Injury

Maximum Benefit Amount, per Sickness

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