
HOW TO APPLY

Fill out the enclosed application and send it with your premium in the enclosed envelope. Clarendon National Insurance Company will send you an I.D. card after your application has been processed.

QUESTIONS? NEED MORE INFORMATION?

For further information, please call (540) 231-6226.

CUSTOMER SERVICE:

Virginia Tech
Student Medical Insurance Office
Mail Code 0361
Blacksburg, Virginia 24061
(540) 231-6226
Fax: (540) 231-6237
1 (888) 234-0298
Email: stdntser@infionline.net
www.gmsouthwest.com

Proof of loss must be received by the Claims Office within 90 days of service date or as soon as reasonably possible.

The Student Health Plan is Underwritten by:
Clarendon National Insurance Company

Protecting Your Potential



Student Health Insurance

2003-2004

Underwritten By:

clarendon **insurance**
Group

www.gmsouthwest.com

Policy # 01KC-403031

17. Injury sustained while (a) participating in any intercollegiate or professional sport, contest or competitions; (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 (but, this exclusion does not apply to injuries sustained while participating in intramural, extramural or club sports programs).
18. Services for Private Duty Nursing and Skilled Nursing Facility.
19. Treatment of obesity, except for surgical Treatment or morbid obesity as determined by the Company.
20. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or refractive errors, except as may be provided under the "Expanded Benefits Option."

ADDITIONAL BENEFITS

Traveler's Assistance Services (Plans 1, 2 & 3)

Each insured person is provided international assistance services through MEDEX Assistance Corporation. Services include assistance with language barriers, sending emergency messages, maintaining contact with family and your personal physician back home.

You may contact MEDEX by calling 1-800-527-0218 or (410) 453-6330. Have your group number available. Your group number is 214.

Repatriation/Evacuation Benefit (Plan 1, 2 & 3)

Repatriation Benefit \$10,000 Maximum Benefit-If the Insured dies while insured under the policy, benefits will be paid up to \$10,000 for preparing and transporting the remains of the deceased's body to his home country. This benefit is limited to the maximum benefit specified above. Repatriation requires prior approval of the Claims Office.

Medical Evacuation Benefit \$10,000 Maximum Benefit - When hospital confined for at least five consecutive days, and recommended and approved by the attending physician, benefits will be paid up to \$10,000 for the evacuation of the insured to his natural country. This benefit is limited to the Maximum Benefit specified above and all services must be necessary for the care and treatment of the insured. Any expenses for Medical Evacuation require prior approval of the Claims Office.

Continuation Privilege

The Company offers a Continuation Plan upon the Insured's Termination Date. The Continuation Plan does not provide the same premium rate and benefits as shown in this brochure. A Continuation Plan enrollment form may be obtained by calling (888) 400-6750, as well as a description of benefits provided. Enrollment for the Continuation Plan must be made before 8/1/04.

WHY DO YOU NEED TO CONSIDER HEALTH INSURANCE?

Everyone does, including students. In today's environment, a single accident or unexpected sickness can drain a family's financial resources.

The average hospital stay can cost thousands of dollars. Your tuition dollars should not have to compete with medical bills.

ARE YOU SURE YOU'RE COVERED?

You may not be. A student over a certain age or married is often no longer covered as a dependent under a parent's health insurance policy. **Your current health care coverage may not provide the same benefits.** If you are an out-of-state student covered by a Health Maintenance Organization or other managed care policy at home, you may have limited benefits in Virginia. Finally, some students declare financial independence to gain eligibility for financial aid programs. This may mean that the student is ineligible for coverage as a dependent under a parent's policy regardless of the student's age. Check your current policy carefully to make sure you're covered.

OTHER IMPORTANT INFORMATION

Eligibility

All full-time students and students participating in cooperative education programs are eligible for participation in this policy. An enrolled student's spouse and each unmarried child, until the end of the month in which they turn 19, are also eligible upon application and payment of additional premium. If you are a GA, GTA, GRA, SGA, SGTA or SGRA, the University provides a partial subsidy for this insurance coverage. Please call (540) 231-6226 for enrollment information.

Enrollment

Fill out the enclosed application and send it in with your payment to: Student Medical Insurance Office, Virginia Tech, Mail Code 0361, Blacksburg, VA 24061.

Effective Dates

The earliest effective date of coverage is August 1, 2003. All applications received by September 15, will have an August 1 effective date. If we receive your application and premium after that time, your effective date will be the date we received your complete application and payment.

Annual Policy: The insurance becomes effective at 12:01 a.m. on **August 1, 2003** or on date application received and terminates at **12:01 a.m. on August 1, 2004.**

Spring Semester: The insurance becomes effective at 12:01 a.m. on **January 1, 2004** or on date application received and terminates at **12:01 a.m. on August 1, 2004.**

Caution: If you are currently enrolled and your cancellation and effective dates are not the same, it is considered a break in coverage. It is the students responsibility to make timely renewal payments to avoid a break in coverage. This would result in having to re-serve your waiting period for a pre-existing condition. To avoid a break in coverage, send in your application and payment so that it is received before the effective date. Coverage ceases on the termination date of this policy, or at the end of the period for which the premium has been paid, whichever is earlier.

Dependent Coverage

An enrolled student's spouse and each unmarried child, until the end of the month in which he/she turns 19, are also eligible upon application and payment of additional premium.

Dependent Enrollment Process

To enroll spouse and/or dependents, please complete the appropriate section on the student application. After 9/16/03, to add a dependent, please contact the Office of Student Medical Insurance at (540) 231-6226 or (888) 234-0298. Premium is due upon enrollment.

Newborn Infant Coverage

A child born to a Covered Person shall be covered for Accident, Sickness and congenital defects for 31 days from the date of birth. At the end of this 31 day period, coverage will cease. To extend coverage for a newborn past the 31 days, the insured must: 1) enroll the child within 31 days of birth; and 2) pay the additional premium starting from the date of birth. Please contact the office of Student Medical Insurance to complete the appropriate paperwork.

Refunds

Should an enrolled student withdraw from the university or graduate, this health insurance plan shall remain in effect until the termination of the Policy. No return of premium for student or dependent(s) will be made except upon entrance into the military service.

Change In Family Status

If marriage is expected during the term, the premium covering the change should be paid on or before that event. When you have a newborn child, you have 31 days from the birth of a newborn to enroll that child.

Non-Duplication of Benefits

This policy's benefits are paid in accordance with all of its provisions but only to the extent that benefits are not provided by other valid and collectible insurance. All benefits payable by other valid and collectible insurance will be paid first as the primary payor. This policy is the secondary payor to any other policy having primary status or no coordination or non-duplication of benefits provisions.

Pregnancy Benefits

Pregnancy will be treated as any other sickness to include complications. Conception must occur during the time period in which the student (or insured spouse) is covered under the insurance plan.

3. Dental treatment, except for accidental injury to sound, natural teeth as specifically stated; (Please refer to the information regarding Optional Basic Dental Plan available). Injury as a result of chewing or biting will not be considered an accidental injury. Treatment of temporomandibular joint dysfunction and removal of impacted wisdom teeth.
4. Mental Health & Substance Abuse Care Services, except as specifically provided for the conditions listed in the *Diagnostic and Statistical Manual of Mental Disorders* (Fourth Edition).
5. Services provided or available to you: (a) under a U. S. Government program or program for which the federal or state government pays all or part of the cost; or (b) under Medicare or any similar program authorized by state or local laws or regulations or any future amendments to them.
6. Services for injuries or diseases related in any way to employment.
7. Services for artificial insemination, in-vitro fertilization, or any type of artificial or surgical means of conception.
8. Acupuncture.
9. Cosmetic surgery, elective surgery or treatment, or complications therefrom, (elective surgery does not mean a cosmetic procedure required to correct an injury for which benefits are otherwise payable under the policy).
10. 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.
11. Tubal ligation; vasectomy; circumcision; breast reduction; breast implants; orthognathic surgery including mandibular retrognathia; submucous resection and/or surgical correction for deviated nasal septum; weight reduction and/or biofeedback programs; and congenital birth defects, except as specifically provided for a newborn infant.
12. Maternity services rendered to dependent children.
13. Travel, whether or not recommended by a physician.
14. Conditions related to autistic disease of childhood, learning disabilities, behavioral problems, mental retardation or hospitalization for environmental changes.
15. Services provided by the Health Service of the Policyholder or any person employed or retained by the Policyholder for which a student has no obligation to pay in the absence of insurance. If a student does not meet full-time status while covered by the policy, the user fee assessed by the Health Center is not a covered item.
16. Services in excess of \$500 per policy year for the detection and correction by manual or mechanical means of structural imbalance or subluxation.

Diagnostic and Preventive Services

(You pay 0% of the allowable charge, after the deductible is satisfied.)

- Oral exams
- X-rays
- Prophylaxis
- Emergency Treatment
- Space Maintainers
- Biopsies of Oral Tissue
- Pulp Vitality Tests

Primary Services

(You pay 20% of the allowable charge, after the deductible is satisfied.)

- Fillings
- Repair Dentures
- Re-cement Crowns, Inlays and Bridges
- Oral Surgery
- Anesthesia

Endodontics and Periodontics

(You pay 50% of the allowable charge, after the deductible is satisfied.)

Dental Exclusions

- Gold Foil Restoration
- Gold Fillings
- Inlays, Crowns, Bridges and Dentures
- Impacted Wisdom Teeth

Dental Limitations

Two each of the following per benefit period:

- Oral exams

One each of the following per benefit period:

- Bitewing x-rays
- Topical fluoride applications
- Pulp vitality tests

One full mouth x-ray every 3 years. Benefits for fluoride applications and space maintainers are available only to participants under age 19.

HEALTH INSURANCE EXCLUSIONS AND LIMITATIONS

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

1. Elective treatment; routine physical examinations and routine testing; experimental treatment; preventive testing or treatment (except as specifically stated under Description of Benefits).
2. Services rendered by providers not covered by the Policy such as members of your immediate family.

HOW TO MAXIMIZE YOUR BENEFITS

Information on Student Health Center referral and special Preferred Network (not available for dependents)

To maximize benefits, students must obtain a referral from the Student Health Center and be referred to an Alliance Network Provider. The referral is not required for emergency treatment, however a referral must be obtained within 72 hours of the accident for any necessary follow-up care. REFERRALS MUST BE MAILED TO THE STUDENT MEDICAL INSURANCE OFFICE AND FILED AS PART OF YOUR CLAIM. If a referral is not obtained, covered benefits will be reduced.

When a student obtains a referral from the Student Health Center to Montgomery Regional, Lewis-Gale or Pulaski Community Hospitals, covered benefits will be paid at 90%. When referred by the Student Health Center to an Alliance Physician, covered benefits will be paid at 85%.

PREFERRED PROVIDER NETWORK

GM - Southwest has established a Preferred Provider Network through Alliance PPO Inc., which can be accessed in your area. By using this network, significant savings may be achieved from your out-of-pocket expenses. Also, the preferred providers will file claims directly for you, so your involvement in the process is minimal.

Alliance PPO has contracted with a network of preferred providers that offer cost-effective, quality health care services. It is to your advantage to utilize a participating provider because significant savings may be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. A complete listing of participating providers is available at 1-800-342-3289 or GM - Southwest at 1-888-400-6750. When using a preferred provider, always present your health insurance ID card to the provider before services are rendered. The provider will submit your bill for covered services directly to Alliance PPO where a discounted fee will be applied and sent to GM - Southwest to be processed. Discounts will be honored whenever benefits are payable. GM - Southwest will identify your financial responsibility (balance due) owed to the provider.

THE ALLIANCE NETWORK

You are still free to choose any doctor or hospital when you need health care services. When you choose a provider from the Alliance Network, however, you save two ways:

- Your Alliance coinsurance will be 20% of the Alliance allowable charge (plus any applicable deductible). If you choose a non-Alliance provider, your coinsurance will be 35% of the allowable charge plus the balance up to the actual charge.
- Alliance providers accept lower payment for covered services as payment in full, so your out-of-pocket expenses will be lower also.

Alliance also saves you time and trouble. The Alliance physician or hospital will automatically file your claim for you. A directory of Alliance providers is available at your Student Health Center or online at www.mamsi.com. The policy, in

conjunction with your Student Health Center, provides solid health care coverage many students need.

If you receive services outside of the Alliance Network service area (outside the state of Virginia), your coinsurance will be 20% of Usual and Customary.

PRE-ADMISSION CERTIFICATION REQUIREMENT

Important Pre-Admission Requirements for all in-patient stays.

The Covered Person is responsible for advising the physician of the pre-admission requirements of the policy:

1. Pre-admission of non-emergency hospitalizations: The patient, physician or hospital must telephone 1-800-301-9799 at least 5 days prior to the planned admission.
2. Notification of emergency admissions: The patient, patient’s representative, physician or hospital must telephone 1-800-301-9799 within 1 working day of admission or as soon as reasonably possible.

Pre-Admission certification is required of all periods of in-patient stays which result from a Covered Injury or Covered Sickness. A claim cannot be processed or paid until this phone call is made.

IMPORTANT: Pre-admission certification is not a guarantee that benefits will be paid.

DEFINITIONS

When used in this Policy the following words and phrases have the meaning given. The use of any personal pronoun includes both genders.

COINSURANCE - means the percentage of the Allowable Charge for which a covered person is responsible for a specified Covered Service. The Company will notify the Insured of the amount of the Coinsurance on the Company’s explanation of benefits for the Covered Services.

CREDITABLE COVERAGE - means (1) Medicare or Medicaid; (2) a group health plan; (3) individual health insurance coverage; (4) Champus; (5) Indian Health Service or tribal medical care program; (6) a state health benefits risk pool; (7) a Federal Employees Health Benefit Plan; (8) a public health plan, as defined in federal regulations; (9) a health plan under the Peace Corps Act, or (10) health insurance coverage.

DEDUCTIBLE - if an amount is shown in the Schedule of Benefits or any attachment to this policy as a deductible, it shall mean an amount to be deducted from the amount of benefits otherwise payable as Covered Medical expenses before payment of any benefits is made. The deductible will apply as reflected in the Schedule of Benefits.

MEDICAL EMERGENCY - means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in : (1) Death; (2) Permanent placement of the Insured’s health in jeopardy; (3) Serious impairment of bodily functions; or (4) Serious and permanent dysfunction of any body organ or part. Expenses incurred for “Medical Emergency” will be paid only for

PLAN 4 - ACCIDENT ONLY

\$5,000 Maximum Benefit

	Annual 8/1/03 - 8/1/04	Spring/Summer 1/1/04 - 8/1/04	Summer 5/1/04 - 8/1/04
Student	\$273.00	\$164.00	\$74.00
Student & Spouse	\$612.00	\$368.00	\$166.00
Student, Spouse & Child(ren)	\$765.00	\$459.00	\$207.00
Student & Child	\$563.00	\$338.00	\$153.00
Student & Children	\$611.00	\$367.00	\$165.00

EXPANDED BENEFITS

(Available only for those who purchase Plan 1, 2 or 3)

	Annual 8/1/03 - 8/1/04
Student	\$310.00
Student & Spouse	\$633.00
Student, Spouse & Child(ren)	\$914.00
Student & Child	\$587.00
Student & Children	\$632.00

If paying premiums other than Annual, coverage will be in effect as shown. Please note the effective and termination dates carefully, because your premium is due on or before this due date whether or not you receive a billing notice. Premium for partial year will be determined by dividing the annual rates by 12 and multiplying by the months remaining (Partial Month is counted as a whole month). For premium rates during other time periods, please call 1-888-234-0298.

Payment options for mandatory and non-mandatory insureds are outlined on the application.

The major medical maximum chosen on a student’s first application will be in effect for the duration of the coverage. The major medical maximum choice cannot be increased in later years.

BASIC DENTAL PLAN INTRODUCTION

Included Only in the Expanded Benefits Option

The dental plan is available to students and their dependents who choose the expanded benefit option for an additional charge. This policy is available only to those students and their dependents when initially enrolled in the student health insurance policy or who have a qualifying event such as a marriage. If the student experiences a break in coverage or terminates the medical plan, the dental plan is also terminated. There will be no refund of premiums when the dental plan is terminated.

Policy Year Maximum per person \$600.00
 Policy Year Deductible per person \$75.00

offered in connection with any such plan; and d) must not be eligible for coverage under Medicare or Medicaid. When individual health insurance coverage is the most recent Creditable Coverage and when such coverage was non-renewed because the insurer stopped offering health insurance in the individual market, the total period of Creditable Coverage required is reduced from 18 months to 12 months. If you believe you may meet these requirements, please submit a letter of creditable coverage (from your prior carrier with the claim).

ELECTIVE SURGERY AND ELECTIVE TREATMENT - means but is not limited to surgery and/or treatment for which the Covered Person elects to have treatment which is not Medically Necessary as defined herein. It also includes those surgical procedures and treatments, services or supplies which are considered as experimental or research or are not recognized by generally accepted medical practices in the United States. Examples of such elective surgery or treatment includes but is not limited to treatment for infertility, artificial insemination, treatment of the temporomandibular joint, submucous resection and/or surgical correction for deviated nasal septum, obesity, acupuncture, cosmetic surgery or treatment, biofeedback programs, sterility of any kind, birth control of any kind, sexual reassignment surgery, breast enlargement or reductions, preventive medicines or vaccines except where required for treatment of a covered injury, family planning, marital exams or counseling.

2003-2004 PREMIUM RATES

PLAN 1 - ACCIDENT & SICKNESS

\$50,000 Maximum Benefit

	Annual 8/1/03 - 8/1/04	Spring/Summer 1/1/04 - 8/1/04	Summer 5/1/04 - 8/1/04
Student	\$936.00	\$562.00	\$253.00
Student & Spouse	\$2,971.00	\$1,783.00	\$803.00
Student, Spouse & Child(ren)	\$3,846.00	\$2,308.00	\$1,039.00
Student & Child	\$2,590.00	\$1,554.00	\$700.00
Student & Children	\$2,967.00	\$1,781.00	\$802.00

PLAN 2 - ACCIDENT & SICKNESS

\$100,000 Maximum Benefit

	Annual 8/1/03 - 8/1/04	Spring/Summer 1/1/04 - 8/1/04	Summer 5/1/04 - 8/1/04
Student	\$1,005.00	\$603.00	\$272.00
Student & Spouse	\$3,195.00	\$1,917.00	\$863.00
Student, Spouse & Child(ren)	\$4,151.00	\$2,491.00	\$1,121.00
Student & Child	\$2,776.00	\$1,666.00	\$750.00
Student & Children	\$3,194.00	\$1,916.00	\$863.00

PLAN 3 - ACCIDENT & SICKNESS

\$250,000 Maximum Benefit

	Annual 8/1/03 - 8/1/04	Spring/Summer 1/1/04 - 8/1/04	Summer 5/1/04 - 8/1/04
Student	\$1,078.00	\$647.00	\$292.00
Student & Spouse	\$3,420.00	\$2,052.00	\$924.00
Student, Spouse & Child(ren)	\$4,444.00	\$2,667.00	\$1,200.00
Student & Child	\$2,972.00	\$1,784.00	\$803.00
Student & Children	\$3,419.00	\$2,051.00	\$924.00

Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

MEDICAL NECESSITY - means those services or supplies provided or prescribed by a Hospital or Physician which are:

1. Essential for the symptoms and diagnosis or treatment of the Sickness or Injury;
2. In accordance with the standards of good medical practice;
3. Not primarily for the convenience of the Insured, or the Insured's Physician;
4. Provided for the diagnosis or the direct care and treatment of the Sickness or Injury; and
5. The most appropriate supply or level of service which can safely be provided to the Covered Person.

The Medical Necessity of being Hospital Confined means that: 1) The Covered Person requires acute care as a bed patient; and 2) the Covered Person cannot receive safe and adequate care as an outpatient.

This policy provides payment only for services, procedures, and supplies which in the judgment of the Company are a Medical Necessity. No benefits will be paid for expenses which are determined not to be a Medical Necessity, including any or all days of Hospital Confinement.

“Medical Necessity” is an important term, as it is the basis for all benefit payments. Just because a service is prescribed by a professional health care Provider does not mean that it is Medically Necessary. The Company determines whether a service is Medically Necessary.

EARLY INTERVENTION SERVICES - means medically necessary speech and language therapy, physical therapy and assistive technology and devices for dependents from birth to age three who are certified by the Department of Mental Health, Mental Retardation and Substance Abuse Services are eligible for services under Part H of the Individuals with Disabilities Education Act.

PRE-EXISTING CONDITION - means: (1) a condition that manifests itself during the 6 month period immediately preceding the covered person's effective date under the policy that would cause an ordinarily prudent person to seek care, treatment, services or diagnosis, or (2) for which medical advice, diagnosis, care or treatment was recommended or received within 6 months immediately prior to the Covered Person's effective date under the Policy. Pre-existing condition includes a pregnancy existing on the effective date of coverage for Covered Persons who do not qualify as Eligible Individuals. The definition of Pre-existing Condition does not apply to newborns or newly adopted children covered within 30 days of their birth, adoption or legal placement for adoption. A Pre-existing Condition will be covered under the Plan once an insured has been continuously insured under the Student Insurance Plan for at least 12 consecutive months.

Credit for Prior Coverage - A waiver of this pre-existing condition waiting period will be provided for “Eligible Individuals.” To qualify as an Eligible Individual, you (or your dependent if eligible under the plan) must meet all of the following requirements: a) must not be covered under any other health insurance; b) must have had health insurance for a total of at least 18 months with no break in coverage of more than 63 days immediately prior to your enrollment date in this plan; c) most recent coverage was under individual health insurance, a group health plan, United States governmental plan or church plan or health insurance

