ACCIDENT & SICKNESS INSURANCE PLAN
Designed Especially for the
International Students of

Carson Newman College
Jefferson City, TN
2011 - 2012

Underwritten By:
Starr Indemnity & Liability Company
Dallas, TX

Policy # ITA 270231
ELIGIBILITY
A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class. Also, a person may not be insured as a Dependent and an Insured at the same time.

EFFECTIVE AND TERMINATION DATES
08/01/2011 - 08/01/2012

EFFECTIVE DATES
This Policy takes effect as of the Policy Effective Date as indicated on the face page of this Policy. It continues in force until the Policy Termination Date.

Insurance under the Policy will become effective at 12:01 a.m. on the latest of:
1. the Policy Effective Date;
2. the beginning date of the term for which premium has been paid;
3. the day after and enrollment form (if applicable) and premium payment are received by Us, the Policyholder or the plan administrator;
4. the day after the date of postmark if the enrollment form is mailed;
5. For international students and scholars, the date the Cover Person departs his or her Home Country to travel to the country of assignment provided that the scheduled arrival in the country of assignment is no more than 48 hours later than the departure from the Home Country (except for school authorized breaks).

TERMINATION DATES
Insurance under the Policy will terminate at 12:00 A.M. on the earliest of:
1. the Policy terminates;
2. the Insured is no longer eligible;
3. the period ends for which premium is paid;
4. the date the Insured enters military service in which case a pro-rata refund of premium will be made to the Insured;
5. the Insured leaves the Policyholder, and cancels his or her coverage;
6. the last day the Insured is required to be on campus at the Policyholder and/or returns to his or her Home Country, except for insured's traveling outside of their Home Country for up to 365 days to engage in education or cultural activities sponsored by the Policyholder.

ACCIDENTAL DEATH AND DISMEMBERMENT
(Insured Only)
If Injury to the Covered Person results in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. Loss must occur within 90 days of the date of Accident which caused the loss. The Principal Sum is $15,000 per covered accident. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident.

TABLE OF LOSSES

<table>
<thead>
<tr>
<th>Covered Loss</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100% of the Principal Sum</td>
</tr>
<tr>
<td>Two or more Members</td>
<td>100% of the Principal Sum</td>
</tr>
<tr>
<td>One Member</td>
<td>50% of the Principal Sum</td>
</tr>
<tr>
<td>Thumb and Index Finger of the Same Hand</td>
<td>25% of the Principal Sum</td>
</tr>
</tbody>
</table>
DEFINITIONS

“Accident” means a sudden, unexpected and unintended event.

“Covered Accident” means an Accident that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Policy for which benefits are payable.

“Covered Activity” means any activity that the Policyholder requires the Covered Person to attend, or that is under its supervision and control listed in the Schedule of Benefits and insured under the Policy.

“Covered Expenses” means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Policy. Coverage under the Policyholder’s Policy must remain continuously in force from the date of the Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

“Covered Loss” or “Covered Losses” means an accidental death, dismemberment or other Injury covered under the Policy.

“Covered Person” means any Insured for whom the required premium is paid.

“Deductible” means the dollar amount of Covered Expenses that must be incurred as an out of-pocket expense by each Covered Person on a per Accident or Sickness basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.

“Dependent” means an Insured’s lawful spouse residing with the Insured; or an Insured’s unmarried child under the age of 19 years or age 25 if they are full-time students at an accredited school. A child, for eligibility purposes, includes an Insured’s natural child; adopted child, beginning with any waiting period pending finalization of the child’s adoption; or a stepchild who resides with the Insured or depends chiefly on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code. Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends chiefly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

“Doctor” means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person’s Immediate Family Member or household.

“Effective Date” means the first date a student becomes covered under the Policy.

“Elective Treatment” means medical treatment which is not necessitated by a pathological change in the function or structure of any part of the body occurring after a Covered Person’s coverage goes into effect. Elective Treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction; breast implants; sexual reassignment surgery; impotence (organic or otherwise); sub mucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered chronic purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; treatment of infertility and routine examinations.

“Experimental or Investigational Care” means a service or supply: (a) that We, in Our discretion, determine is not commonly and customarily recognized as being safe and effective for the particular diagnosis or treatment; or (b) which requires approval by any government authority and such approval has not been granted before the service or supply is furnished. We may rely upon the advice of medical consultants and commonly recognized national medical organizations in determining which services or supplies are experimental or investigational.

“Home Country” means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one country, his or her Home Country will be that country which the Covered Person has declared to Us in writing as his or her Home Country.
DEFINITIONS CONTINUED

“Hospital” means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a place solely for drug addicts, alcoholics, or the aged or any separate ward of the Hospital.

“Hospital Confined” means a stay of 24 or more consecutive hours at a registered resident bed-patient in a Hospital.

“International Student” means a student classified as a Non-Immigrant. For example, students holding visa types “F” (Student), “J” (Exchange Visitor), “B” (Tourist) or “A” (Diplomat).

“Injury” means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

“Insured” means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person. A Dependent covered under the Policy is not an Insured, but rather a Covered Person.

“Medical Emergency” means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

“Medically Necessary” means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; prescribed or ordered by a Doctor or furnished by a Hospital; 2) performed in the least costly setting required by the Covered Person’s condition; and 3) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not considered Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.

“Period of insurance” means the period stated on the Certificate for which the appropriate premium has been paid (not exceeding 12 months).

“Policy Effective Date” means the date the Policy takes effect as indicated on the face page of the Policy.

“Policy Termination Date” means the date the Policy ends, as indicated on the face page of the Policy.

“Pre-existing Condition” means an illness, disease or other condition of the Covered Person, that in the 12 month period before the Covered Person’s coverage became effective under the Policy: 1) first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

“Prior authorization” means the process of determining medical necessity and appropriateness of the physician’s plan of treatment. A pre-determination approval does not guarantee payment for services, since benefits are also subject to eligibility and coverage limitations at the time services are rendered.

“Sickness” means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

“Trip” means travel by air, land, or sea from the Covered Person’s Home Country.

“Usual and Customary Charge” means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

“We”, “Our”, “Us” means Starr Indemnity & Liability Company or its authorized agent.
**PRE-EXISTING CONDITION**

“Pre-existing Condition” means – an illness, disease or other condition of the Covered Person, that in the 12 month period before the Covered Person’s coverage became effective under the Policy:

1. first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.

The “Pre-existing Condition Waiting Period” is 12 months. If an Insured receives treatment or service for a Pre-Existing Condition: (a) We will not pay benefits for such condition until the day after a 12 consecutive month period has passed from the Insured’s effective date; and (b) We will pay only for Covered Expenses incurred after such 12 consecutive month period.

The Pre-existing Condition Waiting Period will be reduced by the aggregate period of credible coverage of the Insured if the Credible Coverage was continuous to a date not more than 63 days before the Effective Date of coverage.

Payment will be in accord with the provisions of this Policy. If the Insured has a lapse in coverage for more than 63 days, the Pre-existing Condition Waiting Period will have to be satisfied again.

**PRIOR AUTHORIZATION**

**GBG ASSIST**

Phone: USA/Canada Toll Free: 1-866-914-5333
Collect: 1-905-669-4920
Fax To GBG Assist: 1-905-669-2524

Prior authorizations are subject to certification by the Plan Administrator.

Certain medical procedures or treatments will require a **prior authorization request form** to be received by the Company or the Company’s authorized representative a minimum of 5 business days prior to the scheduled procedure date and approval from the Company must be received prior to the commencement of the proposed medical treatment.

**Services requiring prior authorization are:**

1. All Inpatient admissions and/or treatments;
2. Any surgeries requiring general anesthesia (Outpatient or Inpatient);
3. Accidental Dental treatment (for emergency dental repair of natural sound teeth damaged in an Accident);
4. Purchase or rental of Durable Medical Equipment;
5. RSV Immunization and other medications priced in excess of $1,000 per refill;
6. All cancer treatments/therapies;
7. Hemodialysis and Peritoneal Dialysis for renal failure;
8. Substance Abuse treatments/therapies;
9. Any condition, including chronic conditions that do not meet the above criteria, but are expected to accumulate over $1,000 in Covered Expenses per period of insurance.

**Please Note:**

Such notice must be given within 5 business days prior to the hospitalization of any scheduled procedure; or within 48 hours after the initial admission if the admission is due to an emergency. If certification is received, covered charges will be paid as shown in the Schedule of Benefits.

Failure to comply with prior authorization procedures will result in a 20% reduced benefit penalty, if the care is determined to be a procedure that would have been approved by the Plan Administrator. If upon review of medical records, it is determined to be a medical procedure that would not have been approved, the entire claim will be denied.
Medical Evacuation & Repatriation

In the event of a medical emergency call Europ Assistance USA. The call center is open 24 hours a day.

Toll free in the United States or Canada: 1-888-286-3768
Collect outside of the United States: 1-240-330-1517
Email: OPS@europassistance-usa.com

When you call Europ Assistance USA, please be prepared with the following information:

• Name of caller, phone number, fax number relationship to patient
• Patient’s name, age, sex and policy number
• Patient’s medical condition
• Name, location and telephone number of Hospital
• Name and telephone numbers for the treating physician and when and where the doctor can be reached
• Health insurance information, workers’ compensation or automobile insurance information if the patient was involved in an accident.

Call when:

• You require a referral to a Hospital or doctor
• You are hospitalized
• You need to be evacuated or repatriated
• You experience local communication problems

In addition, you have access to travel assistance services around the world. These services include:

• Medical Assistance including referral to a doctor or medical specialist, medical monitoring when you are hospitalized, emergency medical evacuation to an adequate medical facility, medically necessary repatriation and return of mortal remains.
• Personal Assistance including pre-trip medical referral information, emergency medication, embassy and consular information, lost document assistance, emergency message transmission, emergency cash advance, emergency referral to a lawyer, translator or interpreter access, medical benefits verification and medical claims assistance.
• Travel Assistance includes emergency travel arrangements for you and any traveling dependents.

This information provides you with a brief outline of the services available to you. These services are subject to the terms and conditions of the policy under which you are insured. A third party vendor may provide services to you. Europ Assistance makes every effort to refer you to appropriate medical and other service providers. It is not responsible for the quality or results of service provided by independent providers. In all cases, the medical provider, facility, legal counsel or other professional service provider suggested by Europ Assistance are not employees or agents of Europ Assistance and the choice of provider is yours alone. Europ Assistance assumes no liability for the services provided to you under this arrangement nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to you. Travel assistance services are not available if your coverage under the policy is not in effect.
Injury/Sickness Schedule Of Benefits

Maximum Benefit per Accident/Sickness: $100,000 per period of insurance
Deductible: $50 per period of insurance
Benefits Payable: 100% of Usual and Customary Charge (UCC)

Benefit Period - 1 year from the date of the Covered Accident or Sickness

<table>
<thead>
<tr>
<th>Description of Service</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Hospital Expense:</strong></td>
<td></td>
</tr>
<tr>
<td>Room &amp; Board/ Intensive Care</td>
<td>100%  Semi Private room rate up to $1,000 per day with 30 day max per occurrence</td>
</tr>
<tr>
<td>Hospital Miscellaneous</td>
<td>100%  Pre-admission Testing to be included and done within 3 days of admission</td>
</tr>
<tr>
<td><strong>Surgical Expense (Inpatient &amp; Outpatient):</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient Surgery</td>
<td>100%  Semi Private room rate up to $1,000 per day with 30 day max</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>100%  covered to Policy max</td>
</tr>
<tr>
<td>Inpatient/ Outpatient Surgeon’s Fees</td>
<td>100%  covered to Policy max</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>100%  covered to Policy max</td>
</tr>
<tr>
<td>Assistant Surgeon/ Nurse Anesthetist (CRNA)</td>
<td>25%   of the paid Surgical Expense</td>
</tr>
<tr>
<td><strong>Outpatient Miscellaneous Expense:</strong></td>
<td></td>
</tr>
<tr>
<td>Office Visits, Labs, X-ray’s and Injections</td>
<td>100%  $0 co-payment per office visit</td>
</tr>
<tr>
<td>Chiropractic Care/ Physical Therapy</td>
<td>100%  $2,000 combined max per period of insurance</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>100%  covered to Policy max</td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>100%  covered to Policy max</td>
</tr>
<tr>
<td><strong>Mental &amp; Nervous:</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>100%  $1,000 max per period of insurance</td>
</tr>
<tr>
<td>Outpatient</td>
<td>100%  $500 max per period of insurance</td>
</tr>
<tr>
<td><strong>Alcohol &amp; Substance Abuse Expense:</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient/ Outpatient</td>
<td>100%  $1,000 combined max per period of insurance</td>
</tr>
<tr>
<td><strong>Additional Benefits:</strong></td>
<td></td>
</tr>
<tr>
<td>DME (Durable Medical Equipment )</td>
<td>100%  Rental to purchase price</td>
</tr>
<tr>
<td>Ambulance Expense</td>
<td>100%  covered to Policy max</td>
</tr>
<tr>
<td>Accident Dental Injury</td>
<td>100%  $100 per tooth, max $250 per period of insurance to include Palliative Treatment</td>
</tr>
<tr>
<td>Maternity Expense</td>
<td>100%  covered to Policy max</td>
</tr>
<tr>
<td>Home Country Benefit</td>
<td>100%  $1,000 max up to 30 days</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>100%  Required to use CVS Caremark Discount Card</td>
</tr>
<tr>
<td>Medical Evacuation and Repatriation</td>
<td>100%  $50,000 max for each benefit</td>
</tr>
</tbody>
</table>
EXCLUSIONS

The Policy does not cover nor provide benefits for:

1. Services normally provided without charge by the Policyholder’s student health service center, infirmary or Hospital or by Health Care Providers employed by the Policyholder;
2. Services covered or provided by the student health fee.
3. Preventative medicines, serums, immunizations or vaccines except as specifically provided;
4. Care and/or treatment in skilled nursing facility except as specifically provided;
5. Organ transplants;
6. Rest Cures, Custodial care or Hospice services except as specifically provided;
7. Pre-existing Conditions as defined in this Policy;
8. Nonprescription drugs or medicines;
9. Injury sustained or Sickness contracted while in service of the Armed Forces of any country except as specifically provided;
10. Sickness, Accident, treatment or medical condition arising out of the play or practice of or travelling in conjunction with intercollegiate clubs sports and professional sports except as specifically provided;
11. Injury resulting from motor vehicle accident, that part of medical expense payable by any automobile insurance policy;
12. Cosmetic surgery, except as the result of covered injury occurring while this Policy is in force as to the Covered Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part;
13. Illness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planning, bungee jumping, racing or speed contests, scuba diving, paintballing or parachuting;
14. Correction of congenital defects (except for Cleft Palate);
15. Injury of Sickness for which benefits are paid under any Workers’ Compensation or Occupational Disease Law;
16. Any dental treatment (except as provided by the Policy);
17. Expense incurred after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits provision, when applicable;
18. Injury or Sickness resulting from declared or undeclared war or any act thereof;
19. Charges for treatment of any Injury or Sickness due to a Covered Person’s commission of or attempt to commit a felony or a crime which would be considered a felony if prosecuted;
20. Injury due to participation in a riot;
21. For services or supplies rendered by a close relative of the Covered Person. By “close relative” We mean a Covered Person’s spouse, children, parents, brothers and sisters;
22. Expenses incurred in connection with foot care only to improve comfort or appearance such as care for weak, strained or flat feet; subluxation; corns, calluses; bunions except open cutting operations, routine care of toenails except for the removal of the nailroot and necessary services in treatment of metabolic or peripheral-vascular disease; treatment of the instability and imbalance of the feet and any tarsalgia or metatarsalgia;
23. Expenses incurred in connection with family planning, the enhancement of fertility, fertility tests, correction of infertility artificial insemination and services or supplies for inducing conception except as provided by the Policy;
24. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
25. Treatment for obesity including any care which is primarily dieting or exercise for weight loss except for surgical treatment of morbid obesity;
26. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while covered under the Policy;
27. Routine periodical physical examination and routine chest x-rays except as specifically provided;
28. An amount of a charge in excess of the Usual & Customary Charge;
EXCLUSIONS CONTINUED

29. Elective Treatment or elective surgery except as specifically provided;
30. Services not Medically Necessary;
31. 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;
32. Treatment of mental or nervous disorder except as specifically provided;
33. Treatment for alcohol and substance abuse except as specifically provided;
34. Suicide, attempted suicide or intentionally self-inflicted injury except as specifically provided;
35. Expenses incurred for: tubal ligation; vasectomy; breast implants, breast reduction, sexual reassignment surgery; impotence (organic or otherwise); non-cystic acne; non-prescription birth control; sub mucus resection and/or other surgical correction for deviated nasal septum other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism and learning disabilities or disorders of Attention Deficit Disorder;
36. Voluntary or elective abortion; pregnancy of a dependent child;
37. Illegal drugs;
38. Expenses incurred for: topical acne treatments, moles, non-malignant warts or lesions, fertility medication, legend vitamins or food supplements, smoking deterrents, immunization agents, biological sera, drugs to promote or stimulate hair growth, experimental drugs, drugs dispensed in a rest home or hospital except as provided under the Hospital Expense Benefit;
39. Expenses incurred for any experimental drug or drug combination which the Federal Food and Drug Administration (FDA) has not approved for any indication or for any drug which the FDA has determined to be contraindicated for a particular condition;
40. Testing, treatment or services for any condition in the absence of Sickness or Injury except as specifically provided;
41. Hearing exams or hearing aids, including the fitting of the hearing device or other treatment for hearing defects and problems, unless payable as a covered expense associated with an injury covered by the policy except as specifically provided;
42. Expense for hair replacement, wigs or wig maintenance;
43. Any treatment, service or supply in excess of the maximum benefit specified in this Policy;
44. Normal Health Care checkups, preventative testing or treatment, screening exams or testing in the absence of injury;
45. Injury of the primary insured covered under any student accident insurance policy underwritten by us;
46. Any accident where the covered person is the operator of a motor vehicle and does not possess a current and valid driver licenses except while Driver’s Education Program;
47. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
48. Personal services such as television and telephone or transportation;
49. Braces and Appliance or replacements;
50. Expenses incurred within your home country or country of domicile that exceed 30 days or $1,000;
51. Nuclear Reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and 1) the loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and 2) the covered person is within a 25 miles radius of the site of the release either; at the time of the release; or within 24 hours of the start of the release.
52. Travel in or upon: A) Snowmobile; b) Any two-or-three wheeled motor vehicle; or c) any off road motorized vehicle not requiring licensing as a motor vehicle.
53. Injury or Sickness caused by, or resulting from, the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person doctor’s.
54. That part of medical expense payable by any automobile insurance policy without regard to fault.

Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to sanctions, laws and regulations administered and enforced by the U.S. Treasury Department’s Office of Foreign Assets Control (“OFAC”).
CLAIM PROCEDURE

In the event of injury/sickness:
1) Provide copy of insurance card to the medical provider of service so they can bill for the services provided to you.
2) In most cases you are only required to pay your Deductibles, Co-payment and or Co-insurance or service that are not covered under your policy at the time of service.
3) However, we can’t guarantee that the provider of service will accept your insurance and they may require payment in full at the time of service. In the event you are required to pay such services in full, then you will need to provide the necessary documentation for reimbursement:  
   a) Signed medical statement that includes medical coding for service performed by the provider of service  
   b) Proof of payment and copy of your ID card.
4) Once received and reviewed, additional documentation may be required for the processing of your claims. This information will be requested in writing to the address we have on file for you. So please make sure you address is current with our office.
5) All claims will be processed and paid accordingly to the plans provisions as which they were written and or intended in this policy.
6) After final determination of payment for the services has been executed you and or the provider of service will received an explanation of payment along with a check for reimbursement of medical services.
7) All claims regardless of submission must be received in our office within 90 days of treatment.
8) Initial treatment must occur within 90 days of the accident/sickness.

PLEASE MAIL ORIGINAL CLAIM RECEIPTS TO:

GBG Administrative Services
1956 - J University Blvd. S., # 264
Mobile, AL 36609
Email: info@GBGclaims.com

For Claim Status please call:
Toll Free: 1-866-914-5333

APPEALS PROCEDURE
If a claim is wholly or partially denied, a written notice will be sent to the Covered Person containing the reason for the denial. The notice will include a description of any additional information which might be necessary for reconsideration of the claim. The notice will also describe the right to appeal. A written appeal along with any additional information or comments may be sent within 6 months after notice of denial. In preparing the appeal, the Covered Person, or his/her representative, may review all documents related to the claim and submit written comments and issues related to the denial. After the written notice is filed and all relevant information is presented, the claim will be reviewed and a final decision sent within 60 days after receipt of the notice of the appeal. Under special circumstances, an extension for further review will be granted, but not for longer than 60 additional days.

VISIT OUR WEBSITE
From our website, some individuals can enroll and pay by check or credit card. Once your enrollment is complete, you can print out a temporary ID card and receipt. Please verify through your student office before enrolling online. You can review plan benefits and find important contact information. Log onto our website at: www.studentinsure.com/cnclnt

NOTE:
PLEASE BE SURE TO RETAIN THIS BROCHURE, AS IT OUTLINES THE PROVISIONS OF THE MASTER POLICY WHICH IS ON FILE AT CARSON NEWMAN COLLEGE. ANY DISCREPANCY BETWEEN THIS BROCHURE AND THE MASTER POLICY WILL BE GOVERNED BY THE MASTER POLICY. NO INDIVIDUAL POLICIES WILL BE ISSUED.
SUBROGATION AND RECOVERY RIGHTS

If, after payments have been made under this Policy, any person has the right to recover damages from a responsible third party, Our right will be subrogated to that person’s right to recover. The Covered Person will do whatever is necessary to enable Us to exercise Our right and will do nothing after to prejudice it. If We are precluded from exercising Our right to subrogation, We may exercise Our right to reimbursement.

If benefits are paid under this Policy and any person recovers from a responsible third party by settlement, judgment or otherwise, We have the right to recover from that person an amount equal to that amount We paid. However, We will reimburse the Covered Person for any charges on a pro-rata basis for any expense incurred in securing the settlement, judgment or otherwise.

We may exercise Our right to subrogation against responsible third parties unless We are precluded from enforcing such right where a responsible third party has extinguished its liability or has been relived of liability by contract or operation of law. If We are precluded from exercising Our right of subrogation, We may exercise our right to reimbursement.

We, in exercising Our right of subrogation, will not seek to recover more than We paid under the Policy. We, in exercising our right of reimbursement, will not see to recover more than the amount recovered from a responsible third party.

COORDINATION OF BENEFITS

If a Covered Person is eligible for benefits under this policy and any other plan, We will pay benefits as explained in this provision.

To determine how this provision should apply, We may without further consent or notice release to, or obtain from, any other insurance company or organization, any necessary information. Any person claiming benefits under the Policy shall give Us the information We need to implement this provision. We will give the Covered Person notice of this exchange of claim and benefit information when the claim is filed.

Whenever payments are made by another Plan of Health Coverage that should have been paid under the Policy, We shall pay any amount require to satisfy our share of the benefits paid. Any amounts paid in this way will be considered benefits paid under the Policy. Any payment made in good faith will end our liability to the extent of the payment.

If We pay benefits for Allowable Expenses that exceed our obligation under this provision, We may recover the excess payment. We may recover these excess payments from any person, for whom benefits were paid, or to any person or organization to which benefits were paid, or from any other insurer, service plan or other organization.

EXTENSION OF BENEFITS

We will extend benefits under the Policy for 90 days after a Covered Person’s coverage would otherwise end if on that date he or she is:
1. Hospital Confined for an Injury or Sickness covered by the Policy; and
2. under a Doctor’s care.
Any benefits payable under this provision will not exceed the Benefit Maximums shown in the Schedule of Benefits.

CONFORMITY WITH STATE STATUTES

Any provisions of this Policy which, on the Policy Effective Date, on its Effective Date, is in conflict with the statues of the state in which this Policy was delivered or issued for delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statues.
CLAIMS STATUS, ELIGIBILITY VERIFICATION & COVERAGE QUESTIONS

GBG ADMINISTRATIVE SERVICES

1956 - J University Blvd. S., # 264
Mobile, AL 36609
Toll Free: 1-866-914-5333
Email: info@GBGclaims.com

PRIOR AUTHORIZATION
GBG Assist
Phone: USA/Canada Toll Free: 1-866-914-5333
Fax Authorization Form To: 1-905-669-2524
Worldwide Collect: 1-905-669-4920

EMERGENCY TRAVEL ASSISTANCE
EUROP Assistance USA, Inc
Available 24 hours a day, 365 days a year
In the U.S.: 1-888-286-3768
Outside the U.S.: Call Collect 1-240-330-1517

PHARMACY SERVICES:
CVS Caremark
Customer Service 1-866-259-0798
Pharmacy Help Desk 1-800-364-6331
RXBIN#: 610415, RXGRP #: J2570001

ENROLLMENT SERVICES

TRAWICK INTERNATIONAL

1956 - J University Blvd. S., # 264
Mobile, AL 36609
Toll Free: 1-888-301-9289

OUR 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, electric and procedural safeguards to ensure the security of your non-public personal information.