



Benefit Quick Glance

When a Covered Person receives medical treatment within thirty (30) days of the occurrence of an Injury or the onset of Sickness, eligible benefits will be provided for a continuous period beginning from the date of occurrence or such Injury or from the first date of treatment of a Sickness. The Plan will pay the Covered Medical Expenses incurred within fifty-two (52) weeks of the date of the first medical treatment for a covered Injury or covered Sickness. When the covered Injury or Sickness of a Covered Person requires treatment by a currently licensed physician or surgeon, hospital confinement, x-ray examination, surgical or medical supplies and services, medicines, use of an ambulance or the service of a licensed nurse, and the medical expenses incurred exceed the amount paid under the Basic Injury and Sickness Benefits of the Plan by more than \$100, then the Plan will pay up to 80% of any eligible expenses in excess of the \$100 of the network negotiated or Usual and Customary expenses incurred within fifty-two (52) weeks of the date of a covered Injury or date of first treatment of a covered Sickness.

The aggregate maximum medical expense payment under the Major Medical Injury and Sickness Benefit when combined with the Basic Injury and Sickness Expense Benefit shall not exceed \$10,000 as the result of a covered Injury or covered Sickness.

HOSPITAL ROOM & BOARD	When a Covered Person is hospitalized the Plan will pay the hospital semi-private room rate for a maximum of three (3) days.
INTENSIVE CARE UNIT	When a Covered Person is confined in the Intensive Care Unit, the Plan will pay related charges, including twenty-four (24) hour nursing care. This benefit is NOT payable in addition to the room and board charges incurred on the same date.
INPATIENT PHYSICIAN FEE EXPENSE	When a Covered Person is admitted to the hospital on an inpatient basis and requires the services of a physician other than the surgeon the Plan will pay the expense of said services up to \$45 per visit, limited to one visit per day, with a Plan Year aggregate maximum limit of \$450.
CONSULTANT OR SPECIALIST EXPENSE	When the covered Injury or Sickness of a Covered Person requires the services of a consultant or specialist requested by the Physician to confirm or determine a diagnosis the Plan will pay the expense up to a maximum of \$100 per Injury or Sickness.
DIAGNOSTIC X-RAY/LABORATORY EXPENSE	When the covered Injury or Sickness of a Covered Person requires diagnostic x-rays or laboratory services, when referred by the Student Health Services or the attending physician, the Plan will pay the expense up to \$450 per Injury or Sickness.
CHIROPRACTIC SERVICES	When the covered Injury or Sickness of a Covered Person requires the services of a licensed Chiropractor, the Plan will pay the expense for such services up to a Plan Year aggregate maximum limit of \$500.
SURGICAL EXPENSE	When the covered Injury or Sickness of a Covered Person requires surgery, the Plan will pay up to a maximum of \$2,000 per operation. If two or more surgical procedures are performed through the same incision or in immediate succession at the same operative session, the Plan will pay a benefit equal to the benefit payable for the procedure with the highest benefit value. This benefit is not payable in addition to Physician's visits.
MISCELLANEOUS HOSPITAL/FACILITY EXPENSE	The Plan will pay expenses incurred by a Covered Person during a hospital confinement or as an Outpatient for day surgery up to a maximum of \$2,000.



2015—2016 Berea College Student Accident & Sickness Plan

Frequently Asked Questions

How do I know if I am eligible for coverage?

Coverage under the Berea College Student Accident and Sickness Plan will take effect for an eligible Student and designated Dependent(s) when the Student and such Dependents satisfy all the eligibility requirements of the Plan. Eligibility is determined in several ways such as an International (F-1) Student status, a Deferred Action (DACA) student, ineligible for parental plan, and many others. This is not a complete list. Students (other than F-1 and DACA) must submit to the Student Financial Aid Services Office documentation to support that they are not eligible for an outside plan.

What does this plan cover?

This plan covers injuries and illnesses. Basic services include hospitalization, intensive care unit, inpatient physician fees, and diagnostic services and surgical expenses. Please refer to the benefit schedule for specific details regarding this plan.

Are prescription drugs covered?

No, the plan does not cover prescription drugs. However, the plan does offer access to the Humana Prescription Savings Network where you will receive a discount on prescription drugs. This information is contained on your plan ID Card which you must present to the pharmacist when having a prescription filled.

Will this plan pay all of my medical expenses in full?

Benefits are payable with certain limitations as outlined in the benefit schedule. In addition to benefit coverage limitations there are exclusions.

What if I become ill or injured while on campus?

If you become ill or are injured while on campus, contact Berea Primary Care Clinic (White House). In the event that Berea Primary Care Clinic (White House) is not available, consult a doctor or medical professional and follow the advice provided. For situations while not on campus, the plan offers access to the Health Link provider network. Providers in this network have agreed to accept a reduced payment for services. While not required, it is suggested that you contact ARC Administrators (877) 309-2955 for assistance in locating a network provider.

When will I get an ID Card?

If you currently have an ID card for this plan and you are renewing this year, you can keep using your current ID card. If you are new to this plan, your ID Card will be delivered by The College at the beginning of the semester. If you misplace your ID Card please contact ARC Administrators at (877) 309-2955 or email eligibility@arcsvs.com for a replacement.

How do I file a medical claim?

Please provide your plan ID Card to all medical providers. There are specific instructions for providers to follow in filing a claim for benefits on your behalf. Have providers phone ARC Administrators at (877) 309-2955 or email claims@arcsvs.com for additional information.

Who should I call with questions about my coverage?

Contact ARC Administrators at (877) 309-2955 or Theresa Lowder, Student Financial Aid Services, (859) 985-3314, with any questions about your coverage or benefits.