

Injury and Sickness Insurance Plan

Designed Especially For

Presbyterian
Church USA
National
Volunteers

2011-2012

Policy # US041800

Group # 11430063

Eligibility

All regular, full-time eligible participants of the organization are eligible to be enrolled in the accident and sickness insurance plan. Plan participation is mandatory for all eligible members who do not have other valid insurance. The purpose of this plan is to cover injuries and sicknesses that occur and are treated during the time you are volunteering for the Presbyterian Church USA.

Terms of Coverage

The Master Policy becomes effective at 12:01 a.m. on December 1, 2011. Coverage terminates at 12:01 a.m. on the earliest of: 1) the date the policy is terminated; 2.) the end of the period through which premium is paid; or 3) the last day of the month in which the Covered Person ceases to meet the eligibility requirements.

Refund of Premium

Premiums received by the carrier are fully earned upon receipt. Refund of premium will be considered only as specifically provided in the case of entry in the armed forces. No other refund will be allowed.

Covered Persons entering the armed forces of any country will not be covered under the policy as of the date of such entry. A pro-rata refund of premium will be made for such person upon written request received by the carrier within 90 days.

Extension of Benefits

If a covered person is under the care and treatment of a doctor and hospital confined, benefits will continue to be paid for that condition for a period of up to 3 months following the end of the term of coverage, or until there has been paid the maximum benefit, whichever occurs first.

Prior Qualifying Coverage

Credit will be given toward satisfaction of the 12 months of continuous coverage for the time the Covered person was covered by Prior Qualifying Coverage provided the Covered person becomes covered under this Policy within 63 days of termination of the Prior Qualifying Coverage, and applies for coverage under this Policy within the enrollment period set forth in the Policy.

“Prior Qualifying Coverage” means any group health plan, health insurance coverage, contract, or program that is underwritten or administered by a health or disability insurer, nonprofit hospital service plan, health care service plan, fraternal society, self-insured employer plan, or other entity and that provides or arranges medical, hospital, and surgical coverage which does not supplement other private or governmental plans. This includes continuation or conversion coverage, but does not include accident only, credit, disability income, Medicare Supplement, long-term care, dental or vision, workers’ compensation or similar law, or liability insurance. Prior Qualifying Coverage also includes a medical care program of the Indian Health Service or of a tribal organization, Medicare, Medicaid, a state health benefit risk pool or any other publicly sponsored health program.

Excess Provision

Your benefits are payable for covered expenses not otherwise covered and payable by any other plan providing medical expense benefits. If there are no other valid and collectible benefits available from any other source, this plan will pay the covered expenses up to the limits of the policy. If there is other valid and collectible benefits available from any other source we will pay a minimum benefit amount of \$100 and thereafter we will pay any excess amount unpaid from your primary insurance.

MEDICAL EXPENSE BENEFITS FOR EACH INJURY OR SICKNESS

Benefits will be paid at the Usual, Reasonable & Customary Charges (URC) up to the Maximum Benefit for each service as scheduled below, provided that treatment is received by a qualified, licensed physician.

Maximum Benefit per Policy Year (All Injuries and Sicknesses Combined)	\$100,000
Coinsurance	80% of URC Expenses after the Deductible
Deductible	\$100 per Covered Person per Policy Year
Out-of-Pocket Limit	After the \$1,000 Policy Year Out-of-Pocket Limit has been reached, the Insurer pays the URC Expenses at 100% up to the applicable maximums. Copayments and amounts above the maximums do not apply toward the Out-of-Pocket Limit.
Covered Expenses:	
Physician Office Visits	80% of URC Expenses
Inpatient Hospital Services	80% of URC Expenses
Outpatient Hospital and Physician Services	80% of URC Expenses
Surgery, Surgeon and Assistant Surgeon	80% of URC Expenses
Anesthesia	80% of URC Expenses
Preventive Care	80% of URC Expenses
Maternity Care for a Covered Pregnancy	80% of URC Expenses
Inpatient Treatment for Mental & Nervous Disorders	80% of URC Expenses for a maximum period of 30 days per lifetime
Outpatient Treatment for Mental & Nervous Disorders	80% of URC Expenses
Treatment of Alcohol & Drug Abuse	Included in the coverage for Inpatient and Outpatient Mental & Nervous Disorders
Inpatient Treatment for specific therapies, including Acupuncture and Physiotherapy	80% of URC Expenses
Outpatient Treatment for specific therapies, including Acupuncture and Physiotherapy	80% of URC Expenses for a maximum period of 30 days
Vaccinations required by the Participating Organization	80% of URC Expenses
Repairs to sound, natural teeth required due to an Injury	80% of URC Expenses
Dental Treatment (including extractions) to alleviate pain	80% of URC Expenses
Repair or replacement of an existing prosthetic device	80% of URC Expenses
Outpatient prescription drugs including oral contraceptives	80% of the Actual Charge
Professional ground or air ambulance service to the nearest Hospital	80% of URC Expenses
Medical treatment arising from participation in Intercollegiate, Interscholastic, Intramural or Club Sports	80% of URC Expenses up to \$1,000 per Injury or Sickness
Repatriation of Remains Medical Maximum	\$7,500
Medical Evacuation Maximum Lifetime Benefit	\$10,000

Definitions

“Coinsurance” means the percentage amount of covered expenses for which you are responsible for any medical service or supply. The coinsurance is shown in the Schedule. We will pay the remaining amount of covered expenses, subject to the maximum amount for specific services and the maximum benefit for all services.

“Covered Expenses” mean charges:

- a. Not in excess of usual, reasonable and customary charge;
- b. Not in excess of the maximum benefit amount payable per service as shown in the Schedule;
- c. Made for medical services and supplies not excluded under the policy;
- d. Made for services and supplies which are medically necessary; and
- e. Made for medical services specifically included in the Schedule.

“Deductible” means the amount of covered expenses paid on behalf of a covered person before benefits are payable under the policy. The deductible amount is shown in the Schedule.

“Doctor” means a licensed practitioner of the healing arts acting within the scope of his license. Doctor does not include:

- a. You;
- b. Your spouse, dependent, parent, brother, or sister; or
- c. A person who ordinarily resides with you.

“Hospital” means an institution:

- a. Operated pursuant to law;
- b. Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- c. Under the supervision of a staff of doctors;
- d. Providing 24 hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
- e. With medical, diagnostic and treatment facilities, and with major surgical facilities;
 - 1) On its premises; or
 - 2) Available on a prearranged basis; and
- f. Charging for its services.

Hospital does not include a clinic or facility for:

- Convalescent, custodial, educational or nursing care;
- The aged, drug addicts or alcoholics; or
- Rehabilitation.

“Injury” means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered one injury.

“Medically necessary” means those services or supplies provided or prescribed by a hospital or doctor:

- a. Essential for the symptoms and diagnosis or treatment of the sickness or injury;
- b. Provided for the diagnosis, or the direct care and treatment of the sickness or injury;
- c. In accordance with the standards of good medical practice;
- d. Not primarily for your convenience or that of your doctor; and
- e. That are the most appropriate supply or level of service that can safely be provided.

“Natural teeth” means natural teeth or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.

“Sickness” means illness or disease diagnosed during the term of coverage under the Policy for the covered person. Sickness includes normal pregnancy and complications of pregnancy. All related conditions and recurring symptoms of sickness will be considered one sickness.

“Usual, reasonable and customary” means:

- a. Charges and fees for medical services or supplies that are the lesser of:
 1. The usual charge by the provider for the service or supply given; or
 2. The average charged for the service or supply in the area where service or supply is received; and
- b. Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

Exclusions

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

1. Any Sickness, as defined, that was initially diagnosed, treated or recommended for treatment prior to the Term of Coverage for a Covered Person, unless Prior Qualifying Coverage is applied.
2. Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution
3. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of injury.
4. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a covered expense associated with a sickness or injury covered by the policy.
5. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a covered expense associated with an injury covered by the policy.
6. Dental treatment, except as specifically provided for in the Schedule.
7. War or any act of war, declared or undeclared, or while in the armed forces of any country.
8. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
9. Intentionally self inflicted injury, suicide or any attempt thereat.
10. Injury of any covered person sustained while:
 - a. Participating in any school, professional or organized sports contest or competition, unless specifically list in the Schedule;
 - b. Traveling to or from such sport, contest or competition as a participant; or
 - c. During participation in any practice or conditioning program for such sport, contest or competition.
11. Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.
12. Treatment in a military or Veterans Hospital or a hospital contracted for or operated by a national government or its agency unless:
 - a. The services are rendered on an medical emergency basis; and
 - b. A legal liability exists for the charges made on behalf of a covered person for the services given in the absence of insurance.
13. Injury 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's doctor.
14. Psychotherapy, except as specifically provided for in the Schedule.
15. Elective surgery and elective treatment, except as required to correct an injury for which benefits are otherwise payable under the policy.
16. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act.
17. Braces and appliances, except as specifically provided for in the Schedule.
18. Replacement braces and appliances.
19. Assistant surgeon services, except as specifically provided for in the Schedule.
20. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto)

of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.

21. That part of medical expense payable by any automobile insurance policy without regard to fault.

22. 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:

- a. The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
- b. The covered person is within a 25 mile radius of the site of the release either:
 1. At the time of the release; or
 2. Within 24 hours of the start of the release.

23. Travel in or upon:

- a. A snowmobile;
- b. Any two-or three-wheeled motor vehicle;
- or
- c. Any off road motorized vehicle not requiring licensing as a motor vehicle.

24. Any accident where the covered person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.

25. Preventive medicines, serums, vaccines.

26. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.

27. Blood or blood plasma, except for charges by a hospital for the processing or administration of blood;

28. Rest cures or custodial care.

29. Personal services such as television and telephone or transportation.

30. A hernia of any kind.

Please keep this Brochure as a general summary of the insurance. The Master Policy on file with the group contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits. The Master Policy will prevail in the event of any discrepancy between this brochure and the Master Policy.

Underwritten by:

**UNITED STATES FIRE
INSURANCE COMPANY**

by Fairmont Specialty
a part of Crum & Forster
Eatontown, NJ 07724

2011-2012 Identification Card

United States Fire Insurance Company

Eatontown, NJ 07724

Insured Name _____

ID Number _____

Please call (877) 246-6997 for all benefit and eligibility questions. The member's whose name appears above has been insured under a policy issued to:

**Presbyterian Church USA National Volunteers
Group # 11430063**

Claim Filing Instructions

In the event of Injury or Sickness, the member should:

- 1) Report to a Physician or Hospital.
- 2) Complete a claim form, which is available on our website by visiting www.summitamerica-ins.com. Please submit one claim form for each Injury or Sickness. Mail the completed claim form, all medical bills, and copies of your other insurance carrier's Explanation of Benefits (if applicable) to the address below.
- 3) File claim within 30 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.
- 4) After the first \$100 in eligible expense, coverage is excess to all other insurance. Claims must be filed with your other insurance carrier(s) prior to filing under this Plan.
- 5) Claim status can be checked online at: <https://statuslink.trizetto.net/summit>

Submit All Claims, Claims Inquiries,
and Eligibility Questions to:

**SUMMIT AMERICA
INSURANCE SERVICES**
7400 College Blvd., Ste. 100,
Overland Park, KS 66210
www.summitamerica-ins.com
Call Toll Free (877) 246-6997
Fax (913) 327-0201

Or e-mail claims related questions to:
claims@summitamerica-ins.com

CLAIM FILING INSTRUCTIONS

IMPORTANT: Coverage under this policy is EXCESS to all other insurance and claims must first be submitted to any other insurance. Mail all medical bills including the member's name, social security number, address and group name to:

Summit America Insurance Services,
7400 College Blvd., Ste. 100, Overland Park, KS 66210
Electronic Payor # 37301

NOTICE TO HEALTH CARE PROVIDERS: Claim status can be checked online at www.summitamerica-ins.com. For information regarding plan benefits, eligibility or claim instructions please call Summit America Insurance Services at 877-246-6997. This card is not a guarantee of coverage.