International Student Health Insurance

There is no free or universal health care system in the United States. For international students, financial assistance for medical bills is not available from Delaware County Community College. The College requires all international students to be covered by health insurance.

To best serve students, the College automatically enrolls international students in a single health insurance plan provided by Arch Insurance Company. This plan includes coverage for basic doctors’ visits, emergency care, intercollegiate sports injuries, mental health needs, and emergency medical transportation to the home country. More information about the plan can be found at www.dccc.edu/inter.

The following are answers to some frequently asked questions (FAQs):

1. How much does it cost?

Coverage costs approximately $1,213 per year for students. Insurance will be charged and visible on fall and spring semester tuition bills. For students who begin at the College with the summer ESL semester, there will be a prorated charge on the summer tuition bill. The following is the breakdown:

<table>
<thead>
<tr>
<th></th>
<th>August – January</th>
<th>$405</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Semester</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring and Summer Semesters</td>
<td>January – August</td>
<td>$808</td>
</tr>
<tr>
<td>Summer ESL Semester</td>
<td>June – August</td>
<td>$254</td>
</tr>
</tbody>
</table>

2. How do international students sign up and pay?

The health insurance charge will automatically be included on each tuition bill for which students are enrolled in classes. There will be no separate bill. As always, students will be expected to pay the entire tuition bill in one full payment.
3. Do I have to pay for this insurance plan?

Yes. It is mandatory. It is not possible to opt out of enrollment.

4. Can I provide insurance from my home country or another U.S. insurance policy?

No. The College will not accept waivers or other forms of insurance to excuse you from paying for the College plan.

However, you can certainly retain insurance from your home country or another U.S. insurance policy as supplemental insurance. That is encouraged.

5. If I am going home for the summer, and will return to the College, can I pay for fewer months?

No. The enrollment period is fixed to cover you for an entire year. This keeps the overall cost down and ensures that you will be covered under the same policy when you return in the fall.

6. What if I graduate, transfer, or permanently withdraw from the College?

If you are going to graduate, transfer, or permanently withdraw from the College at the end of the spring semester, you may submit a refund request for the prepaid summer months. You must provide a copy of your flight itinerary, showing that you are leaving the United States, and your transfer release paperwork, within one week following the end of the semester.

7. What if I think of more questions?

As always, you are welcome to visit the Office of International Student Services, Marple Campus, Founders Hall, Room 2505-7, or contact us at 610-359-7322 or 610-359-7336.
Accident & Sickness Insurance for International Students

Policy Term: 8/23/2014 – 1/8/2015

All school sponsored educational programs within the policy term above. Coverage for an individual Covered Person shall not exceed the policy term as noted above.

An Accident & Sickness Insurance Plan designed to help protect international students against unforeseen medical expenses while studying outside of their home country.

You are entitled to the benefits described in this brochure if you have enrolled for this insurance and paid the required premium.
INTRODUCTION: This brochure outlines the basic details of your insurance coverage that has been selected by Delaware County Community College. You will also receive a student medical insurance I.D. card that is for your use only. Never lend this card to other students.

ELIGIBILITY: As an international student with a current passport or F-1 student visa temporarily located outside your home country engaging in full-time educational activities through the College, you are required to be covered under the Policy. Coverage may also be obtained for Eligible Dependents.

To be a “Covered Person” under the Policy, you must have paid the required premium and your name, student number and date of birth must have been included in the declaration made by the College or the Administrative Agent to Arch Insurance Company (“Company”). You must actively attend classes for at least the first 31 days after the date for which coverage is purchased, except in the case of medical withdrawal. The Company maintains its right to investigate student status and attendance records to verify that the eligibility requirements of the Policy have been met. If and whenever the Company discovers that the eligibility requirements of the Policy have not been met, its only obligation is refund of premium.

WHEN COVERAGE BEGINS AND ENDS: Coverage begins at 12:01 a.m. on the “Effective Date” reported by the College or the Administrative Agent if the eligibility requirements are met.

Coverage ends at 11:59 p.m. on the last day for which your premium has been paid; or on the date you cease to be eligible for this insurance; or on the last day of the Policy Term.

ELIGIBLE DEPENDENTS AND NEWBORN CHILD: Eligible Dependents include your lawful spouse and your unmarried children under age 19 who are chiefly dependent on you for maintenance and support. If not a United States citizen studying outside the United States, the Eligible Dependent: (1) must be accompanying you to the United States on a visa or passport similar to yours; (2) must be temporarily located in the United States as a non-resident alien; (3) must not have applied for permanent residency status; and (4) must reside with you while you are temporarily located outside your Home Country. A dependent will be eligible for coverage under the Policy subject to his name being included on the current Covered Persons Registered on his enrollment form and name being on file with the Administrative Agent at the time of Covered Medical Expense is incurred.

If a child is born to a Covered Person, (s)he will become covered by the Policy from the moment of birth. The child will be covered for Injury, Sickness or expenses incurred for routine in-hospital nursing care, including treatment of standard neo-natal jaundice.

The newborn child’s coverage will cease 31 days following his date of birth unless the Company has received notification of the birth and the required premium to continue coverage. If coverage is not continued beyond the first 31 days, the Maximum Benefit amount for all Covered Medical Expenses incurred during this period for any Injury, Sickness and routine nursery care will be the Maximum Benefit shown under Covered Medical Expenses.

DEFINITIONS: The following important definitions apply to the Policy:

“Injury” wherever used in the Policy means accidental bodily injury or injuries caused by an accident. The Injury must be the direct cause of the loss, independent of disease, bodily infirmity or other causes. Any loss due to Injury must begin after the Effective Date of the policy.

“Pre-existing Condition” for the purposes of the Policy shall mean:
1. a condition that would have caused a person to seek medical advice, diagnosis, care or Treatment 180 days prior to the Effective Date of coverage under this Policy;
2. a condition for which medical advice, diagnosis, care or Treatment was recommended or received during the 180 days prior to the Effective Date of coverage under this Policy;

“Sickness” means illness or disease contracted and causing loss commencing while the Policy is in force as to the Insured Person whose Sickness is the basis of claim. Any complication or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

“Medically Necessary” or “Medical Necessity” shall mean services and supplies received by the Insured Person while insured that are determined by the Company to be:
1. appropriate and necessary for the symptoms, diagnosis, or direct care and Treatment of the Insured Person’s medical conditions;
2. within the standards the organized medical community deems good medical practice for the Insured Person’s condition;
3. not provided solely for educational purposes or primarily for the convenience of the Insured Person, the Insured Person's Physician or another Service Provider or person;

4. not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and

5. not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate Treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services the Insured Person is receiving or the severity of the Insured Person's condition, in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such Treatment Medically Necessary or make the charge of a Covered Expense under this Policy.

"Reasonable and Customary" shall mean the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company's determination considers:

1. amounts charged by other Service Providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received;

2. any usual medical circumstances requiring additional time, skill or experience; and

3. other factors the Company determines are relevant, including but not limited to, a resource based relative value scale. For a Service Provider who has a reimbursement agreement, the Reasonable and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company. If a Service Provider accepts as full payment an amount less than the negotiated rate under a reimbursement agreement, the lesser amount will be the maximum Reasonable and Customary charge.

The Reasonable and Customary charge is reduced by any penalties for which a Service Provider is responsible as a result of its agreement with the Company.

DESCRIPTION OF COVERAGE:

For Covered Students: The Policy will pay 65% of Covered Medical Expenses up to the first $15,000, thereafter 100% of Covered Medical Expenses will be payable up to the Maximum Benefit of $100,000 per Injury or Sickness. There is a $35 per visit co-pay for each visit to a doctor's office. A deductible of $300 will apply per Emergency Room visit per covered Sickness. The Emergency Room deductible will be waived if the Covered Person is admitted to the hospital, suffers an Injury, or is the victim of a Felonious Assault. Expenses incurred as a result of Intercollegiate, Interscholastic, Club, or Intramural Sports injury up to $5,000.

For Covered Eligible Dependents: The Policy will pay 65% of Covered Medical Expenses up to the first $15,000, thereafter 100% of Covered Medical Expenses will be payable up to the Maximum Aggregate Benefit amount of $100,000 per Injury or Sickness per Covered Dependent. There is a $35 per visit co-pay for each visit to a doctor's office. A deductible of $300 will apply per Emergency Room visit per covered Sickness. The Emergency Room deductible will be waived if the Covered Person is admitted to the hospital, suffers an Injury, or is the victim of a Felonious Assault.

ACCIDENT AND SICKNESS MEDICAL EXPENSES: All Covered Expenses must be for treatment that begins within thirty (30) days of a Covered Accident or Sickness and benefits will continue for treatment incurred for up to 52 weeks. Covered Medical Expenses with respect to the Policy are limited to the following Reasonable and Customary Charges:

1. Charges made by a Hospital for semi-private room and board, floor nursing while confined in a ward or semi-private room of a Hospital and other Hospital services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodation.

2. Charges made for Intensive Care or Coronary Care charges and nursing services.

3. Charges made for diagnosis, Treatment and Surgery by a Physician.

4. Charges made for an operating room.

5. Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.

6. Charges made for the cost and administration of anesthetics.

7. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, and medical Treatment.
8. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician.

9. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only, within the metropolitan area in which the Insured Person is located at that time the service is used. If the Insured Person is in a rural area, then qualified licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

10. Expenses incurred for treatment of Mental or Nervous disorder. Benefits are payable at:
   A. $20 co-pay per visit with a $1,200 lifetime for outpatient treatment; or
   B. 65% up to 30 continuous days on an Inpatient basis. We shall not be liable for more than one such Inpatient or Out-patient occurrence per lifetime under the Policy for each Covered Person.

11. Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist. Services shall be limited to a total of $50.00 with a maximum of 10 visits per injury or illness.

12. Expenses incurred for a newborn child during the first 31 days including routine in-hospital nursery care up to a maximum of $500.

13. Expenses and supplies normally provided for a therapeutic termination of pregnancy up to a maximum of $500;

14. Expenses for the repair of sound natural teeth as the result of an Injury up to maximum of $100 per tooth, $500 per injury; Palliative Dental, alleviation of pain, up to a maximum of $500.

15. Pre-existing conditions covered to maximum of $1,000.

ACCIDENTAL DEATH AND DISMEMBERMENT: Accidental death and dismemberment insurance is afforded to an Insured Person which shall apply only to Injury, as defined in Definitions, sustained by such Insured Person during the course of coverage. Such Insurance includes such Injury which occurs during the course of time the Insured Person is covered under the Policy; The Company shall pay an indemnity determined from Table of Losses, Accidental Death and Dismemberment, if an Insured Person sustains a Loss stated therein resulting from Injury, provided that:

1. such Loss occurs within 365 days after the date of Accident causing such Loss; and
2. the indemnity payable for any such Loss shall be the Principal Sum stated in the, Table of Losses, Accidental Death and Dismemberment, Principal Sum, as applicable to such Insured Person and this Insurance; and
3. if more than one Loss stated in said Table is sustained as the result of one Accident, only one of the amounts so stated in said Table, the largest, shall be payable.

**Table of Losses**

For Loss of: Percentage of Principal Sum $10,000

<table>
<thead>
<tr>
<th>Aggregate Limit, $1,000,000</th>
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</thead>
<tbody>
<tr>
<td>Life</td>
</tr>
<tr>
<td>Both Hands or Both Feet</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
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<tr>
<td>One Hand and One Foot</td>
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<tr>
<td>One Hand and the Sight of One Eye</td>
</tr>
<tr>
<td>One Foot and the Sight of One Eye</td>
</tr>
</tbody>
</table>

**Exposure:** If by reason of an Accident covered by the Policy an Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a Loss for which the Principal Sum is otherwise payable hereunder, such Loss will be covered under the terms of this Policy.

**Disappearance:** If the body of an Insured Person has not been found within one year of the disappearance, forced landing, standing, sinking, or wrecking of a conveyance in which such Insured Person was an occupant, then it shall be deemed, subject to all other terms and provisions of the Policy, that such Insured Person shall have suffered Loss of life within the meaning of the Policy.

**EXCLUSIONS:** For benefits listed in the table above, Accidental Death and Dismemberment, this Insurance does not cover:
1. Suicide or attempt thereof by the Insured Person while sane or self destruction or any attempt thereof by the Insured Person while insane;

2. Disease of any kind; Sickness of any kind;

3. Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;

4. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;

5. Injury sustained while the Insured Person is riding as a passenger in any aircraft
   (a) not having a current and valid Airworthy Certificate and
   (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;

6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power;

7. Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation;

8. Service in the military, naval or air service of any country;

9. While riding or driving in any kind of competition.

For all other benefits this Insurance does not cover:

1. Pre-existing conditions, except as defined in the policy (This exclusion does not apply to Emergency Medical Evacuation nor to Repatriation of Remains.);

2. Injury or Illness claim which is not presented to the Company for payment within 12 months of receiving treatment;

3. Charges for treatment which is not Medically Necessary;

4. Charges for treatment which exceed Reasonable and Customary charges;

5. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;

6. Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;

7. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
   a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war;
   b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.

8. Injury sustained while participating in professional athletics;

9. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician unless otherwise covered under this Policy;

10. Treatment of the Temporomandibular joint;

11. Vocational, speech, recreational or music therapy;

12. Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person;

13. Travel arrangements that were neither coordinated by nor approved by the Assistance Company in advance, unless otherwise specified;

14. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition;

15. Elective Surgery which can be postponed until the Insured Person returns to his/her Home County, where the objective of the trip is to seek medical advice, treatment or Surgery;

16. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;

17. 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 insured hereunder;

18. Treatment for any Mental and Nervous Disorders except as provided in this policy;

19. Congenital abnormalities and conditions arising out of or resulting there from;

20. Expenses as a result or in connection with the commission of a felony offense, unless otherwise specified;
21. Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle and parasailing;

22. Treatment paid for or furnished under any other individual or group policy (including no-fault automobile) or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;

23. Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under this Policy;

24. Treatment for human organ tissue transplants or bone marrow transplants and their related Treatment;

25. Dental care, except as the result of Injury to natural teeth caused by Accident;

26. Routine Dental Treatment;

27. Drug, Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, Treatment for infertility or impotency, sterilization or reversal thereof, or abortion;

28. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment for a condition;

29. Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy;

30. Weight reduction programs or the surgical Treatment of obesity.

Subrogation: To the extent the Company pays for a loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Company.

COMPREHENSIVE MEDICAL EVACUATION

Emergency Medical Evacuation: The Company will pay, subject to the limitations set out herein, for Covered Emergency Evacuation Expenses reasonably incurred,

a) if the Covered Person suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while traveling during the educational institution's sponsored trip or

b) after being treated at a local medical facility, once stabilized, if the Covered Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country.

Emergency Evacuation eligible expenses are payable to the Maximum Amount per Covered Person for all Emergency Evacuations due to all injuries from the same Accident or all Emergency Sicknesses from the same or related causes. A legally licensed Physician, in coordination with the Assistance Service Provider, must order the Emergency Evacuation and must certify that the severity of the Covered Person's Injury or Emergency Sickness warrants his or her Emergency Evacuation to the closest adequate medical facility. It must be determined that such Emergency Evacuation is required due to the inadequacy of local facilities. The certification and approval for Emergency Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier. Covered Emergency Evacuation Expenses are those for Medically Necessary Transportation, including reasonable and customary medical services and supplies incurred in connection with the Emergency Evacuation of the Covered Person. Expenses for Transportation must be:

(a) recommended by the attending Physician; and

(b) required by the standard regulations of the conveyance transporting the Covered Person; and

(c) reviewed and pre-approved by the Assistance Service Provider;

Return of Mortal Remains: The Company will pay the reasonable Covered Expenses incurred to return the Covered Person's body to their primary residence if he/she dies while traveling during the educational institution's sponsored trip. Covered Expenses include, but are not limited to, expenses for embalming, cremation, casket for transport and transportation. All Covered Expenses in connection with a return of mortal remains must be preapproved and arranged by our Assistance Service Provider.

DEFINITIONS

“Assistance Service Provider” means Assist America, Inc. (AAI)

“Covered Expenses” mean expenses which are for Medically Necessary services, supplies, care, or Treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; reasonable and customary charges.
“Covered Person” means International students visiting the United States (Delaware County Community College) with a student visa who are between the ages of 18 and 65 and who are temporarily engaged in School sponsored educational activities. Dependent spouse and children are also eligible if selected.

“Emergency Evacuation” means the Covered Person’s medical condition warrants immediate transportation from the place where the Covered Person is injured or sick to the nearest hospital where appropriate medical treatment can be obtained.

“Emergency Sickness” means an illness or disease, diagnosed by a legally licensed Physician, which meets all of the following criteria:
1. there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Covered Person’s condition or place his or her life in jeopardy;
2. the severe or acute symptom occurs suddenly and unexpectedly; and
3. the severe or acute symptom occurs while coverage is in force while the Covered Person suffers the symptom.

“Home Country” means the country of citizenship of the Covered Person. If the Covered Person has dual citizenship, for the purposes of this benefit, his or her Home Country is the country of the passport he or she used to enter the Host Country.

“Injury” means accidental bodily injury or injuries caused by an accident. The Injury must be the direct cause of the loss, independent of disease, bodily infirmity or other causes.

“Physician” means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

“Transport/Transportation” means the most efficient and available method of conveyance. In all cases, where practical, economy fare will be utilized. If possible, the Covered Person’s common carrier tickets will be used.

EXCLUSIONS: No benefits are payable for charges, fees or expenses:
1. That are recoverable through the Covered Person’s employer;
2. Arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by a Covered Person, acting alone or in collusion with others;
3. Arising from or attributable to an alleged:
   ▪ Violation of the laws of the Host country by a Covered Person;
   ▪ Violation of the laws of the Covered Person’s Home Country unless the Designated Security Consultant determines that such allegations were intentionally false, fraudulent and malicious and made solely to achieve a political, propaganda and/or coercive effect upon or at the expense of the Covered Person;
4. Due to the Covered Person’s failure to maintain and possess duly authorized and issued required travel documents and visas;
5. Arising from an Occurrence which took place in an Excluded Country;
6. For medical services;
7. Arising from or attributable, in whole or part, to a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause.
24 HOUR ASSISTANCE

CONTACT ASSIST AMERICA
inside the USA 1-800-872-1414
outside the USA +1-609-986-1234
OR email: medservices@assistamerica.com

CLAIMS PROCEDURES: In the event of an Injury or Sickness the Insured Person should:

1. Consult a doctor and follow his/her advice. Utilizing the Multi-plan Provider Network will decrease your out-of-pocket cost under this Accident and Sickness Insurance Plan. Multiplan consists of hospitals, physicians and other healthcare providers that are organized into a network for the purpose of delivering quality health care at a preferred fee. You are not required to utilize a Multiplan Provider. In order to use the services of a participating provider, you must present your Medical Identification Card. You may receive information regarding participating providers in your area by contacting Multiplan’s toll free service at 800-464-0292 or by visiting their website at www.multiplan.com/search.

2. Notify the Claims Administrator within 30 days after the date of the Injury or commencement of the Sickness, or as soon as reasonably possible.

3. Complete the claim form in full, sign it, and have the Attending Physician Statement completed by the Doctor or attach the Doctor/Hospital billing forms. Claim forms may be obtained at the Office of International Student Service, or at www.visit-aci.com.

4. The completed claim form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Return a copy for your records and mail a copy to Administrative Concepts, Inc. (ACI) at the address below.

5. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills should be mailed promptly to the Claims Administrator at the address below. No additional claim forms are needed as long as the Covered Person’s name and identification number are included on the bill.

6. Direct all questions regarding benefits available under the Policy, claim procedures, status of a submitted claim or payment of a claim to Administrative Concepts, Inc. (ACI), at the address below: Office hours are 7:00 a.m. to 8:00 p.m. (Eastern local time) Monday through Friday.

7. All claims should be sent to:

   ADMINISTRATIVE CONCEPTS, INC.
   994 Old Eagle School Road, Suite 1005
   Wayne, PA  19087-1802
   Telephone: (610) 293-9229, (888) 293-9229,
   FAX:  (610) 293-9299, website: www.visit-aci.com

REMEMBER THAT EACH INJURY OR SICKNESS IS A SEPARATE CONDITION AND A SEPARATE CLAIM FORM IS REQUIRED FOR EACH CONDITION. A CLAIM MUST BE SUBMITTED WITHIN 90 DAYS AFTER A SICKNESS OR INJURY HAS OCCURRED IN ORDER FOR THE CLAIM TO BE PAID, OR AS SOON AS REASONABLY POSSIBLE.

Insurance Coverage is underwritten by Arch Insurance Company (a Missouri corporation, NAIC#11150). Terms and conditions are briefly outlined in this description of coverage. Complete provisions pertaining to this insurance are contained in the policy (Policy # STU010026500). In the event of any conflict between this description of coverage and the policy, the policy will govern. Not all insurance coverages or products are available in all jurisdictions. Coverage is subject to actual policy language.