

Student Injury And Sickness Insurance Plan

*For International Students Attending
Member Institutions of the*

**STATE UNIVERSITY &
COMMUNITY COLLEGE
SYSTEM OF TENNESSEE**



2008-2009

Policy #01-912701

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LiveChat

To better serve students using www.gmsouthwest.com we offer LiveChat. LiveChat is an innovative, award winning, customer service program that allows students to chat with a member of our staff during hours of operation. This online option allows students to get answers to their questions quickly. The system records the student's information before they speak to a staff member allowing our staff to have the account open and ready to answer any questions. The student is provided with a transcript of the conversation via email for their records.

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 nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling us toll-free at 1-800-550-4870 or by visiting us at www.gmsouthwest.com.

ELIGIBILITY

All International students on F or J visas and visiting scholars enrolled for classes including internet or online courses at a Community College, Technology Center, or University in the State University and Community College System of Tennessee are eligible to enroll in this plan.

Insured Persons must actively attend classes for at least the first 31 days after the date for which coverage is purchased. If the student is enrolled at least half-time and is degree seeking, Internet/online classes fulfill the eligibility requirements that the Named Insured actively attend classes. Home study, correspondence, and television (TV) courses do not fulfill the Eligibility requirements that the Insured Person actively attend classes. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible Insured Persons who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 25 years of age who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured Person.

Insured 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 may be made for such person upon written request received by the Company within 90 days of withdrawal from school.

ALTERNATIVE COVERAGE

If you do not meet the Eligibility requirements of this Policy, please call 1-800-550-4870 for information on alternative coverage. This information can also be accessed at our website: www.gmsouthwest.com.

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective at 12:01 a.m., August 4, 2008. Coverage becomes effective on the date indicated for your campus or the date application and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 12:01 a.m., on the date indicated for your campus or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured Person or extend beyond that of the Insured Person. For campus effective and termination dates please see the enclosed enrollment form.

To avoid a lapse in coverage, your premium must be received within 31 days after the premium expiration date. It is the Insured Person's responsibility to make timely renewal payments to avoid a lapse in coverage.

Refunds of premiums are allowed only upon entry into the Armed Forces.

The Policy is a Non-Renewable One-Year Term Policy.

It is the Insured's responsibility to obtain coverage the following year in order to maintain continuity of coverage. Insureds who have not received information regarding a subsequent plan prior to the Policy's Termination Date should inquire regarding such coverage with the school or its agent.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under this policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

ADDITIONAL BENEFITS

Benefits are provided as mandated by Tennessee Insurance Code such as Benefits for Mammography, Phenylketonuria, Diabetes, Prostate-Specific Antigen (PSA) Tests, Reconstructive Breast Surgery, Hospital Dental Procedures and Osteoporosis. A detail of these benefits may be found in the Master Policy on file at the University.

MAMMOGRAPHY BENEFITS

Benefits will be provided on the same basis as benefits for any other Sickness for mammography screening performed on dedicated equipment for diagnostic purposes on referral by a patient's Physician, subject to all of the terms and conditions of the policy and according to the following guidelines:

1. A baseline mammogram for women ages thirty-five to forty.
2. A mammogram every two years, or more frequently based on the recommendation of the woman's Physician, for women ages forty to fifty.
3. A mammogram every year for women fifty years of age and over.
4. One or more mammograms per year, based upon a physician's recommendation, for any woman who is at risk for breast cancer, because of having a history of biopsy-proven benign breast disease, because of having a mother, sister, or daughter who has or has had breast cancer, or because a woman has not given birth before the age of 30.

PSYCHOTHERAPY / ALCOHOLISM DRUG DEPENDENCY

Benefits are payable for the treatment of Mental and Nervous Disorder/Alcoholism and Drug Dependency subject to all terms and conditions of the Policy and the provisions of the endorsement to the Policy.

While Hospital Confined, benefits will be paid at 100% of Allowable Charges for Preferred Providers and 80% of Usual and Customary Charges for Out of Network Providers not to exceed 45 days confinement expense per policy year for Mental and Nervous Disorder and 28 days per policy year for Alcoholism and Drug Dependency.

Benefits for Mental and Nervous Disorder on an outpatient basis are limited to 75% of Usual and Customary Charges for the first 40 visits per policy year, then 60%

of Usual and Customary Charges thereafter. Benefits for Alcoholism and Drug Dependency on an outpatient basis are limited to 100% of Allowable Charges incurred for Preferred Providers and 80% of Usual and Customary Charges for Out of Network, limited to 30 visits per policy year. All outpatient expenses incurred for other or ancillary services stated on the Schedule of Benefits, and incurred as a result of Mental or Nervous Disorder are subject to the daily and aggregate maximum(s) stated in this section.

The Deductible stated in the Schedule of Benefits will be applied.

All expenses incurred for other or ancillary services stated on the Schedule of Benefits; and incurred as a result of Mental or Nervous Disorder are subject to the daily and aggregate maximum(s) stated in this section.

PREFERRED PROVIDER INFORMATION

“Preferred Providers” are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in your local school area are: Humana/ChoiceCare Hospitals and Physicians.

The availability of specific providers is subject to change without notice. You should always confirm that a Preferred Provider is participating at the time services are required by calling 1-877-877-0715 ext. 4058 or by checking the network’s website www.choicecarenetwork.com and/or by asking the provider when you make an appointment for services.

“Out of Network” providers have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility.

“Allowable Charge” has a different meaning according to the type of provider used. For Preferred Provider Organization (PPO) Network Providers, an allowable charge is the contracted amount those providers have agreed to accept as payment in full for covered services. For a non-network (Non-PPO) provider, an allowable charge is based on the Usual and Customary (UC) charge.

No payment will be made under this policy for any expenses incurred which are in excess of the UC charge for that service.

Regardless of the provider, you are responsible for the payment of your Deductible. You must satisfy your Deductible before benefits are paid. We will pay according to the benefit limits in the Schedule of Medical Expense Benefits.

SCHEDULE OF BASIC MEDICAL EXPENSE BENEFITS

Up to \$250,000 Maximum Benefit Paid as Specified Below (For each Injury or Sickness) - Per Student (\$100,000 Per Dependent)
 \$50 Deductible (Per Insured Person) (For Each Injury or Sickness)

(The deductible will be waived when treatment is rendered at the Student Health Center.) Covered medical expenses will be paid at 100% at the Student Health Center.

Preferred Provider: After the Deductible has been satisfied, the company will pay 80% of Allowable Charges up to the policy maximum for Preferred Provider charges.

Out of Network: After the Deductible has been satisfied, the company will pay 80% of Usual & Customary Charges up to the policy maximum for Out of Network charges.

The Policy provides benefits for the Usual & Customary Charges (UCC) incurred by an Insured Person for loss due to a covered Injury or Sickness. If you receive care from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. See Preferred Provider information on page 5. If a Preferred Provider is not available in your Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. If the Covered Medical Expenses is incurred due to an emergency treatment, benefits will be paid at the Preferred Provider Level of Benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used. The Benefits payable are defined in and subject to all provisions of this Policy and any endorsements thereto.

After the Deductible has been satisfied, benefits will be paid as listed for the Provider selected. Maximum total benefits are \$250,000 (**for each Injury or Sickness per student and \$100,000 for each Injury or Sickness per dependent**). Covered Medical Expenses include:

INPATIENT

	<u>Preferred Providers</u>	<u>Out-of-Network</u>
Room & Board , daily semi-private room rate; general nursing care provided by the Hospital; Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory test, X-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	Allowable Charges.....	Usual & Customary Charges
Hospital Miscellaneous	Allowable Charges.....	Usual & Customary Charges
Intensive Care	Paid under Room & Board	Paid under Room & Board
Physiotherapy , when referred by a physician.	Allowable Charges/\$5,000 max	Usual & Customary Charges/\$5,000 max.
Surgeon's Fees , in accordance with data provided by Ingenix, Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	Allowable Charges.....	Usual & Customary Charges
Assistant Surgeon	Allowable Charges.....	Usual & Customary Charges
Anesthetist	Allowable Charges.....	Usual & Customary Charges
Registered Nurse's Services , private duty nursing care.	Allowable Charges.....	Usual & Customary Charges
Physician's Visits , benefits are limited to one visit per day and are not paid on the day of surgery. Paid under Hospital Miscellaneous	Allowable Charges.....	Usual & Customary Charges
Pre-admission Testing	Paid under Hospital Miscellaneous	Paid under Hospital Miscellaneous

OUTPATIENT

Surgeon's Fees , in accordance with data provided by Ingenix, Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	Allowable Charges.....	Usual & Customary Charges
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and X-ray examinations, including professional fees, anesthesia, drugs or medicines, and supplies. Usual & Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	Allowable Charges.....	Usual & Customary Charges
Anesthetist	Allowable Charges.....	Usual & Customary Charges
Assistant Surgeon	Allowable Charges.....	Usual & Customary Charges
Physician's Visits , benefits are limited to one visit per day and are not payable on the day of surgery. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	Allowable Charges.....	Usual & Customary Charges
Physiotherapy , when referred by a physician. Includes benefits for acupuncture.	Allowable Charges/\$1,000 max	Usual & Customary Charges/\$1,000 max.
Medical Emergency Expenses , use of the emergency room and supplies.	Allowable Charges.....	Usual & Customary Charges
Diagnostic X-Ray and Laboratory Services	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
Injections	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
Radiation Therapy and Chemotherapy	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-ray and Lab procedures.	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
Prescription Drugs , the policy deductible applies to this benefit.	Usual & Customary Charges	Usual & Customary Charges
STD Testing	Allowable Charges.....	Usual & Customary Charges
Outpatient Miscellaneous Benefit	Allowable Charges/\$2,500 max	Usual & Customary Charges/\$2,500 max.

OTHER

Ambulance Services , ground transportation only.	Usual & Customary Charges	Usual & Customary Charges
Braces and Appliances , a written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered.	Usual & Customary Charges	Usual & Customary Charges
Consultant Physician Fees , when requested and approved by the attending Physician.	Allowable Charges.....	Usual & Customary Charges
Dental Treatment , made necessary by Injury to Sound, Natural Teeth only.	\$100 max. per tooth/\$500 max.	\$100 max. per tooth/\$500 max.
Maternity and Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Routine Well Baby Care	Paid as any other Sickness/4 days Hospital	Paid as any other Sickness/4 days Hospital
	Confinement Expense max.	Confinement Expense max.
Detoxification , 12 days maximum per policy year.	Allowable Charges.....	Usual & Customary Charges
Rectal and Prostate Exam , one visit per policy year. The deductible will be waived.	\$20 copay/Allowable Charges	\$20 copay/Usual & Customary Charges
Pap Smear one visit per policy year. The deductible will be waived.	\$20 copay/Allowable Charges	\$20 copay/Usual & Customary Charges
Blood & Body Fluid Exposure/Needlestick (due to academic related exposures only.)	Allowable Charges	Usual & Customary Charges
Motor Vehicle Injury	Paid as any other Injury.....	Paid as any other Injury

DEFINITIONS

Injury means bodily injury which is: directly and independently caused by specific accidental contact with another body or object; unrelated to any pathological, functional, or structural disorder; a source of loss; treated by a Physician within 30 days after the date of the accident; and sustained while the Covered Person is covered under the Policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity.

Insured Person means the Named Insured; and Dependents of the Named Insured, if: 1) the Dependent is properly enrolled in the program, and 2) the dependent premium, if any, has been paid. The terms “Insured and Covered” also means the Covered Person.

Pre-Existing Condition means: 1) the existence of symptoms within the 12 months immediately prior to the Insured’s Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Insured’s Effective Date under the Policy.

Sickness means sickness or disease of the Covered Person which causes loss, and originates while the Covered Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness.

Usual and Customary Charges means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Provider. No payment will be made under the Policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

EXCLUSIONS

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

1. Congenital conditions, except as specifically provided for Newborn or adopted Infants; circumcision;
2. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this Policy or for newborn or adopted children; hirsutism;
3. Dental treatment, except as specifically provided in the Schedule of Benefits;
4. Elective Surgery and Elective Treatment;
5. Injury sustained while (a) participating in any interscholastic, club, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
6. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
7. Patient controlled analgesia (PCA);
8. Immunizations services and supplies related to immunizations, except as specifically provided in a benefit section; preventive medicines or vaccines, except where required for treatment of a covered Injury;
9. Injury or Sickness caused by, contributed to, or resulting from the use of intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the Insured Person's Physician;
10. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
11. Lipectomy services and supplies related to surgical or suction-assisted lipectomy;
12. Mental and Behavioral Problems – services and supplies for conditions related to autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy;

13. Organ transplants in excess of \$1,000;
14. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting, except when unprovoked and in self-defense;
15. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months;
16. Prescription Drug Services – no benefits will be payable for:
 - a) Therapeutic devices or appliances, including hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy;
 - b) Contraceptives, oral or other, whether medication or device, regardless of intended use;
 - c) Immunization agents;
 - d) Drugs labeled, "Caution – limited by federal law to investigational use" or experimental drugs;
 - e) Products used for unapproved cosmetic indications;
 - f) Drugs used to treat or cure baldness, and anabolic steroids used for body building;
 - g) Anorectics – drugs used for the purpose of weight control;
 - h) Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene;
 - i) Growth hormones; or
 - j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
17. Reproductive/Infertility services including but not limited to: birth control; family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception. Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproductive ability; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery;
18. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the Policy;
19. Services or supplies for foot care including flat foot conditions, supportive devices for the foot, the

- treatment of subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain and symptomatic complaints of the feet;
20. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided in full by the Insured Person health fee;
 21. Services, supplies and/or treatment for allergy testing; alopecia;
 22. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
 23. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
 24. Sleep disorders, supplies, treatment, or testing relating to sleep disorders;
 25. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
 26. Supplies, except as specifically provided in the Policy;
 27. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices; or gynecomastia; other than as specifically provided in the Policy;
 28. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
 29. Vision services and supplies related to eye refractions or eye examinations, eyeglasses or contact lenses or prescriptions or fitting of eyeglasses and radial keratotomy, keratomileusis or excimer laser photo refractive keratectomy or similar type procedures or service except when due to a disease process;
 30. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
 31. Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, treatment for obesity, surgery for removal of excess skin or fat and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

STATE UNIVERSITY & COMMUNITY COLLEGE PREMIUM RATES

<u>UNDER 40</u>	<u>Student</u>	<u>Spouse</u>	<u>Each Child</u>
Annual	\$765.00	\$1,844.00	\$921.00
Semi Annual	\$390.00	\$941.00	\$470.00
Fall	\$298.00	\$719.00	\$360.00
Spring	\$298.00	\$719.00	\$360.00
Spring/Summer	\$489.00	\$1,180.00	\$590.00
Summer	\$191.00	\$461.00	\$231.00
Visiting Scholars			
Monthly	\$77.00	\$185.00	\$92.00
Visiting Scholars			
Weekly	\$24.00	\$55.00	\$28.00
<u>40 & OVER</u>	<u>Student</u>	<u>Spouse</u>	<u>Each Child</u>
Annual	\$816.00	\$1,968.00	\$921.00
Semi Annual	\$417.00	\$1,003.00	\$470.00
Fall	\$319.00	\$768.00	\$360.00
Spring	\$319.00	\$768.00	\$360.00
Spring/Summer	\$523.00	\$1,259.00	\$590.00
Summer	\$204.00	\$492.00	\$231.00
Visiting Scholars			
Monthly	\$82.00	\$197.00	\$92.00
Visiting Scholars			
Weekly	\$25.00	\$59.00	\$28.00

TENNESSEE TECHNOLOGY CENTERS PREMIUM RATES

<u>UNDER 40</u>	<u>Student</u>	<u>Spouse</u>	<u>Each Child</u>
Annual	\$765.00	\$1,844.00	\$921.00
Trimester	\$268.00	\$645.00	\$322.00
<u>40 & OVER</u>	<u>Student</u>	<u>Spouse</u>	<u>Each Child</u>
Annual	\$816.00	\$1,968.00	\$921.00
Trimester	\$286.00	\$688.00	\$322.00

OPTIONAL DENTAL COVERAGE

Annual\$159.00 per person

REPATRIATION/MEDICAL EVACUATION/TRAVEL ASSISTANCE

Repatriation Benefits \$10,000 Maximum Benefit - If the Insured dies while insured under the policy, benefits will be paid up to \$10,000 for preparing and transporting the remains of the deceased's body to his home country. This benefit is limited to the maximum benefit specified above. Repatriation requires prior approval from the claims office. Please call 800-550-4870 for prior authorization.

Medical Evacuation Benefit \$10,000 Maximum Benefit - When hospital confined for at least five consecutive days, and recommended and approved by the attending physician, benefits will be paid up to \$10,000 for the evacuation of the Insured to his natural country. This benefit is limited to the Maximum Benefit specified above and all services must be necessary for the care and treatment of the Insured. Any expenses for medical evacuation require prior approval of the claims office. Please call 800-550-4870 for prior authorization.

Traveler's Assistance Services

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

MEDEX Assistance Corporation
9515 Deereco Road, 4th Floor
Timonium, MD 21093 • (800) 537-2029

These Traveler's Assistance Services are not affiliated with or insured by Nationwide Life Insurance Company Inc.

OPTIONAL DENTAL COVERAGE

Optional Dental for State University Community College System of Tennessee:

Annual Dental Rate Per Person.....\$159.00

A limited dental plan that provides benefits for both diagnostic/preventive and primary services is available to Insured Persons on an optional basis.

The Dental Plan is available on an annual or semester basis and only to Insured Persons enrolled in the Student Health Insurance plan. The Dental Plan provides a Policy Year Maximum benefit of \$500.00.

If the student experiences a break in coverage or terminates the medical plan, the dental plan is also terminated. There will be no refund of premiums when the dental plan is terminated.

Policy Year Deductible per person\$50.00

Diagnostic and Preventive Services (You pay 0% of the Allowable Charge after the deductible has been satisfied.)

Oral exams	Space maintainers
X-rays	Biopsies of oral tissue
Prophylaxis	Pulp vitality tests
Emergency Treatment	

Primary Services (You pay 20% of the Allowable Charge after the deductible has been satisfied.)

Fillings	Re-cement crowns, inlays and bridges
Oral Surgery	
Endodontics	Anesthesia
Repair dentures	Periodontics

DENTAL EXCLUSIONS

Gold Foil Restoration, Gold Fillings, Inlays, Crowns, Bridges, Dentures, and Orthodontia Services for which treatment begins prior to the Policy Effective Date.

DENTAL LIMITATIONS

Two (2) of each of the following per Policy year:
Oral exams

One (1) of each of the following per Policy year:
Bitewing x-rays, Topical fluoride applications, Pulp vitality tests

One (1) full mouth x-ray every three (3) years. Benefits for fluoride applications and space maintainers are available only to participants under age 19.

WellDyneRx FAMILY BEST PRICE PROGRAM

Prescriptions – Dental – Vision

Prescription Discount Plan

The WellDyneRx Best Price Card is an easy way to help your members receive all their prescription drug needs with no monthly fees or administrative charges. WellDyneRx participants and their family can obtain savings of up to 60% on drug prices through our nationwide network of over 50,000 pharmacies, including major chains and community pharmacies. In addition your members can receive savings up to 10 to 50% on all their dental and visions needs. Actual savings may vary depending on the type of service and the provider used.

See our list of Pharmacies, save more and enjoy the convenience of home delivery on your medications by enrolling at www.welldynernx.com.

Dental Discount Plan

The dental discount plan offers significantly reduced fees saving members an average of 20% to 50% off of almost all General Dentists' and Specialists' standard fees. Members get access to nearly 70,000 credentialed DenteMax dentists nationwide. The dental discount plan is not insurance, which keeps it simple and more convenient.

To find a provider please go to www.dentemax.com or call 800-752-1547, then simply present your card at a participating provider to receive your discount.

Vision Discount Plan

The vision discount plan offers members a 10% to 50% savings when purchasing eyewear or receiving eye care at participating OUTLOOK Vision providers. Discounts are offered on eye exams, prescription glasses, sun glasses, contact lenses (mail order program available) and on surgical procedures (including PRK and LASIK) where available. Members receive the discounts at over 11,000 national and regional vision care centers. Our vision care provider network is one of the most comprehensive in the United States and includes ophthalmologists, optometrists, independent optical centers and national chain locations.

To find a provider please go online to www.outlookvision.com or call 800-342-7188, then simply present your card at a participating provider to receive your discount.

CLAIM PROCEDURE

In the event of Injury or Sickness, the Insured Person should:

- 1) Report to the Student Health Service for treatment, or when not in school; to their Physician or Hospital.
- 2) A Company claim form is **not required** for filing a claim. Mail to the address below all medical and Hospital bills along with the patient's name and Insured Person's name, address, ID number and name of the University under which the Insured Person is insured.
- 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 to be considered for payment. Bills submitted after one year following the 90 day period will not be considered for payment except in the absence of legal capacity.

THE PLAN IS UNDERWRITTEN BY:

Nationwide Life Insurance Company Inc.
3025124106

SERVICING AGENT

Albert "Al" Belanger
Health Benefits Concepts, Inc.
P.O. Box 15408 • Surfside, SC 29587
1-800-463-2317 • email: al@hbcstudent.com
www.hbcstudent.com

SUBMIT ALL CLAIMS OR INQUIRIES TO:

GM-Southwest
P.O. Box 6000 • Frisco, TX 75034
800-550-4870

ONLINE SERVICES:

Please visit our Website at www.gmsouthwest.com for Brochures, Enrollment Cards (printable using Adobe Acrobat), Coverage Receipts, ID Cards, Claims Status and other services.

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between this Brochure and the Policy, The Master Policy will govern and control the payment of benefits.

This Brochure is based on Policy #01-912701

STUDENT HEALTH INSURANCE IDENTIFICATION CARD
STATE UNIVERSITY AND COMMUNITY COLLEGE
SYSTEM OF TENNESSEE



Effective Date

Termination Date

Insured Student

Dependent Coverage Yes No

CLAIM FILING: Present this ID card at time of service

Mail claims to: **GM-Southwest**

P.O. Box 6000 • Frisco, TX 75034

website: www.gmsouthwest.com

Coverage verification calls: 1-800-550-4870

Nationwide Life
Insurance Company Inc.

Policy: #01-912701

← **Detach ID Card**

and retain for your records.

CLAIM INSTRUCTIONS

Claim should be submitted to the Company within 90 days after date of treatment. Please mail all medical and hospital bills along with the patient's name and insured student's name, address, ID number and name of the university under which the student is insured to P.O. Box 6000, Frisco, Texas 75034. Telephone 1-800-550-4870.

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NOTICE TO ALL HEALTH CARE PROVIDERS

This card is not a guarantee of coverage or benefits. For information concerning coverage, co-payment and claim instructions, please call Customer Service at 1-800-550-4870.