

**Carroll College Student Health Insurance
2009-2010 Academic Year**

All full-time students are required to carry health insurance. The premium for the Carroll College sponsored health insurance is included on semester billings statements. However, if you have existing health care coverage, the student health insurance premiums will be credited to your student account after you have signed a Student Health Insurance Waiver and submitted with a copy of your health insurance card. The waiver and a copy of your card must be completed and returned to the Business Office by the end of the first week of classes.

Currently Carroll College offers student health insurance through Blue Cross and Blue Shield of Montana (BCBS). The annual premium is \$1459 per student. If you do not turn in a Waiver you will receive your insurance certification and ID card within 6 weeks of the beginning of classes. Until cards are received you can give your medical services provider the group number (X51075-100) and your Carroll ID Number if you receive medical attention. Health insurance for spouse and children of students is available through Blue Cross and Blue Shield.

BCBS Student Health Insurance Benefit Summary	
Benefit Period	August 24, 2009 through August 31, 2010
Deductible	\$200 per benefit period per individual.
Maximum Member Liability	\$5,000.
Benefit Period Maximum	\$25,000 per benefit period per individual
Copayment	After deductible is paid, 20% of allowable fee is student's responsibility
Participating Professional Provider (Link below) http://www.bcbsmt.com/apps/provdir/ProvDirSearch.asp	Accepts the allowable fee as the maximum reimbursement for Covered Services.
Nonparticipating Professional Provider Differential	Allowable fee is 20% less than the Participating Professional Providers.
COVERED SERVICES	AFTER \$200 DEDUCTIBLE IS SATISFIED YOU ARE RESPONSIBLE FOR:
Inpatient Hospital Services	20% of allowable fee.
HEALTHLINK NETWORK: Link: http://www.bcbsmt.com/assets_global/EKfiles/pub_bene_healthlink.pdf <i>HealthLink is a Preferred Provider Organization (PPO) Network of hospitals and surgery centers. If services or supplies are obtained from a non-HealthLink Network Provider, payment will be reduced by 25 percent from that which would be paid to a HealthLink Provider. Although there may be some exceptions to the payment reduction, any payment reduction is the member's responsibility.</i>	
Skilled Nursing Services	20% of allowable fee.
Outpatient Hospital Services (Emergency Accident Care, Emergency Medical Care for Sudden & Serious Illness, Surgery, Chemotherapy, Radiation, Dialysis.)	20% of allowable fee.
Preadmission Testing	0% of the allowable fee. No deductible if obtained within 10 days of admission.
Surgical/Medical Services	20% of allowable fee.
Outpatient Therapy Services (Radiology, Radiation, Physical Therapy, Dialysis, ECG, EEG, Respiration Therapy, IV Therapy.)	20% of allowable fee.
Maternity Care services	20% of allowable fee.
Well-child services	0% of allowable fee; not subject to the deductible (birth to age two).
Immunizations	All ages. 20% of the allowable fee. No deductible or copayment for children 24 months and under.
Mammography	0% of the allowable fee up to \$70; not subject to deductible.
Prescription Drugs	20% of allowable fee.

**FOR MORE INFORMATION CONTACT
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