

## The Student Health Insurance Plan

All students are required to have health insurance. For students without adequate coverage, Carroll College is pleased to offer the special program described in this brochure. This plan has been developed especially for students by Blue Cross and Blue Shield of Montana (BCBSMT), who is committed to assisting college health professionals and administrators in providing students access to affordable health care.

## How Does the Student Insurance Plan Work?

This plan provides coverage for injuries and illnesses, on or off campus. It also includes special cost-saving features to keep the coverage as affordable as possible.

### Coverage

This plan protects enrolled students and their enrolled dependents on and off campus for weekends, holidays, summer vacations, at home, or while traveling, 24 hours per day for the benefit period.

### Coverage Periods

Coverage is on a semester basis. Coverage periods are the fall semester, the spring semester (which provides coverage up to the next fall semester), and summer-only coverage for students who attend in the summer but are not enrolled in the plan for the spring semester. The exact dates of coverage for each semester vary by year.

### Student Eligibility

1. Students who have enrolled for ten credit hours or more will automatically be enrolled for the entire semester unless a waiver form is completed and returned within the prescribed waiver period. The insurance charge will be assessed each semester.
2. Students who are enrolled for less than ten credit hours, but at least four credits, may elect to enroll for the insurance and make the required payment during the first fifteen days of classes.

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## 2009-2010 Carroll College Student Health Insurance Plan

Carroll  
MONTANA

 **BlueCross  
BlueShield  
of Montana**  
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## Need More Information?

A list of participating providers and other information can be accessed on the Blue Cross and Blue Shield of Montana website at: [www.bcbsmt.com](http://www.bcbsmt.com)

## Questions?

Contact your BCBSMT Representative:

Janine Rooney (406) 457-4558

Jody Stuart (406) 457-4546

Toll free 1-888-442-8010, ext. 4558 (Janine)  
or 4546 (Jody)

### THIS IS NOT YOUR CERTIFICATE

This brochure is not a contract with Blue Cross and Blue Shield of Montana. It is a summary of benefits and limitations. If there is any difference between this brochure and the group contract, the provisions of the group contract will govern.

 **BlueCross  
BlueShield  
of Montana**  
Live Smart. Live Healthy.®

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## Dependent Eligibility and Enrollment

If you are enrolled in the Student Health Insurance Plan, you may enroll your eligible dependents. Dependents must be enrolled each semester and payment must be made during the following time period:

1. Within fifteen (15) class days after the first day of classes for each semester; or
  2. Within thirty-one (31) calendar days after you acquire a new dependent; or
  3. Within thirty-one (31) calendar days after a dependent loses eligibility for another group health insurance plan.
- Your cost for added dependents will be the same as it would be at the beginning of that period. This plan provides coverage on a semester basis. After the time period described above elapses, you must wait until the next semester enrollment period.

### Effective Date

This is the date you and/or your dependents' coverage begins under the policy.

**1. Student**

A. The effective date of coverage for eligible students is the first day of the applicable semester.

B. If a student becomes eligible after the beginning of the applicable coverage period, the student's effective date will be the first day of the applicable coverage period after the required premium is paid.

### 2. Dependents

A. For dependents enrolled when you enroll, the effective date is the same as your effective date.

B. If a dependent becomes eligible after your effective date, the dependent's effective date of coverage will be:

- 1) The date of marriage (if application is received prior to the date of marriage); or
- 2) The date the application is received (if the application is received after the date of marriage but within 31 days of the date of marriage); and
- 3) After the required premium is paid.

### 3. Newborn Children

Students have 31 days to add a newly eligible dependent to coverage. The effective date shall be the newborn's date of birth.

A newborn dependent of a student shall be covered for a period of 31 days after birth. For coverage to continue beyond this 31-day period, the student must elect coverage for the newborn dependent and pay any applicable additional premium.

### No other refunds will be issued.

If a member dies mid-semester, an applicable premium will be prorated and refunded to the student or estate.

Students who withdraw for nonmedical reasons during the first 15 class days of a semester are not eligible for the Student Health Insurance Plan for that semester. A student must notify the Business Office of such withdrawal, and the entire cost of the coverage for that semester will be refunded (including dependents' coverage). Such a student will not be entitled to any benefits during the days described above, and no claims received will be honored.

### Refunds

Refunds will be made upon the entry of any insured person into the armed forces of any country. A prorated refund will be returned to student or campus.

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### Enrollment/Waiver Process

A specified period of time will be allowed at the beginning of each semester for enrolling in the plan or waiving coverage. For the fall and spring/summer semesters, the enrollment/waiver period will begin on the first day of scheduled classes each semester and end on the last day of the "add/drop period." New summer students must visit the Business Office on the campus within 15 class days to enroll in the summer-only coverage.

### Late Enrollment

Eligible students will not be allowed to enroll in the plan after the applicable enrollment/waiver period unless proof is furnished that the student became ineligible for coverage under another group insurance plan during the 30 days immediately preceding the date of the request for late enrollment. In such cases, the cost will be the same as it would have been at the beginning of that period. The coverage will be for the semester.

- ◆ Eligible spouse only
- ◆ Eligible spouse and children
- ◆ Eligible children only

If you are enrolled as a student and you wish to enroll a spouse upon your marriage, or a newborn or adopted child, or change your dependent coverage, call your BCBSMT Representative at:

Janine Rooney (406) 457-4558

Jody Stuart (406) 457-4546

Toll free 1-888-442-8010, ext. 4558 (Janine) or 4546 (Jody)

### Change in Family Status

If you are enrolled for dependent coverage, it is necessary that you notify BCBSMT whenever you change from one to another of the following classifications:

## Who Needs Health Insurance?

Everyone does, including students. Good health is essential to your academic success, and adequate insurance makes sure you get the care you need to maintain your good health. Unexpected medical bills can also threaten your ability to complete your education if you are uninsured or have inadequate coverage.

## Are You Sure You're Covered?

You may not be. An out-of-state student covered by a Health Maintenance Organization or other managed care program at home may have limited benefits in the state of Montana. Often students who are over age 21 or married are no longer covered as dependents under a parent's health insurance plan. Finally, some students declare financial independence to gain eligibility for financial aid programs. This may mean the student is ineligible for coverage as a dependent under a parent's plan regardless of the student's age. Check your current plan carefully to make sure you're covered.

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## Other Important Information

### Participating Providers

One of the biggest advantages of the Plan is access to the Blue Cross and Blue Shield of Montana network of participating providers. These doctors and other providers have agreed to accept, in addition to any deductibles and copayment, the allowable fee of Blue Cross and Blue Shield of Montana as payment in full for covered services. When you use a participating professional provider, you will not be responsible for any charges in excess of the allowable fee, even if your provider normally charges more. You are still free to choose a nonparticipating provider; however, you will have to pay any difference between the Plan's allowable fee and the provider's charges. The provider list can be accessed online at [www.bcbsmt.com](http://www.bcbsmt.com) or by calling 1-800-447-7828.

### Special Provisions

HealthLink is the PPO Network that is utilized under this benefit plan. HealthLink is a network of Hospitals and surgery centers that are participating within this network. HealthLink facilities are available throughout Montana and the Member receives a richer benefit by utilizing this network. If the Member obtains services or supplies from a non-PPO Network provider, payment will be reduced by 25% from that which would be paid to a PPO Network provider.

The exceptions to the Benefit reduction are:

- Emergency Services provided when a Member cannot reasonably reach a PPO Network provider
- Services that are unavailable within the PPO Network

### Prior Authorization

Prior authorization is recommended for some services to help you avoid unexpected expenses, benefit reductions, or claim denials. Contact BCBSMT at the number listed on the back of your benefits booklet. Prior authorization will help identify potential expenses to you if the proposed services, supplies, medications, or ongoing treatment:

- Is not medically necessary
- Does not meet the criteria in the BCBSMT Medical Policy
- Is not a benefit of this group health plan

Coverage for services, supplies, or treatment will be determined through the prior authorization process. Examples of covered services for which prior authorization is recommended include, but are not limited to:

- Sleep studies
- Hospice
- Home health
- Cosmetic/reconstructive surgery
- TMJ surgery
- Transplants
- Magnetic resonance imaging (MRI), computed axis tomography (CAT scan, CT scan), and positron emission tomography (PET scan)
- Cardiac therapy and pulmonary therapy
- Chronic pain programs
- Original purchase, repair, or replacement of durable medical equipment and prosthetics over \$500
- Therapy services and rehabilitation services to ensure that the services or treatment continue to promote improvement and demonstrate measurable progress
- Private duty nursing services
- Certain prescription drugs including:
  1. Growth Hormones
  2. Anorectics used for a condition other than weight loss

Benefit authorization is recommended for the following:

- Private Duty Nursing Services
- Home Health Care Services and Home Infusion Therapy
- Chronic Pain Programs
- Transplants
- Dialysis
- Other Major Medical Procedures

### Waiting Period for Preexisting Conditions

The first \$500 of covered charges for preexisting conditions will be covered subject to deductible and copayment. Then benefits will not be paid for services, supplies, or treatment related to care of any preexisting condition until you have been continuously covered for a period of 12 months from the date of enrollment.

A preexisting condition is a condition, whether physical or mental, for which, within the six-month period prior to your enrollment date, medical advice, diagnosis, care, or treatment was recommended or received. This waiting period for preexisting conditions does not apply to pregnancy, newborn children born to a covered member, children placed for adoption with a covered member, or to such a child who has been continuously covered since birth or placement for adoption.

Note: The \$500 benefit does not apply to any conditions that have been previously determined to be preexisting.

### Creditable Coverage

The period of any preexisting condition exclusion is reduced by the length of time of your creditable coverage applicable as of your enrollment date. Creditable coverage means any time you had coverage for comprehensive medical benefits under prior coverage.

A period of creditable coverage is not counted if, immediately following that coverage, there was a period of at least 63 continuous days during which you were not covered immediately prior to your enrollment in this plan.

## Benefits Summary

<b>Plan Year</b> .....	Academic Year – 9/1 through 8/31
<b>Individual Deductible</b> .....	\$200 per Plan Year
<b>Individual Maximum</b> .....	\$25,000 per Plan Year
<b>Individual Annual Maximum Out of Pocket Expense</b> (Deductible plus Copayment) .....	\$5,000 per Plan Year
<b>Nonparticipating Provider Differential</b> Professional and Facility Provider .....	20%

**YOUR COPAYMENT:** After you have satisfied your deductible, you pay a certain percentage of the Allowable Fee. This is your Copayment. The Allowable Fee is the maximum amount Blue Cross and Blue Shield of Montana will pay a provider for a covered service. **See Participating Providers.** Deductible applies except where noted.

## Covered Services

## Your Responsibility

<b>Hospital Facility Services (Inpatient and Outpatient)</b> Bed, board, general nursing services, ancillary services, surgery, chemotherapy, radiation therapy, and dialysis.	PPO Network Provider Services - <b>20%</b> Non-PPO Network Provider Services - <b>45%</b>
<b>Surgery Center Services—Outpatient</b> Inpatient surgery, outpatient surgery, inpatient medical services, outpatient medical services, and anesthesia for covered surgery.	PPO Network Provider Services - <b>20%</b> Non-PPO Network Provider Services - <b>45%</b> [Differential does not apply.]
<b>Convalescent Home</b> Skilled Nursing Facility, Extended Care and Transitional Care Units.	20% of the Allowable Fee.
<b>Emergency Room Services</b> Care for accidental injury and emergency medical conditions.	20% of the Allowable Fee.
<b>Professional Surgical/Medical Services</b> Inpatient surgery, outpatient surgery, inpatient medical services, outpatient medical services, and anesthesia for covered surgery.	20% of the Allowable Fee.
<b>Professional Outpatient Diagnostic Services</b> Radiology, Ultrasound and Nuclear Medicine Laboratory and Pathology, ECG, EEG and other Electronic Diagnostic Medical Procedures.	20% of the Allowable Fee.
<b>Professional Outpatient Therapy Services</b> Radiation Therapy, Chemotherapy, Dialysis Treatment, Physical Therapy, Respiration Therapy, Occupational Therapy, Speech Therapy, IV Therapy	20% of the Allowable Fee. [Chiropractic Services: limited to 5 visits per Plan Year.]
<b>Maternity Care Services</b>	20% of the Allowable Fee.
<b>Well Child Services</b> [through 7 years of age]	0% of the Allowable Fee. <i>Not subject to deductible.</i>
<b>Immunization</b> [all ages]	20% of the Allowable Fee. <i>No deductible or copayment for children under age seven.</i>
<b>Mammography Screening</b>	Paid at the actual charge or \$70, whichever is less, for each covered mammogram. [Deductible and copayment apply after the first \$70 is paid.]
<b>Mental Illness Treatment</b>	Same as any other eligible expense except benefits are limited to 30 days of inpatient care per Plan Year.
<b>Chemical Dependency/Substance Abuse</b> Inpatient and Outpatient Services [Detoxification is paid under medical benefits.]	20% of the Allowable Fee. Maximum of \$6,000/ year until \$12,000 is paid cumulative lifetime for inpatient services, then \$2,000/year thereafter.
<b>Ambulance Services</b>	20% of the Allowable Fee.
<b>Pre-Admission Testing</b>	20% of the Allowable Fee.
<b>Private Duty Nursing Services</b>	20% of the Allowable Fee.
<b>Dental Services</b> Related to accidental injury of natural teeth	20% of the Allowable Fee. [Extractions and related sedation have a maximum of \$1000 per Plan Year.]
<b>Durable Medical Equipment, Prosthetic Appliances, and Medical Supplies</b>	20% of the Allowable Fee.
<b>Home Health Care Services</b>	20% of the Allowable Fee. [180 visits maximum per Plan Year.]
<b>Hospice Care</b>	0% of the Allowable Fee. <i>Not subject to deductible.</i>
<b>Prescription Drugs</b>	20% of the Allowable Fee.

### Exclusions and Limitations - Brief Summary

Benefits are not payable for the following services under this Plan. These limitations and exclusions are described in more detail in the Certificate of Coverage.

1. Services not listed or described, and any services determined by Blue Cross and Blue Shield of Montana to be experimental, routine, preventive, or not medically necessary for treatment of an illness, injury or pregnancy, except as specifically included.
2. Dental services except as specifically included. This exclusion includes the treatment of temporomandibular joint dysfunction.
3. Mental Illness and Chemical Dependency Treatment, except as specifically provided for in this Plan. Excluded are services for marital and family counseling, educational, vocational, behavioral, recreational and coma stimulation therapy.
4. Services for injuries or diseases related in any way to your job.

5. Services for artificial insemination, in-vitro fertilization, or any type of artificial or surgical means of conception.
6. Acupuncture.
7. Services for, or related to, cosmetic surgery. Some procedures are usually cosmetic but may not always be. Benefits will be paid for these procedures but only if you obtain prior authorization before the surgery.
8. Services for eyeglasses, vision training or therapy, radial keratotomy, hearing aids, or examinations for the fitting or prescription of eyeglasses or hearing aids.
9. Services for diseases contracted or injuries sustained as a result of any act of war (declared or undeclared).
10. Expense due to participation in intercollegiate sports.
11. Benefits will not be provided for prescription drugs prescribed for weight loss or stop-smoking aids.
12. Services for dependent children 25 years of age or older.
13. Benefits for Obesity, weight reduction or control whether rendered for weight control or any other condition.