

## WHAT IS NOT COVERED?

Unless specifically provided for elsewhere under the Policy, the Policy does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, including routine care of a newborn infant.
2. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury.
3. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses, contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
4. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
5. For diagnostic investigation or medical treatment for infertility, fertility, or birth control.
6. Expenses in excess of Reasonable Expenses.
7. Expenses incurred for Injury resulting from the Covered Person's being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs. This exclusion does not apply to the Medical Evacuation Benefit and to the Repatriation of Remains Benefit.
8. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician. This exclusion does not apply to the Medical Evacuation Benefit and to the Repatriation of Remains Benefit.
9. Organ or tissue transplant.
10. Participating in an illegal occupation or committing or attempting to commit a felony.
11. For treatment, services, supplies, or Confinement in a Hospital owned or operated by a national government or its agencies. (This does not apply to charges the law requires the Covered Person to pay.)
12. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
13. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Policy.
14. Expenses incurred within the Covered Person's Home Country.
15. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, temporomandibular joint (TMJ) dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, except for repairs to sound natural teeth due to an Injury or as specifically stated in "Certain Dental Procedures on Children" and "Jawbone surgery," respectively, in Section 2.
16. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
17. Diagnosis and treatment of acne and sebaceous cyst.
18. Outpatient treatment for specified therapies including, but not limited to, Physiotherapy and acupuncture.
19. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
20. Self-inflicted Injuries while sane or insane; suicide, or any attempt thereat while sane or insane. This exclusion does not apply to the Medical Evacuation Benefit and to the Repatriation of Remains Benefit.
21. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; riot; civil commotion; or acts of terrorism.
22. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
23. Elective termination of pregnancy.
24. Loss arising from participation in professional sports, scuba diving, hang gliding, parachuting or bungee jumping.
25. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
26. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
27. Expenses incurred for treatment of sports-related accidents resulting from interscholastic, intercollegiate, intramural, or club sports.
28. Expenses incurred as a result of pregnancy that is not covered.

# Ohlone College

## 2010 – 2011

### SelectHealth Value Plan

Blanket Student Accident and Sickness Insurance



Administered by:

**GGH Benefits**

d/b/a Worldwide Insurance Services Agency  
One Radnor Corporate Center, Suite 100  
Radnor, PA 19087  
1.888.850.4770

[gghstudents.com](http://gghstudents.com)  
CA License #OC26161

Underwritten by:

**Anthem**   
Blue Cross

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No. B-1069-10a. This policy complies with state mandated benefits for California and therefore, Participants may be entitled to additional benefits. Please see the Certificate of Insurance on file with the Ohlone College for more information. If there is a difference between this program description and the certificate wording, the certificate controls.

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## WHO IS ELIGIBLE FOR COVERAGE?

All regular, full-time or part-time Eligible Participants, and their Eligible Dependents, of the educational organization or institution who:

1. Are engaged in international educational activities; and 2. Are temporarily located outside his/her Home Country as a non-resident alien; and 3. Have not obtained permanent residency status.

## WHEN DOES COVERAGE START?

Coverage for an Eligible Participant at 12:00:01 a.m. on the latest of the following: 1. The effective date of the Policy; or 2. The effective date shown on the Insurance Identification Card, if any; or 3. The date the requirements are met for Eligible class, or 4. The date the premium and completed enrollment form, if any, are received the Insurer or Administrator.

Thereafter, the insurance is effective 24 hours a day, worldwide except whenever the Covered Person is in his/her Home Country. In no event, however, will insurance start prior to the date the premium is received by the Insurer.

## WHEN DOES COVERAGE END?

Coverage for an Eligible Participant and Eligible Dependent will automatically terminate on the earliest of the following dates:

1. The date the Policy terminates; 2. The date of which the Eligible Participant or the Eligible Dependent ceases to meet the Individual Eligibility Requirements; 3. The end of the term of coverage specified in the Eligible Participant's enrollment form, if any, including any requested extension; 4. The date the Eligible Person requests cancellation of coverage (the request must be in writing); or 5. The premium due date for which the required premium has not been paid, subject to the Grace Period provision.

## WHAT TO DO IN THE EVENT OF AN EMERGENCY

All Eligible Participants are entitled to Global Assistance Services while traveling outside of their Home Country. In the event of an emergency, they should go immediately to the nearest physician or hospital without delay and then contact GGH Benefits. GGH will then take the appropriate action to assist and monitor the medical care until the situation is resolved. To contact GGH in the event of an emergency, call 1.800.257.4823 or collect to +1.610.254.8771.

## EXCESS COVERAGE

The Insurer will reduce the amount payable under the Policy to the extent expenses are covered under any Other Plan. The Insurer will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or other similar provisions. The amount from Other Plans includes any amount to which the Covered Person is entitled, whether or not a claim is made for the benefits. The Policy is secondary coverage to all other policies.

## gghstudents.com

Once Eligible Participants receive their Medical Insurance ID card from GGH Benefits, they should visit [gghstudents.com](http://gghstudents.com), and using the certificate number on the front of the card, sign in to the site for comprehensive information and services relating to this plan. Participants can track claims, search for a doctor, view plan information, download claim forms and read health and security information.

## PRE-EXISTING CONDITION LIMITATION

The Insurer does not pay benefits for loss due to a Pre-Existing Condition during the first 6 months of coverage. This limitation does not apply to a child born to or newly adopted by an enrolled Participant or their spouse, or to conditions of pregnancy. Also, if you were covered under Creditable Coverage, the time spent under the creditable coverage will be used to satisfy, or partially satisfy, the six-month period.

## CLAIMS SUBMISSION

Claims are to be submitted to GGH Benefits, c/o Anthem Blue Cross Life and Health Insurance Company, PO Box 60007, Los Angeles, CA 90060-0007, USA. See the [gghstudents.com](http://gghstudents.com) website for claim forms and filing instructions.

## WHAT IS COVERED BY THE PLAN?

Schedule of Benefits – Table 1

	Limits – Covered Person
<b>Medical Expenses</b>	
<b>Lifetime Maximum Benefit for All claims</b>	\$1,000,000
<b>Policy Year Maximum Benefits for All claims</b>	\$100,000
<b>Maximum Benefit per Injury or Sicknesses</b>	\$100,000
<b>Policy Year Out-of-Pocket Limit</b>	After the Covered Person reaches a \$5,000 Out-of-Pocket Limit, Insurer pays Reasonable Expenses at 100% up to the applicable maximum in the Schedule of Benefits. Copayments and amounts above the maximums do not apply toward the Out-of-Pocket Limit.
<b>Accidental Death &amp; Dismemberment</b>	Maximum Benefit: Principal Sum up to \$10,000 for Participant; up to \$5,000 for Spouse; up to \$1,000 for Child(ren)
<b>Repatriation of Remains</b>	Maximum Benefit up to \$15,000
<b>Medical Evacuation</b>	Maximum Lifetime Benefit for all Evacuations up to \$50,000

Schedule of Benefits – Table 2 – Medical Expenses

	Prudent Buyer Plan Participating Provider Limits	Non-Participating Provider Limits
<b>Physician Office Visits</b>	No Deductible, 80% of Negotiated Rates after \$20 Copayment per visit.	60% of Reasonable Expenses.
<b>Inpatient Hospital Services, and Hospital and Physician Outpatient Services</b>	80% of Negotiated Rates after \$50 Copayment per visit.	60% of Reasonable Expenses.

Schedule of Benefits – Table 3 – Medical Expense Benefits

Benefits listed below are subject to Lifetime, Annual, Policy Year and per Injury & Sickness Maximums, Coinsurance, Out-of-Pocket Maximums, and Table 2 Plan Type Limits.

MEDICAL EXPENSE	Limits – Covered Person
<b>Maternity Care for a Covered Pregnancy</b>	Covered Medical Expenses
<b>Inpatient treatment of mental and nervous disorders including drug and Alcohol Abuse</b>	Covered Medical Expenses up to \$5,000 Maximum per lifetime.
<b>Outpatient treatment of mental and nervous disorders including drug and Alcohol Abuse</b>	Covered Medical Expenses up to \$500 Maximum per lifetime.
<b>Treatment of Specified therapies, including acupuncture and Physiotherapy</b>	Covered Medical Expenses up to \$2,500 Maximum per Policy Year on an Inpatient basis.
<b>Therapeutic termination of pregnancy</b>	Covered Medical Expenses up to \$1,000 Maximum per Policy Year.
<b>Medical treatment of Injuries sustained as a result of a covered motor vehicle accident</b>	Covered Medical Expenses up to \$10,000 Maximum per Policy Year.
<b>Repairs to sound, natural teeth required due to an Injury</b>	100% of Covered Medical Expenses up to \$500 Maximum per Policy Year.
<b>Outpatient prescription drugs including oral and Norplant contraceptives</b>	50% of actual charge