

Frequently Asked Questions

For Boston College

2007-2008 Student Injury and Sickness Insurance Plan

Who do I contact if I have questions or need help?

Questions about enrollment, benefits, ID cards, how the plan works?

Koster Insurance Agency
500 Victory Road
Quincy, MA 02171
1-800-457-5599
Email: BCstudentinsurance@kosterins.com

Questions about a specific claim or claims payment?

Klais and Company, Inc.
1867 West Market Street, Akron, OH 44313
800-331-1096
Email: klaisclaims@klais.com
Or to register for claims look-up, go to www.klais.com and select "Status Link"

How can I find a Preferred Provider?

First Health (locally and nationally)
888-865-7774
<http://www.firsthealth.com/ccnUsa/index.html>

How can I find a participating pharmacy?

MEDCO Pharmacy Network
www.medco.com
800-711-0917

Questions about the EyeMed Discount Vision Plan?

www.enrollwiththeyemed.com
1-866-836-3633

Questions about the Basix Dental Savings Plan?

www.basixstudent.com

Enrollment/Eligibility

Who is eligible?

- All students enrolled in a degree program regardless of the number of credit hours and non degree students enrolled at least 75% of full-time, will be automatically enrolled in and billed for the Student Injury and Sickness Insurance Plan
- Non degree Graduate and WCAS students registering at the credit levels described in the brochure (see pages 1-2 of the 2007-2008 Student Injury and Sickness Insurance Plan brochure for more details) will be automatically charged and enrolled in the Boston College plan
- Students who are not citizens or permanent residents of the United States will be automatically enrolled in the Boston College plan regardless of the number of the credit hours for which they are enrolled.

I have my own coverage that is comparable to the Student Injury and Sickness Insurance Plan. How do I waive participation in the school's plan?

Students who do not want to be enrolled in the Student Injury and Sickness Insurance Plan can waive the plan by providing proof of comparable coverage.

- Students over the age of 18 must provide this proof electronically through Agora.
- Log on <http://agora.bc.edu> and complete an online waiver form
- Students under the age of 18 must complete a written Waiver Form. The form must be signed by the parent or guardian and student. A written Waiver Form is available at <http://www.bc.edu/offices//stserv/forms/#med>

Do I get an ID card?

- You will receive an insurance ID Card at the address the school has on file for you – either your on-campus address or your local address. Carry it at all times and show it to any health care provider or pharmacy before receiving care or filling a prescription.
- If you need to see a doctor before you receive your ID card, tell the provider that you are covered under the Boston College Student Injury and Sickness Insurance Plan. Your provider can call Koster Insurance Agency at 800-457-5599 to verify eligibility. You do not need your card in order to be eligible to receive benefits.
- If you need an ID card, request one online at: www.kosterweb.com

Insurance Plan Benefits

I'm a returning student and currently enrolled in the Student Insurance Plan, what enhancements have been made for 2007-08?

There are several changes being implemented for the 2007-2008 policy year:

- 1) The wellness benefit maximum will be increased to \$200.00 per policy year.
- 2) The Outpatient Miscellaneous Expense Benefit will be increased to \$2,000.
- 3) The policy year deductible will be waived for lab work ordered by Boston College Health Services through Quest Diagnostic.
- 4) A prescription mail service program, Medco By Mail, has been added to the pharmacy benefit.

What is covered under the Student Insurance Plan?

- The plan covers medical expenses, including inpatient hospitalization, room and board, surgery, nursing services, maternity care, outpatient hospital services, diagnostic testing, lab work and x-rays, emergency services, inpatient and outpatient mental health services, and prescription drugs.
- The plan also provides coverage for students traveling or studying abroad, including travel assistance services, medical evacuation and repatriation of remains.
- Please refer to the brochure for a complete plan description, including limitations and exclusions.

How are prescription drugs covered?

The Prescription Program is available through the MEDCO Pharmacy Program. The expense incurred for the cost of a 30 day supply is:

- \$10 co-payment for a covered formulary generic prescription drug
- \$25 co-payment for a covered formulary brand-name prescription drug
- \$45 co-payment for a covered non-formulary brand-name prescription drug

The maximum benefit available for prescriptions drug expense is \$1,000.00 per policy year.

Formularies are reviewed on a regular basis and may result in a change to the copayment amount to correspond to the change in the formulary. Dispensing generic prescription drugs is mandatory; dispensing brand name drugs is subject to medical necessity.

You will be given an ID card to show to the pharmacy as proof of coverage. If a prescription must be filled prior to receiving a permanent ID card or if a prescription is filled at a non-participating MEDCO

Pharmacy, you will need to pay for the prescription and then seek reimbursement. Reimbursement is made upon submitting a completed Rx claim form. Claim forms for reimbursement can be obtained at www.kosterweb.com or by calling Koster Insurance Agency.

Outpatient medications for treatment of a Covered Expense are considered covered prescriptions under the plan. If the treatment of the medical condition is limited or excluded, the outpatient prescription is likewise, limited or excluded.

New Medco By Mail

This mail service program allows students to obtain a 90-day supply of a covered prescription medicine by paying a copay 2 times the monthly tier copay. When you use the Mail Service Prescription Drug Program you will need to complete a "Medco By Mail" Order Form and mail it directly to Medco with your doctor's signed prescription form. A brochure describing the Mail Service Program, "Medco By Mail" Order Forms and accompanying mailing envelope will be available online or by contacting Koster Insurance Agency. Once you file your first prescription by mail, you can then order refills online by going to www.medco.com. Mail order prescriptions will not be filled less than 45 days from the termination date of the policy.

What if I have a pre-existing condition, am I covered?

Yes, if you were previously covered under another health insurance plan for at least 6 months immediately prior to enrolling in the Student Injury or Sickness Insurance Plans without a lapse in coverage of more than 30 days, any pre-existing condition will be covered. If you were not enrolled in another health insurance plan or had a lapse in coverage of more than 30 days, you will have limited coverage for a pre-existing condition – up to \$2,500 per sickness or injury. Once you've been enrolled in the Student Injury or Sickness Insurance Plan for 6 months, your pre-existing condition will be covered as any other condition.

Am I required to get a referral from my school's Health Services before I seek treatment elsewhere?

No, there is no referral required from Health Services. However, students should be aware that on campus Health Service is available to them. Please visit www.bc.edu/offices/uhs/ to learn about the services provided by Health Services.

Does this plan cover me when I am off campus?

Yes, the Student Injury and Sickness Plan covers you anywhere in the world during semester breaks and summer vacations. You'll be covered for the period for which you paid a premium. So if you paid premium for the entire year, you would be covered from August 7, 2007 to August 7, 2008.

Will this plan cover me if I travel/study abroad?

Yes, this plan provides worldwide coverage. When you receive services from a provider that does not participate in the FirstHealth network (the FirstHealth network only applies to services within the United States), reimbursement will be made at 80% of Usual and Customary Charges. The Student Injury and Sickness Insurance Plan provides coverage for medical evacuation and repatriation of remains and provides Travel Assistance Services. These services are arranged by Scholastic Emergency Services, Inc. Scholastic Emergency Services, Inc is the new name of Assist America.

Scholastic Emergency Services, Inc. services include Emergency Medical Evacuation and Return of Mortal Remains that meet the United States requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of local emergency services such as an ambulance requested through emergency 911 telephone assistance. All Scholastic Emergency Services, Inc. services must be arranged and provided by Scholastic Emergency Services, Inc. prior to receiving services; any services not arranged by Scholastic Emergency Services, Inc. will not be considered for payment.

Scholastic Emergency Services, Inc. is not travel or medical insurance, but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to Klais and Company and are subject to the policy limits of this health coverage. All assistance services must be

arranged and provided by Scholastic Emergency Services, Inc. Claims for reimbursement for services not provided by Scholastic Emergency Services, Inc. will not be accepted. Please refer to the Student Injury and Sickness Insurance brochure for details about the services available.

My plan has a deductible, what is a deductible?

Deductible means an amount (for which you are responsible) to be deducted from the amount payable as a covered medical expense before payment is made by the claims company. The deductible applies per person per policy year. The 2007-2008 student insurance plan has a \$150 per person per policy year deductible. Once you have paid the \$150 deductible, whether it's applied to one service or multiple services, the plan will pay for covered medical expenses as indicated in the plan brochure.

For example, if you go to the emergency room and the bill for the emergency room is \$600 and this is the first claim you incur for the 07-08 policy year, the \$150 deductible will be subtracted from the payment to the provider and then the claim will be paid according to policy; you will be responsible for paying the \$150.00 deductible plus the ER co-pay.

If you go to a doctor's office and the bill for services received is \$100 and this is the first bill you incur for the 07-08 policy year, the plan will apply the \$150 deductible and in effect not pay for these services. If you then go to the emergency room, the remainder of your deductible (\$50) will be applied to the emergency room claim and then the claim will be paid according to the policy.

What is a co-pay?

A co-payment is a fee that many insurance plans require an insured to pay for certain medical services (such as a physician's office visit). Also, a co-payment is an amount that the insured must pay toward the cost of each prescription under a prescription drug plan.

For the 2007-08 policy year, the co-payments are:

- \$20 co-payment for outpatient office visits.
- \$35 co-payment for Outpatient Hospital Department visits
- \$100 co-payment for Emergency Room visits (waived if admitted)

Finding a provider

Can I go to any doctor or hospital?

Yes. However, you can save money from seeing providers that participate in the FirstHealth Preferred Provider Network.

- Your out-of-pocket expenses will be less because Network providers are reimbursed at 100% of the Preferred Allowance; Out-of-Network providers are reimbursed at 80% of Usual and Customary charges.
- Preferred Allowance is a preferred negotiated fee that providers have agreed to accept as their payment. Out-of-Network providers have not agreed to accept the Preferred Allowance as their payment.
- You should be aware that Network hospitals might be staffed with Out-of-Network doctors, so it's not a guarantee that all charges will be paid at the preferred allowance.
- Take the time to ask the providers you want to see if they participate in one of the Network provider networks.

How do I find a Network Provider?

To locate providers that participate in the FirstHealthnetwork, go to <http://www.firsthealth.com/ccnUsa/index.html> or call 1-888-685-7774.

Claims Processing

If I receive a bill for services I received, what should I do?

Physicians should bill the claims administrator directly. If you receive a bill, you should forward it to the claims administrator at the address below. You do not need a claim form. Make sure your name, ID number, and school name are on the bill, make a copy for your records, and send it to the claims administrator.

Klais and Company, Inc.
1867 West Market Street
Akron, OH 44313
800-331-1096
E-mail: klaisclaims@klais.com

Is any other information needed in order to pay a claim?

If the treatment you received was a result of an accident, you might receive a letter from Klais and Company, Inc. asking you for information about the accident, i.e. was it the result of a car accident, from playing sports, etc. You may also receive a letter if there is a question as to whether a condition was a pre-existing condition. Your claim cannot be processed without this information, so please respond to the correspondence you receive promptly.

Plan Enhancements

Does this plan cover the cost of routine eye exams or the cost of eyewear?

- The Student Injury and Sickness Insurance Plan does not cover these vision services, but if you are enrolled in the insurance plan, you also get enrolled in the EyeMed Vision Program.
- EyeMed's plan includes discounts on prescription eyeglasses, contact lenses or even non-prescription sunglasses. Some of the nation's most highly qualified laser vision correction surgeons will even offer savings.
- EyeMed has over 20,000 providers, including LensCrafters, Pearle Vision and Target.
- Contact EyeMed at: <http://www.enrollwiththeyemed.com>
- This is not an Insurance Plan.

What about dental coverage?

The Student Injury and Sickness Insurance Plan covers accident treatment to sound, natural teeth. However, enrollment in the Student Insurance Plan includes a Dental Savings Program.

The Dental Savings Program is an exclusive plan for students enrolled in the Student Injury and Sickness Insurance Plan. The program is operated by Basix, LLC to provide students with access to general and specialty dental care from a select network of local dentists. The network of providers has met strict credentialing and quality assurance requirements. The network of participating dental providers has agreed to accept negotiated prices for the services provided. Students will be responsible for paying for services they receive at the time of the visit. Students will generally save from 20% to 50% of charges for a wide range of dental services – from routine cleanings to root canals. Because the Dental Savings Program is not insurance, there are no claim forms, annual maximums, benefit limitations and conditions or other plan provisions. Students can log onto the website, www.basixstudent.com to locate participating dental providers, download the fee schedule and learn more about the Program. This is not an Insurance Plan.

Additional Coverage Options

Is there any supplemental coverage I can purchase in addition to the Student Insurance Plan?

There is no additional coverage.

Can I continue coverage after the policy terminates?

No, there isn't an option to continue coverage after the policy terminates. You can contact Koster Insurance Agency to learn other possible options.

This document is only a summary of the benefits available. Please refer to the actual Student Injury and Sickness Insurance Plan brochure for a description of the benefits available and exclusions and limitations of the plan.