



2010-2011 Student Accident & Health Plan Summary for Centenary College of Louisiana

Every full-time student is provided a \$5,000 Basic Accident Benefit. This coverage is in effect for the 9 month academic year. All full-time students are then automatically enrolled in the Hard Waiver Accident & Health Plan. The Hard Waiver Accident & Health Plan is provided at an annual cost of \$385 per student. Participation in this plan is mandatory unless evidence of primary major medical insurance is provided via the on-line waiver which is found on the Centenary College of LA website or <http://www.eiaa.org/ccla>.

Excess Coverage: This plan will consider benefits after any other valid and collectible insurance pays its benefits. This plan will cover eligible deductibles and co-payments not covered by your primary insurance carrier.

BASIC ACCIDENT LIMIT:	\$5,000
Deductible:	\$0
Benefit Schedule:	100% of the Usual, Reasonable & Customary (URC)
Benefit Period:	12 months from the date of the accident

The above coverage is automatically provided to every full-time student.

HARD WAIVER ACCIDENT & SICKNESS LIMIT:	\$10,000 Aggregate Limit
Increased Accident Benefit Limit:	\$5,000
Deductible:	\$5,000 (satisfied by the Basic Accident Plan)
Benefit Schedule:	80% of the URC charge
Benefit Period:	12 months from the date of accident
Sickness Benefit Limit:	\$10,000 Aggregate Limit
Deductible:	\$0
Pre-existing Conditions:	Covered under sickness benefits
Benefit Period:	12 months (August 1 to July 31)
Inpatient Sickness Hospital Benefit:	\$10,000
Benefit Schedule:	100% of the first \$500; 80% thereafter to the aggregate limit. Semi-private rate. Includes coverage for all charges incurred while hospital confined.
Outpatient Surgical Benefit:	\$1,000
Deductible:	\$50
Benefit Schedule:	100% of the URC charge. Includes coverage for all charges for outpatient surgical charges.
Outpatient Emergency Room Benefit Limit:	\$500
Referral:	Requires a referral from the Student Health Center
Benefit Schedule:	100% of the URC charge
Covered Services:	In the case of a true medical emergency, covered services would include but not limited to; emergency room services, ambulance service, diagnostic x-ray or laboratory services, or therapeutic services or supplies.
Outpatient Diagnostic X-Ray & Lab Limit:	\$200
Deductible:	\$10
Benefit Schedule:	100% of the URC charge
Covered Services:	Includes but not limited to diagnostic x-ray, including ultrasound, Magnetic Resonance Imaging (MRI) and Computerized Axial Tomography (CAT Scan) or laboratory services under the direction of a doctor.

Physician Office Visits Benefit Limit:	\$75 per office visit; limited to 5 visits per condition
Co-Pay	\$10 per office visit
Referral:	Requires a referral from the Student Health Center
Benefit Schedule:	100% of the URC charge
Covered Services:	Physician office visits.
Mental Health & Substance Abuse Benefit Limit:	\$500
Co-pay:	\$10 per office visit
Benefit Schedule:	100% of the URC charge
Covered Services:	Includes but not limited to services of a licensed psychiatrist, doctor (as defined by the policy), psychologist and lab services.
Prescription Benefit Limit:	\$250
Covered Services:	Prescriptions resulting from accident or sickness. <i>Oral contraceptives are covered at 50% after the applicable co-pay listed below.</i>
Co-pay:	\$10 for generic; \$20 for brand name prescriptions

Please note: This plan does not cover wellness exams.

The above outline of coverage is intended only as a quick reference and does not limit or amplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file with the College.