

# 2022–2023 Domestic Student Injury and Sickness Insurance Plan for **LAWRENCE ACADEMY**



## **Eligibility**

All Domestic students attending a private secondary school for this coverage and who are registered for credit courses are eligible to enroll in this insurance Plan. Students must actively attend classes for at least the first 31 days and/or actively attend a school sponsored camp or program after the date for which coverage is purchased. The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met.

## **Effective and Termination Dates**

This insurance Plan becomes effective at 12:01 am on August 20, 2022

This insurance Plan terminates at 11:59 pm on August 19, 2023

## **Where can I get more information about the benefits available?**

The plan brochure provides more detail of the coverage including benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Please contact the school for copies of the plan brochure.

## **Who can answer questions I have about the plan?**

If you have questions or complaints, please contact the Plan Administrator:

Gigi Warren  
Clifford Allen Associates, Ltd.  
PO Box 23615  
Hilton Head Island, SC 29925  
(888) 342-2224

## **For claims submission:**

HealthSmart  
PO Box 94468  
Lubbock, TX 79493-4468  
(833) 780-3892  
[www.healthsmart.com/CAA.aspx](http://www.healthsmart.com/CAA.aspx)

This plan includes a network of medical professionals, including physicians and hospitals, known as the Preferred Provider Organization (PPO). The In-Network Provider for this plan is Cigna.

The following services require Pre-Authorization: All in-patient confinements, and other inpatient care and inpatient surgery and surgical procedures organ transplants or marrow reconstitution, and the following Prescription Drugs: growth hormones, immunosuppressant, HIV antiretroviral medications, and Investigational/Experimental drugs. Penalties will apply for Non-Pre-Authorization. Please see your Policy for complete details.

## **Non-Insurance Assistance Services**

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Non-Insurance Assistance services are provided by On Call International and are not insurance benefits. An outline of the assistance services appears below.

### **Medical Emergency Services**

- Worldwide, 24-hour medical location service
- Medical case monitoring, arrange communication between patient, family, physicians, employer, consulate, etc...
- Medical transportation arrangements –Emergency Evacuation/Repatriation/Return of Remains
- Emergency message service for medical situations

**Legal Assistance**

- Worldwide, 24-hour contact for non-criminal legal emergencies
- Legal referral to help you locate a consular official or attorney

**Travel Assistance**

- Help with lost passports, tickets and documents

**On Call International**

- U.S.: (866) 509-7715
- E-mail for emergencies to mail@oncallinternational.com

### Highlights of the Coverage

*This list is not all inclusive. Please read the Policy for complete listing of benefits and any individual benefit maximums, exclusions or limitations.*

Cost-sharing will not be imposed for Medically Necessary coronavirus testing and treatment in accordance with DPH (Department of Public Health) and CDC (Centers for Disease Control and Prevention) guidelines.

**This health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance.**

**Physician profiling information may be available from the Board of Registration in Medicine for physicians licensed to practice in Massachusetts.**

**The Policy provides benefits based on the type of health care provider selected. The Policy provides access to both In-Network Providers and Non-Network Providers. Different benefits may be payable for covered expenses rendered by In-Network Providers versus Non-Network Providers, as shown in the Schedule of Benefits.**

**The Coinsurance percentage for health care services rendered by a Non-Network Provider is no more than twenty (20) percentage points greater than the highest Coinsurance percentage for the same services rendered by an In-Network Provider, excluding reasonable Deductibles and Co-payments.**

	In-Network Provider	Out-of-Network Provider
Medical Expense Maximum	Unlimited	
Policy Term Deductible	\$2,000	
<b>Coinsurance</b> <i>All benefits are subject to specific benefit limitations, maximums and Copays as described in the plan brochure.</i>	100% of Preferred Allowance, except as noted	80% of Usual, Reasonable & Customary Charges (URC), except as noted
Hospital Room & Board Benefit	100% of Semi-Private Daily Room Rate Preferred Allowance	80% of Semi-Private Daily Room Rate
Hospital Miscellaneous Expense Benefit	100% of Preferred Allowance	80% of URC
<b>Physiotherapy</b> <i>60 visits maximum (Per Policy Year)</i>	100% of Preferred Allowance	80% of URC
<b>Surgeon's Fees</b> <i>If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.</i>	100% of Preferred Allowance	80% of URC
Assistant Surgeon	100% of Preferred Allowance up to 30% of surgeon allowance	80% of URC up to 30% of surgeon allowance
Prescription Drug Benefit	\$0 co-pay per prescription, 30-day supply per prescription (when utilizing a HeathSmartRX Solutions Pharmacy) Plan deductible does not apply	100% of Charges - Plan deductible does not apply
<b>Wellness Medical Expense Benefit:</b> <i>Wellness includes, but not limited to, annual physicals, GYN exams, screenings and immunizations (see the policy on file with the school for complete details)</i>	100% of Preferred Allowance – Plan deductible does not apply	80% of URC – Plan deductible does not apply
<b>The following benefits may also be included:</b> <i>This list is not all inclusive. Please read the Policy for complete listing of benefits and any individual benefit maximums, exclusions or limitations.</i>	<ul style="list-style-type: none"> <li>▶ Physician's Visits</li> <li>▶ Diabetes Treatment</li> <li>▶ Urgent Care</li> <li>▶ Emergency Room</li> <li>▶ In-Patient and Out-Patient Mental &amp; Nervous Conditions</li> <li>▶ Emergency Dental – Injury to Natural Teeth only</li> </ul>	<ul style="list-style-type: none"> <li>▶ Interscholastic Sports Benefit</li> <li>▶ Laboratory and X-Ray</li> <li>▶ Durable Medical Equipment</li> </ul>

State-Mandated Benefits include: Hypodermic Needles/Syringes Benefit, Hospice Care Benefit, Home Health Care Expense Benefit, Cytologic Screening and Mammographic Expense Benefit, Maternity and Pre-Natal Care Expense Benefit, Early Intervention Services Benefit, Hearing Aids Benefit, Speech, Hearing and Language Disorders Benefit, Pediatric Specialty Care, Autism Spectrum Disorder Benefit, Cleft Lip and Cleft Palate Benefit, non-Prescription Enteral Formulas and Low Protein Food Formulas Benefit, Prosthetics Benefit, Scalp Hair Prosthesis Benefit, Qualified Clinical Trials Benefit, Bone Marrow Transplant Benefit, Cardiac Rehabilitation Benefit, Human Leukocyte Testing Benefit, Lipodystrophy Syndrome Benefit, Long-Term Antibiotic Therapy Benefit, Off-Label Drug Use Benefit, Telemedicine Benefit and Outpatient Contraceptive Services Benefit. All mandated state benefits, whether appearing here or not, will be provided per the laws of the state of Massachusetts.

This Plan is underwritten by United States Fire Insurance Company. This Policy is a Non-Renewable Policy.

### Exclusions and Limitations:

The plan does not cover any loss resulting from any of the following unless otherwise covered under the Policy by Additional Benefits.

1. War or any act of war, declared or undeclared;
2. Charges which are in excess of Usual, Reasonable and Customary charges, if applicable;
3. Charges that are not Medically Necessary;
4. Charges provided at no cost to the Covered Person
5. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
6. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered Cosmetic Surgery unless it results from a covered Injury or Sickness);
7. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
  - a) While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
  - b) While being used for any test or experimental purpose; or
  - c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
  - d) While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.
  - e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere. Except as a fare paying passenger on a regularly scheduled commercial airline.
8. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column, unless specifically covered by Policy.
9. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person;
10. Any Covered Loss paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Policyholder;
11. Eyeglasses, contact lenses, hearing aids, or examinations for prescriptions;
12. Rest cures or Custodial Care.
13. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident .
14. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal act;
15. Voluntary, active participation in a riot or insurrection;
16. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance.
17. Expenses incurred for an Accident or Injury or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage.

## DEFINITIONS:

The following definitions apply to the Plan. This is only a summary, for a complete listing of definitions, please see the Policy on file with the school.

**Accident** means an unforeseeable and unexpected event which Causes Injury to one or more Covered Person

**Physician** means a:

- 1) Doctor of Medicine (M.D.); or
- 2) Doctor of Osteopathy (D.O.); or
- 3) Doctor of Dentistry (D.M.D. or D.D.S.); or
- 4) Doctor of Chiropractic (D.C.); or
- 5) Doctor of Optometry (O.D.); or
- 6) Doctor of Podiatry (D.P.M.);

who is a qualified practitioner of medicine. As such, he or she must be acting within the scope of his/her license under the laws in the state in which he or she practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, or a Covered Person's Immediate Family.


Physician will also mean any licensed practitioner who We are required by law to recognize as a Physician. This includes a certified nurse practitioner, a certified nurse-midwife, a Physician's assistant, social worker or psychiatric nurse to the same extent that their services would be covered if performed by a Physician. Physician will also mean a licensed mental health professional, which may include a psychologist, independent clinical social worker, mental health counselor, nurse mental health clinical specialist, licensed alcohol and drug counselor or a family therapist within the lawful scope of practice for such therapist.

**Sickness** means illness or disease which requires treatment by a Physician while covered by the Policy. The Sickness would occur after the effective date of a Covered Person's coverage under the Policy and while the Policy is in force. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

**Plan is underwritten by:** United States Fire Insurance Company. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. This is a brief summary of coverage and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the Policy on file with the school for complete detail.

**NONDISCRIMINATORY:** Health care services and any other benefits to which a Covered Person is entitled are provided on a nondiscriminatory basis, including benefits mandated by state and federal law.

**THIS IS LIMITED BENEFIT COVERAGE. READ IT CAREFULLY. THE POLICY IS NOT RENEWABLE.**

 **This health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance.**

This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, a In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the Policy meets any obligations you may have under PPACA.

## **Disclosures**

In the event that We require a Covered Person to contact either Our designee or the Physician of the Covered Person or Us within forty-eight (48) hours of receiving Emergency Services, that notification already given to Our designee, the Physician or Us by the attending emergency Physician shall satisfy that requirement.

The Department of Public Health Office of Patient Protection (OPP) is available to answer questions concerning the legislation, regulation or a Covered Person's rights as a managed care consumer. All information specified in 211 CMR 52.16 is available to any Covered Person or any prospective insured from the Office of Patient Protection. He can contact the Office of Patient Protection by phone (1-800-436-7757) or fax (617-624-5046) or via the internet site ([www.state.ma.us/dph/bhqm](http://www.state.ma.us/dph/bhqm)).

### **The Covered Person may call toll free 833 780-3892 for the following:**

1. To locate an In-Network Provider in the area.
2. To find the estimated or maximum allowed amount or charge for a proposed admission, procedure or service.
3. To find the estimated amount the Covered Person will be responsible to pay for a proposed admission, procedure or service that is a Medically Necessary covered benefit, based on the information available to the Company at the time the request is made, including any facility fee, Co-payment, Deductible, Coinsurance for any covered benefits.

For more information on benefits, Covered Expenses, Co-payments, Deductibles from In-Network and Non-Network Providers and covered Prescription Drugs, call toll-free 833 780-3892

The Covered Person shall not be required to pay more than the disclosed amounts for the Covered Benefits that were actually provided.

Whenever a location where health care services are provided is part of the Network, the Company will cover Medically Necessary Covered Benefits delivered at that location. The Covered Person will not be responsible for paying more than the amount required for In-Network services delivered at that location even if part of the Medically Necessary Covered Benefits are performed by a Non-Network Providers, unless the Covered Person has a reasonable opportunity to choose to have the service performed by an In-Network Provider.

Please keep this brochure of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of the accident and sickness coverage are set forth in the plan issued to your school. For a detailed plan description, exclusions, and limitations, please view the plan on file with your school. The issued policy contains a complete description of reductions, limitations, exclusions, definitions and termination provisions. If there is any conflict between this brochure and the Policy, the Policy shall govern in all cases. Insurance is underwritten by United States Fire Insurance Company with its principal place of business at 5 Christopher Way, Eatontown, NJ.

Policy # US1393615