



# Mercer University Student Health Insurance Program (MUSHiP)

## Schedule of Benefits Summary

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2024-2025

Core Management Resources  
Customer Service Questions: 888-741-2673  
To Waive/Enroll: <https://studentplan.corehealthbenefits.com/Mercer/>



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## Eligibility

**Important:** Unless a qualifying event occurs, eligible students may enroll only during the semester open enrollment period.

A person is eligible for coverage under the **Mercer University Student Health Insurance Program (MUSHiP)** if he or she is:

1. All students, Domestic or International Undergraduate who register for three (3) or more credit hours are automatically assessed the “mandatory insurance requirement” single student health insurance coverage unless they have waived coverage during the appropriate semester/sessions.
2. Graduate or Professional student who enrolls in a graduate level course that is three (3) or more credit hours.

**EXCLUDED:** Regional Academic Center Students are not eligible to participate

**EXCEPTIONS:** Non- U.S. Citizen Students are automatically enrolled in the Student Health Insurance. Also, Graduate Assistants in their Master’s program are eligible to purchase the Mercer Insurance.

The dependent(s) of a Covered Student are also eligible for insurance under this Program for an additional premium. For additional information and rates for dependents, please call: 1-888-741-2673.

Eligible dependents are:

1. The Covered Student's spouse residing with the Covered Student;
2. The Covered Student's or spouse's child until the date such child attains age 26.

A dependent may become eligible for coverage under the Program only when the student becomes eligible; or within 31 days of marriage, birth or adoption.

Eligibility requirements must be met each time premium is paid to continue coverage. The Company maintains the right to investigate student status and attendance records to verify that the Program eligibility requirements have been met. If it is discovered that the Program eligibility requirements have not been met, the Company's only obligation is to refund premium less any claims paid.

**NOTE:** Except as specifically provided under the Plan, dependent coverage terminates concurrently with that of the Covered Student.

All students will be automatically enrolled and charged the premium. The premium under the Program will appear on the Student's Tuition Bill. Students that show proof of other insurance coverage can waive this coverage. All waivers must be completed by that student's waiver deadline. Students may waive insurance online at: <https://studentplan.corehealthbenefits.com/mercero>

## Enrollment & Premiums

Enrollment is only allowed during Open Enrollment Periods. Open Enrollment for students, other than students enrolled in Session classes, ends 31 days after the start of the Fall and Spring/Summer Coverage Terms. Open Enrollment for students enrolled in Session classes will be determined by the University at the beginning of each session. Open Enrollment for spouses and dependent children will end at the same time as the covered student. *For additional information and rates for dependents, please call: 1-888-741-2673.*

**The only exceptions are the following qualifying events with appropriate documentation:**

1. Adding a new Spouse or Dependent Child (within 31 days of marriage, birth or adoption)
2. Enrolling as a new or transfer Student (within 31 days of enrollment at the University)
3. Loss of Coverage (within 31 days)

Premiums*: (Fall Semester Coverage: 8/1/2024–12/31/2024) and Spring/Summer Semester Coverage**: 01/01/2024–7/31/2025)		
Age-Band	Student Rate Per Semester	Student Rate Per Session
<25	\$1,334	\$667
25-34	\$1,526	\$763
35-44	\$2,288	\$1,144
45-54	\$3,434	\$1,717
55-64	\$5,154	2,577
65+	N/A	N/A

\*Student Health Insurance Program Premiums include an additional administration fee.

\*\*When students purchase spring/summer semester coverage, no additional premium is due for summer coverage.

## Effective and Termination Dates

The coverage of an eligible student who enrolls for coverage under the Program shall take effect on the latest of the following dates: (1) the Program Effective Date; (2) the day after the date for which the first premium for the Covered Student's coverage is received by the Company; (3) the date the member's term of coverage begins; or (4) the date the Student becomes a member of an eligible class of persons as described in the Description of Classes section of the Schedule of Benefits in the Plan.

Insurance for a Covered Student will end at 11:59 p.m. on the first of these to occur:

- (a) the date the Program terminates.
- (b) the last day for which any required premium has been paid; or
- (c) the date on which the Covered Student withdraws from the school because of entering the armed forces of any country (Premiums will be refunded on a pro-rata basis (less any claims paid) when written request is made.) If withdrawal from the University is for other than the Covered Student's entry into the armed services, no premium refund will be made. Students will be covered for the Program term for which they are enrolled and for which premium has been paid.

## Premium Refunds

Student premium refunds are not allowed unless the covered student enters full-time active duty in any Armed Forces\*.

(\*Excludes Reserve or National Guard duty for training unless it exceeds 31 days. Submit proof of service to receive a pro-rata refund of premium for this period, less any claims paid.)

## Coordination of Benefits Provision

The Company will coordinate benefits with other health carriers when duplicate coverage exists. Total payment from this coverage and other health coverage under which the Covered Person is enrolled shall not exceed 100% of the Reasonable Charges for covered services.

## Mercer University Program Schedule of Benefits

	Health Care In-Network Mercer Medicine First Health PPO Network	Health Care Out-of-Network
Maximum Benefit Per Program Year	Unlimited	
Program Year deductible per Covered Person (Deductible applies to all charges, unless specified)	\$400	\$500
Out-of-Pocket Limit per Covered Person per Program Year (Includes deductible, Copays and Coinsurance)	\$6,600	Unlimited
Out-of-Pocket Limit per Family per Program Year (Includes deductible, Copays and Coinsurance)	\$13,200	Unlimited

To receive benefits, Covered Students must visit the nearest campus Student Health Center first for treatment/referral.

Exceptions are listed under "Referrals".

INPATIENT BENEFITS			
Student Health Center Referral Required Pre-Notification Recommended		Health Care In-Network Mercer Medicine First Health PPO Network	Health Care Out-of-Network
Room and Board	Limited to the daily average semi-private rate (except if intensive care unit)	80% of Allowable Charge	60% of Reasonable Charges
Hospital Miscellaneous	Includes expenses incurred for anesthesia and operating room; laboratory tests and x-rays, (including professional fees); oxygen tent; medicines (excluding take home drugs), dressings; and other Medically Necessary and prescribed Hospital expenses	80% of Allowable Charge	60% of Reasonable Charges
Physical/Occupational Therapy	During Hospital Confinement Benefits	80% of Allowable Charge	60% of Reasonable Charges
Surgery Expense	Doctor's fees for a surgical procedure	80% of Allowable Charge	60% of Reasonable Charges
Assistant Surgeon		25% of Surgery Allowance	25% of Surgery Allowance
Anesthetist Services	In connection with surgery	80% of Allowable Charge	60% of Reasonable Charges
Registered Nurse or Licensed Practical Nurse (private duty nursing)		80% of Allowable Charge	60% of Reasonable Charges
Doctor's Visits (Limit to one visit per day)	Services of a doctor other than a doctor who performed surgery or administered anesthesia	80% of Allowable Charge	60% of Reasonable Charges
Psychiatric Conditions Expense		80% of Allowable Charge	60% of Reasonable Charges
Alcoholism Expenses		80% of Allowable Charge	60% of Reasonable Charges
Substance Abuse Expenses		80% of Allowable Charge	60% of Reasonable Charges
Pre-Admission Testing		80% of Allowable Charge	60% of Reasonable Charges

OUTPATIENT BENEFITS			
Student Health Center Referral required. Pre-notification Recommended.		Health Care In-Network Mercer Medicine First Health PPO Network	Health Care Out-of-Network
Surgery Expense	Doctor's fees for a surgical procedure	80% of Allowable Charge	60% of Reasonable Charges
Day Surgery Facility/ Miscellaneous	When scheduled surgery is performed in a Hospital or outpatient facility or ambulatory surgical center, including: use of the operating room; laboratory tests and x-ray examinations (including professional fees); anesthesia; infusion therapy; drugs or medicines and supplies; therapeutic services (excluding physiotherapy or take-home drugs and medicines)	80% of Allowable Charge	60% of Reasonable Charges
Assistant Surgeon		25% of Surgery Allowance	25% of Surgery Allowance
Anesthetist Services	In connection with surgery	80% of Allowable Charge	60% of Reasonable Charges
Urgent Care		80% of Allowable Charge (After \$25 per visit copay) (Deductible does not apply)	60% of Reasonable Charges (after \$25 per visit copay) (Deductible does not apply)
Doctor's Visits (Including Chiropractic Care and Allergy Visits)	More than one visit per day may be allowed, provided the 2 <sup>nd</sup> and subsequent visits are not with the same doctor. (Chiropractic Care Benefits limited to twenty (20) visits)	<b>90% of Allowable Charge at Mercer Medicine (FHN) 80% of Allowable Charge (After \$25 per visit copay) (Deductible does not apply)</b>	60% of Reasonable Charges (After \$25 per visit copay) (Deductible does not apply)
Consultant's Fees	When ordered by attending Doctor to confirm or determine diagnosis	80% of Allowable Charge (After \$25 per visit copay) (Deductible does not apply)	60% of Reasonable Charges (After \$25 per visit copay) (Deductible does not apply)
Emergency Room	For Use of the Hospital emergency room, including operating room, laboratory and x-ray examinations and supplies. The copay is waived if the Covered Person is admitted to the Hospital as an inpatient. (Student must return to the Student Health Center for necessary follow-up care)	\$250 copay per visit (Copay waived if admitted to Hospital)	
		80% of Allowable Charge	80% of Reasonable Charges
Physical/Occupational Therapy	Limited to Twenty-Five (25) visits	80% of Allowable Charge (After \$25 per visit copay)	60% of Reasonable Charges (After \$25 per visit copay)
Speech Therapy	Limited to Twenty-Five (25) visits	80% of Allowable Charge (After \$25 per visit copay)	60% of Reasonable Charges (After \$25 per visit copay)
Respiratory Therapy		80% of Allowable Charge (After \$25 per visit copay)	60% of Reasonable Charges (After \$25 per visit copay)
Chemotherapy / Radiation Therapy		80% of Allowable Charge	60% of Reasonable Charges
X-rays, Laboratory and CAT/MRI/PET Scan		80% of Allowable Charge	60% of Reasonable Charges
Psychiatric Conditions Expense		80% of Allowable Charge (After \$25 per visit copay) (Deductible does not apply)	60% of Reasonable Charges (After \$25 per visit copay) (Deductible does not apply)
Alcoholism & Substance Expenses		80% of Allowable Charge	60% of Reasonable Charges

		(After \$25 per visit copay) (Deductible does not apply)	(After \$25 per visit copay) (Deductible does not apply)		
PRESCRIPTION BENEFITS					
Prescribed Medicines Expense	Prescription benefits are based on a mandatory generic formulary. If the Covered Person or the Covered Person’s Doctor chooses a brand-name drug, the Covered Person will pay the difference between the brand-name drug and the generic. (Present insurance card at participating pharmacies to obtain prescriptions.)	Caremark participating pharmacies: 80% subject to the following copays per prescription – limited to a 30-day supply.			
		Generic	Formulary Brand	Non-Formulary/	Specialty Brand
		\$10 copay + 20% Coinsurance	\$30 copay + 20% Coinsurance	\$50 copay + 20% Coinsurance	*See Below
Prescribed Birth Control	(All FDA approved methods are covered)	Generic	Formulary Brand	Non-Formulary	
		100% allowable	See Prescribed Medicines Expense for copay		
*In order to provide a comprehensive and cost-effective prescription drug program for you and your family, Mercer University Student Health Insurance Plan (MUSHIP), has contracted with PrudentRx to offer the PrudentRx Co-Pay Program for certain specialty medications. The PrudentRx Co-Pay Program assists members by helping them enroll in manufacturer co-pay assistance programs. If you enroll in the PrudentRx Co-Pay Program, your out-of-pocket cost for prescriptions covered under the PrudentRx Co-Pay Program will be \$0. Otherwise, medications in the specialty tier will remain subject to a 30% co-insurance.					

<b>OTHER INSURANCE BENEFITS</b>			
Student Health Center Referral required. Pre-notification Recommended.		Health Care In-Network Mercer Medicine First Health PPO Network	Health Care Out-of-Network
Ambulance	For use of a professional ambulance in an emergency	80% of Allowable Charge	60% of Reasonable Charges
Durable Medical Equipment (Braces & Appliances)	Benefits are payable only upon Doctor's written prescription (replacement not covered)	80% of Allowable Charge	60% of Reasonable Charges
Dental Treatment (Injury only)	For treatment of injury to sound natural teeth (Not to exceed \$100 per tooth)	80% of Allowable Charge	60% of Reasonable Charges
Maternity & Complications of Pregnancy		80% of Allowable Charge	60% of Reasonable Charges
Preventive Services Benefit	Includes preventive services such as osteoporosis screening, counseling, other screenings, exams, and immunizations as specified by the Patient Protection and Affordable Care Act. To view a list of covered preventive services: <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .	100% of Allowable Charge Deductible waived	60% of R&C

**\*\*THE FOLLOWING VISION AND DENTAL BENEFITS ARE ONLY FOR DEPENDENTS ON YOUR PLAN WHO ARE UNDER THE AGE OF 19\*\***

VISION CARE			
Benefit	Member	Program Will Pay	
<b>Pediatric Eye Exam:</b> <i>For covered <u>dependents</u> under the age 19 only. The Plan doesn't restrict which provider is utilized for Vision Care.</i>	Examination subject to \$50 copay. One (1) routine eye exam per Program year.	100% Allowable Charge after copay	
<b>Lenses:</b> <i>You may choose prescription glasses or contracts.</i>	\$25 copay (One (1) pair of lenses per Program Year)	Single Vision (Lined) Bifocal (Lined) Trifocal Lenticular	Up to \$40 Up to \$60 Up to \$80 Up to \$80
<b>Frame:</b> <i>You may choose prescription glasses or contracts.</i>	\$25 copay (One (1) pair of frames every 24 months)	Up to \$70	
<b>Contact Lenses:</b> <i>Covered once every calendar year in lieu of eyeglasses.</i>	\$25 copay (One (1) pair of lenses per Program Year) Fit, follow-up Materials	Up to \$100	
<b>Other Vision Services:</b> Non-Routine Benefit (Medically Necessary) Ultraviolet Protective Coating Polycarbonate Lenses Blended Segment Lenses Intermediate Vision Lenses Progressives Photochromic Glass Lenses Plastic Photosensitive Lenses (Transitions) Polarized Lenses Anti-Reflective (AR) Coating Hi-Index Lenses	\$25 copay No copay \$20 copay \$20 copay \$30 copay \$50 copay \$20 copay \$65 copay \$75 copay \$35 copay \$55 copay	Up to \$200 100% Up to \$20 Up to \$20 Up to \$20 Up to \$20 Up to \$20 Up to \$20 Up to \$20 Up to \$20 Up to \$20	
<b>Low Vision</b> – is a significant loss of vision but not a total blindness. One (1) comprehensive evaluation every 4 years.	\$75 copay	Up to \$250	
Note: Lenses include choice of glass or plastic lenses, all lens powers (single vision, bifocal, trifocal, Lenticular), fashion and gradient tinting, oversized and glass-grey #3 prescription sunglass lenses. <b>All lenses include scratch resistant coating with no additional copayment.</b> Note: Polycarbonate lenses and monocular patients with prescriptions > +/- 6.00 diopters are covered.			

DENTAL CARE		
Benefit	Member	Program Will Pay
Preventive Services <i>For covered <u>dependents</u> under the age 19.</i>	20% Coinsurance  One (1) dental exam every 6 months	80% Allowable Charge
Basic Services	30% Coinsurance	70% Allowable Charge
Major Services	50% Coinsurance	50% Allowable Charge
Orthodontic Services	50% Coinsurance	50% Allowable Charge

	Orthodontic coverage has a 24-month continuous waiting period before benefits are received. (Must be Medically Necessary)	
<i>Please see the Program Payment Provision section regarding payment details for Dental Care in the Summary Plan Description (SPD).</i>		

### Coverage for the following benefits to be paid as any other Sickness:

Maternity expense and routine newborn care, including 48-hour care in a Hospital or birthing facility following a normal vaginal delivery and a minimum 96 hours following a cesarean section. If a mother and newborn are discharged prior to the postpartum inpatient length of stay, coverage includes up to 2 Post-Partum Visits, provided that the first such visit shall occur within 48 hours of discharge; Benefits for Mammography, Pap Smears, Chlamydia Screening; Benefits for Drug Treatment of Children's Cancer; Mastectomy Benefits; Dental Anesthesia Benefits; Benefits for Prostate-Specific Antigen (PSA) tests; Prescribed Contraceptives; Breast Cancer Treatment; Colorectal Cancer Screening; Diabetes; Surveillance Test for Ovarian Cancer; and Child Wellness Services.

### Program Exclusions

**The Program does not cover nor provide benefits for loss or expense incurred:**

1. as a result of dental treatment, except for treatment resulting from injury to sound natural teeth. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.
2. for services normally provided without charge by this Program Holder's Health Service, infirmary, or Hospital, or by health care providers employed by this Program holder or services covered by the Student Health Center fee.
3. for eye examinations, eyeglasses, contact lenses, radial keratotomy or laser surgery, or treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process. Eye refraction is not covered. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.
4. for hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing apart from the disease process.
5. as a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. for Injury or Sickness resulting from war or act of war, declared or undeclared.
7. as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
8. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
9. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. for cosmetic surgery. Any non-medically necessary surgery or procedure, the primary purpose of which is to improve or change the appearance of any portion of the body, but which does not restore bodily function, correct a disease state, physical appearance or disfigurement caused by an accident, birth defect, or naturally improve a physiological function. Cosmetic Surgery includes but is not limited to rhinoplasty, lipectomy, surgery for sagging or extra skin, any augmentation or reduction procedures (e.g., mammoplasty, liposuction, keloids, rhinoplasty, and associated surgery) or treatment to the consequences or as a result of Cosmetic Surgery.
11. as a result of committing or attempting to commit a felony or participation in a felony, riot, insurrection or civil commotion.
12. for Elective Treatment or elective surgery or complications arising therefrom.
13. for any services rendered by a Covered Person's immediate family member.
14. for any treatment, service or supply which is not Medically Necessary.
15. for surgery and/or treatment of: acupuncture; gynecomastia; biofeedback-type services; breast implants; corns, calluses and bunions; deviated nasal septum, including submucosa resection and/or other surgical correction thereof; family planning except as specifically provided; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; hair growth or removal; impotence, organic or otherwise; learning disabilities;

- nonmalignant warts, moles and lesions; premarital examinations; sleep disorders, including testing thereof; vasectomy; and alopecia. This exclusion does not apply to Preventive Benefits mandated by the Patient Protection and Affordable Care Act.
16. for sterilization or sterilization reversal, including surgical procedures and devices except as specifically provided; or for birth control except as specifically provided.
  17. for Injury resulting from bungee jumping.
  18. for voluntary or elective abortions.
  19. for Injury resulting from: professional and semi-professional sports activity, including travel to and from the activity and practice; hang gliding; parasailing; sky diving; glider flying; or parachuting.
  20. for Injury resulting from fighting, except in self-defense.
  21. for treatment of obesity, including, but not limited to the following: weight reduction or dietary control programs; prescription or nonprescription drugs or medications such as vitamins (whether taken orally or by injection), minerals, appetite suppressants, or nutritional supplements; and any complication resulting from weight loss treatments or procedures.
  22. for treatment, services, drugs, device, procedures or supplies that are experimental or investigational.
  23. for treatment, service, or supply for which a charge would not have been made in the absence of insurance.
  24. for hormone treatment or hormone therapy not related to the treatment of a Sickness.
  25. for Alcohol Services, supplies, care or treatment to a Covered Person for an Injury or Sickness which occurred as a result of that Covered Person's illegal use of alcohol. The arresting officer's determination of inebriation/incapacitation/DUI will be sufficient for this exclusion. Expenses will be covered for Substance Abuse treatment, as well as both physical and mental health conditions as specified in This Plan.
  26. for Complications of non-covered treatments that required care, services or treatment are not covered under This Plan.
  27. for Education or Vocational Testing or Training.
  28. for exercise programs for treatment of any condition, except for Physician-supervised cardiac rehabilitation, occupational or physical therapy covered by This Plan.
  29. for eye care, such as Radial keratotomy or other eye surgery to correct refractive disorders. Also, eye refractions or eye examinations for the correction of vision, lenses for the eyes and exams for their fitting. This exclusion does not apply to aphakic patients and soft lenses or sclera shells intended for use as corneal bandages unless otherwise noted.
  30. for Gastric Bypass Surgery/Bariatric Surgery, Services, supplies, care, treatment or complications following surgery.
  31. for Charges for Illegal Acts, services received as a result of Injury or sickness caused by or contributed to by engaging in an illegal act or occupation; by committing or attempting to commit any crime, criminal act, assault or other felonious behavior; or by participating in a riot or public disturbance. This exclusion does not apply if the Injury resulted from an act of domestic violence or a medical (including both physical and mental health) condition.
  32. for Illegal Drugs or Medications, services, supplies, care or treatment to a Covered Person for Injury or sickness resulting from that Covered Person's voluntary taking of or being under the influence of any controlled substance, drug, hallucinogen or narcotic not administered on the advice of a Physician. Expenses will be covered for Substance Abuse treatment, as well as both physical and mental health conditions specified in This Plan.
  33. for No Physician Recommendation. Services, supplies, care or treatment not recommended and approved by a Physician; or treatment, services or supplies when the Covered Person is not under the regular care of a Physician. Regular care means ongoing medical supervision or treatment which is appropriate care for the Injury or sickness.
  34. for Not Medically Necessary. Services, supplies, care or treatment for an Injury or Illness which is not medically necessary;
  35. for Not Specified as Covered. Non-traditional medical services, treatments and supplies which are not specified as covered under This Plan.
  36. for Personal Comfort Items. Personal comfort items or other equipment, such as, but not limited to, air conditioners, air-purification units, humidifiers, electric heating units, orthopedic mattresses, blood pressure instruments, scales, elastic bandages or stockings, nonprescription drugs and medicines, and first-aid supplies and nonhospital adjustable beds.
  37. for Physician Charges, Certain. Charges for telephone consultations, failure to keep scheduled appointments, completion of claim forms or providing medical information necessary to determine coverage.
  38. for Services, supplies, care or treatment Before or After Coverage for which a charge was incurred before a person was Covered under This Program or after coverage ceased under This Plan.
  39. for Spinal Decompression services, supplies, care or treatment related to spinal decompression as performed by facilities such as The Back Pain Institute.
  40. for Allergy Services. Specific non-standard allergy services and supplies, including but not limited to, skin titration (Rinkle method), cytotoxicity testing (Bryan's Test), treatment of non-specific candida sensitivity, and urine auto injections.

## Definitions

**Accident** means an occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and (c) causes Injury.

**Act** means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

**Allowable Charges** means the charges agreed to by the Preferred Provider Organization or determined by Core for specified covered medical treatment, services and supplies.

**Covered Person** means a Covered Student and his or her dependent(s) insured under the Plan.

**Covered Student** means a student who is insured under the Plan.

**Doctor** means: (a) legally qualified physician licensed by the state in which he or she practices; and (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term "Doctor" does not include a Covered Person's immediate family member.

**Elective Treatment** means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body, occurring after the Covered Person's effective date of coverage. Elective treatment includes but is not limited to: vasectomy; breast reduction unless as a result of mastectomy; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum; treatment for weight reduction; learning disabilities; Botox injections; and treatment of infertility.

**Eligible Expense** means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) and with respect to the Preferred Provider, is the Allowable Charge; (d) is the negotiated rate.

**Emergency Medical Condition** means the occurrence of a condition of recent onset and sufficient severity, including, but not limited to, severe pain, that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her condition, Sickness, or Injury is of such nature that failure to obtain immediate medical care could result in: (a) placing the patient's health in serious jeopardy; (b) serious impairment to bodily functions; or (c) serious dysfunction of any bodily organ or part.

**Emergency Services** means, with respect to an Emergency Medical Condition:

(a) a medical screening examination (as required under section 1867 of the Social Security Act, 42, U.S.C. 1395dd) that is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department to evaluate such Emergency Medical Condition; and (b) such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the Hospital, as are required under section 1867 of the Social Security Act (42 U.S.C. 1395dd(e)(3)). Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

**Essential Health Benefits** has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services and includes ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative

and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

**Hospital** means a facility which meets all of these tests: (a) it provides in-patient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located; and (f) it is accredited by the Joint Commission on Accreditation of Healthcare Organizations. Hospital does not include a place run mainly: (a) as a convalescent home; or (b) as a nursing or rest home; (c) as a place for custodial or educational care; or as an institution mainly rendering treatment or services for: mental or nervous disorders; or substance abuse. The term "Hospital" includes: (a) an ambulatory surgical center or ambulatory medical center; and (b) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

**Injury** means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person's effective date of coverage; and (c) occurs while coverage is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, and are considered one Injury.

**Medical Necessity/Medically Necessary** means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided. A service or supply will not be considered as Medically Necessary if: (a) it is provided only as a convenience to the Covered Person or provider; or (b) it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or (d) it is experimental/investigational or for research purposes; or (e) could have been omitted without adversely affecting the patient's condition or the quality of medical care; or (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or (g) involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment. The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

**Reasonable Charges** means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing. "Geographic area" means the three-digit zip code in which the services, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply.

**Sickness** means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. Sickness also includes pregnancy and complications of pregnancy.

## Claims Procedures

Please call 888-741-2673 for pre-notification of all non-emergency hospital confinements and day surgery prior to admission.

1. Provider must photocopy the Covered Person's insurance card. PPO Providers will submit the Covered Person's claims.
2. Claims must be submitted within 90 days.

## Pre-Certification Required

This Program only covers charges that are Medically Necessary for the care and treatment of disease or Injury. To determine Medical Necessity, the Program requires that you obtain advance approval (pre-certification) for all scheduled inpatient services. This includes all admissions to medical / surgical facilities, Hospital, Hospice, and convalescent facilities. Maternity and emergency admissions may also require notification.

The Covered Person, attending Physician or Hospital can contact Core for pre-certification at 478-741-3521 or 888-741-CORE (2673). A nurse case manager is available to take calls Monday through Friday, 8am - 5pm EST, and the caller is able to leave a message after hours. It is the patient's responsibility to notify Core for pre-certification.

**Scheduled Admissions** – must be pre-certified at least two business days prior to admission. You should notify Core as soon as you know that a procedure has been scheduled and that you have to be admitted.

**Maternity Admissions** – This Plan, under federal law, generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or Newborn Child to less than forty-eight (48) hours following a vaginal delivery, or less than ninety-six (96) hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than forty-eight (48) hours (or ninety-six (96) hours as applicable). In any case, this Program may not, under federal law, require that a provider to obtain authorization from the Program for prescribing a length of stay not in excess of forty-eight (48) hours (or ninety-six (96) hours as applicable).

**Emergency or Urgent Inpatient Admission** – must be pre-certified within two (2) days after the admission or on the next business day if the admission occurs on a weekend or legal holiday. A Hospital confinement following an emergency or urgent admission undergoes concurrent review just like a scheduled admission.

**Durable Medical Equipment** – all medical equipment in excess of \$500 in purchase price requires pre-authorization by CHS.

The following items require pre-certification:

- Biopsy
- Chemotherapy
- Transplant, and Dialysis
- Bone Density Study (if part of complete physical exam)
- Bronchoscopy
- Cat Scan (CT)
- Colonoscopy (Lower GI)
- Colposcopy
- DME over \$500
- Echocardiogram
- Electroencephalogram (EEG)
- Electromyogram (EMG)
- Heart Catheterization (If elective or if admitted)
- HIDA Scan
- Inpatient stay
- MRI
- Nerve Conduction Studies
- Nuclear Scan
- Observation Stay
- Orthognathic/TMJ
- Outpatient surgery (unless listed below)
- PET Scan
- Radiation
- Sleep Studies
- Therapies (pulmonary and speech therapy)
- Esophagogastroduodenoscopy (EGD)[Upper GI]

The following items **do not** require pre-certification:

- Cardiac Stress Test
- Cataract Surgery
- Electrocardiogram (EKG)
- Mammogram
- Pap Smear
- Ultrasound
- X-rays

To report an inpatient or outpatient service call 888-741-2673. Pre-Certification is not a guarantee that benefits will be paid.

## Referrals

A referral from the Student Health Center is required before benefits are payable.

This provision does not apply if:

- a) Emergency situations...Call 911 or go to nearest Urgent Care or Emergency Room. The student must return to the Student Health Center for any necessary follow-up care.
- b) Student lives more than 40 miles from the Macon or Atlanta Campus
- c) Student is traveling more than 40 miles from Macon or Atlanta Campus (vacation, school assignment, semester break)
- d) for maternity(obstetrics) care
- e) for mental health care

Benefits for Eligible Expenses incurred for medical care or treatment rendered for which no referral is obtained will be excluded from coverage. Benefits for Emergency Medical Condition will be payable at the PPO level whether treatment is received from a PPO provider or non-PPO provider. The applicable deductibles and copay amounts shall apply to all of the exceptions to the referral requirement shown above.

***This referral requirement does not apply to the Covered Student's dependent(s).***

## PPO Providers

Persons insured under this Program may choose to be treated within or outside of the PPO Network. Reimbursement rates will vary according to the source of care as described under the Program Summary of Benefits herein. Assignment of a Network Provider does not guarantee eligibility or right to student health benefits. **It is the Covered Person's responsibility to verify that a provider is a Participating Provider prior to services being rendered.** Please be aware that if a Covered Person is treated at a PPO Hospital, it does not mean that all providers at the Hospital are PPO providers. In addition, if a Covered Person is referred by a PPO provider to another provider or facility, it does not mean that the provider or the facility to which the Covered Person is referred is also a PPO provider. To locate a provider please call 888-741-2673.

## Pharmacy Help Desk

For Pharmacy and prescription help please call 1-866-PFN-CMRG or 1-866-736-2674.

## Subrogation

The Company shall be subrogated to all rights of recovery which any Covered Person has against any person, firm, or company to the extent of payments for benefits made by the Company to or for benefits of Covered Person. The Covered Person shall provide and do whatever is necessary to secure all rights to the Company.

## Intercollegiate Sports Injury

MUSHIP benefits are payable up to a \$5,000 aggregate maximum per Injury per Program Year for treatment of injuries sustained during the practice or play of intercollegiate sports sponsored and supervised by Mercer University. When the maximum has been reached, Core's Athletic Injury Policy will coordinate benefits by paying benefits for such injuries, with no dollar limits.

## Contact Information

Core Management Resources Group  
PO Box 90  
Macon, GA 31202

Phone: 888-741-2673 or 478-741-3521

Fax: 478-745-1843

Website: <https://studentplan.corehealthbenefits.com/mercer/>

*The Program is Non-Renewable One-Semester, Term Insurance. It is the Covered Student's responsibility to obtain coverage the following semester in order to maintain continuity of coverage.*

## Important Information

Please keep this brochure as a general summary of the insurance. This is only a brief description of the coverage available under the plan. The Program on file may contain definitions, reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Summary Program Document (SPD). If there is any conflict between the contents of this brochure and the SPD, the SPD shall govern. For additional information, please visit our website at: <http://studentins.coremgmt.rs.3waveserver.com/PlanInformation/ssob>