



THE CONNECTICUT STATE UNIVERSITY

P.O. Box 2008 • New Britain, Connecticut 06050 • (203) 827-7700

RESOLUTION


concerning

STUDENTS OPTIONAL SICKNESS INSURANCE

March 1, 1985

- WHEREAS, The Trustees desire to continue the optional sickness insurance protection for 1985-86 for full time students, other than foreign students on temporary visas, and
- WHEREAS, Goodwin, Loomis and Britton, Inc. on behalf of the Peerless Insurance Company has indicated that to maintain benefits for this program at the current level in 1985-86 an increase of \$13.80 per student will be necessary, therefore be it
- RESOLVED, That the President of Connecticut State University is authorized to contract with Goodwin, Loomis and Britton, Inc. as agent for the Peerless Insurance Company for optional sickness insurance for full time students, other than foreign students on temporary visas, for the year 1985-86 at the rate of \$55.80 per student per year with benefits as provided during 1984-85.

A Certified True Copy:


James A. Frost
President

**STUDENTS'
ACCIDENT AND SICKNESS
INSURANCE PROGRAM**

**for STUDENTS OF
CENTRAL CONNECTICUT STATE UNIVERSITY
EASTERN CONNECTICUT STATE UNIVERSITY
SOUTHERN CONNECTICUT STATE
UNIVERSITY
WESTERN CONNECTICUT STATE UNIVERSITY
herein called CONNECTICUT STATE
UNIVERSITY**

Effective September 1, 1984 all full-time enrolled students in the Connecticut State University will:

- 1 Be automatically covered under an Accident Insurance Plan, and**
- 2 Be eligible to subscribe to Sickness Insurance Plan.**
- 3 Be eligible to enroll his Dependents under the Accident and Sickness Insurance Plans.**

Details of both Plans are described in this brochure and you will find in this mailing the enrollment form for the Sickness Insurance and Dependent Health Coverage.

**This Plan is Underwritten by
PEERLESS INSURANCE COMPANY
Description of benefits is subject to the
provisions of the policy.**

1984-1985

1984-1985 INSURANCE BROCHURE

TO STUDENTS & PARENTS

The Presidents of Central Connecticut, Eastern Connecticut, Southern Connecticut and Western Connecticut State University are vitally interested in the health and welfare of their students.

The Health Insurance Program has been designed to give students maximum benefits, in keeping with the ever increasing high cost of medical care, at minimum cost, and provide both Accident and Sickness Insurance.

ACCIDENT INSURANCE

As in the past all full-time (general fund) students are covered under an Accident Insurance Plan as part of the basic student fee. Benefits are very liberal providing 24 hour coverage on and off campus from September 1, 1984 (or the beginning of the Spring semester as appropriate) through August 31, 1985 or until such prior date as full-time enrollment shall be terminated with a maximum payment per injury of \$20,000. Benefits under this plan for accident medical expenses of \$250 or less shall be payable in addition to any other insurance. However, benefits under this plan for accident medical expenses in excess of \$250 shall only be payable to the extent the expenses are not payable under any other group, blanket, or franchise insurance policy or membership in any hospital association, except benefits which are payable under a plan of insurance issued by the Connecticut Health Reinsurance Association.

SICKNESS INSURANCE

Once again this year full-time students will be afforded an opportunity to enroll under a voluntary Sickness Insurance Plan for the term September 1, 1984 through August 31, 1985. Details of the plan are described on the following pages. Benefits under this plan have been increased substantially this year and are payable in addition to any other insurance.

We are pleased to make available to students who elect the sickness insurance coverage a plan of Accident and Sickness insurance for their eligible dependents. These eligible dependents would be the student's spouse and his unmarried children under 19 years of age. A child of an Insured born while coverage is in force becomes a Covered Dependent at birth automatically and coverage will continue for the first 31 days after the date of birth. Notification of birth and

payment of the appropriate premium is required within 31 days of birth in order to continue coverage. We would urge students with eligible dependents to consider this coverage.

An enrollment card with instructions is enclosed and must be completed and returned in the envelope provided in order to be insured under the Plan.

We strongly urge all parents to consider carefully this valuable low cost protection provided by Peerless Insurance Company.

Dr. Frank Harrison
Dr. Charles R. Webb

Dr. F. Don James
Dr. Stephn Feldman

**SUMMARY OF
PRINCIPAL INSURANCE BENEFITS**

September 1, 1984 - August 31, 1985

ACCIDENT

INSURANCE All Full-time Students are covered as part of the basic student fee. Full reimbursement for all covered expenses up to \$20,000 except for injuries to natural teeth which are reimbursed up to \$1,500.

SICKNESS INSURANCE — For those who subscribe

Mental Illness	Limit \$2500
Hospital Room & Board	\$250 per day or semi-private room rate whichever is less
Intensive Care	\$500 per day
Miscell. Hospital Expenses	First \$500 in full and any remaining at 80% up to \$2000 maximum
Surgical Operations Graduated Schedule to Maximum of	\$1000
Ambulance Limit	\$100 (does not have to be followed by hospital confinement)
Private Nurse in Hospital	\$60 per 8 hr shift per day up to \$1800 maximum
In-Hospital Physician Visits	\$25 first day; \$15 per day thereafter for non-surgical services
Outpatient Expenses	\$150 per sickness
Sickness Limit \$21000	

PREMIUMS FOR SICKNESS INSURANCE

	12 months	Single Semester
Premium for term of	9/1/84-8/31/85	9/1/84-1/16/85 1/16/85-8/31/85
1. Student only	\$ 42.00	\$ 26.00
2. Student and Spouse	\$125.00	\$ 76.00
3. Student, Spouse and Child(ren)	\$188.00	\$115.00
4. Student and Child(ren)	\$125.00	\$ 76.00

Coverage for an Insured or Covered Dependent will remain in force to the expiration of the term for which premium has been paid even though an Insured ceases to be an enrolled full-time student of the Connecticut State University.

DATES OF COVERAGE

The effective date of insurance for students registering for attendance in the fall semester will be the later of September 1, 1984 or the date on which the application (enrollment card) and premium are received. The effective date of insurance for a student first registering for attendance in the spring semester will be the later of the commencement date of the spring semester or the date on which the application and premium for insurance are received. Applications must be made on or before October 15 of the current school year if a student registers for attendance in the fall semester of the school year; or on or before March 15 of the school year if a student registers for attendance in the spring semester of the school year.

**ACCIDENT INSURANCE
ALL FULL-TIME STUDENTS
ARE AUTOMATICALLY
COVERED UNDER THIS PLAN.**

ELIBIBILITY

1. Each full time student enrolled in the Connecticut State University is an Insured under the Accident Insurance Plan.
2. All eligible dependents of an insured full-time student (provided such student is an Insured under the Sickness Insurance Plan) who make application and pay the required premium, are Covered Dependents under the Accident Insurance Plan.

MEDICAL EXPENSE COVERAGE— ACCIDENT ONLY

Peerless Insurance Company will pay the Medical Expenses of an Insured or Covered Dependent, but not in excess of \$20,000 for the expenses of any one accident, upon receipt of the due proof that the Medical Expenses were incurred by the Insured or Covered Dependent directly and independently of all other causes:

- (a) from bodily injury caused by an accident suffered by the Insured or Covered Dependent, or
- (b) from unavoidable exposure to the elements because of such injury.

All accident medical expenses payable under this plan, in excess of \$250, are payable only to the extent that expenses are not payable under any group, blanket or franchise insurance plans.

(See Exclusion (1-i))

The Maximum Benefit for an Insured or Covered Dependent for medical expenses incurred from an accident which occurs while traveling in any vehicle as an operator or a passenger is limited to \$1,000. However, if an Insured or Covered Dependent incurs expenses from an accident which occurs while traveling in any vehicle as an operator or passenger directly to or from an official university activity of a Connecticut State University as a participant in an officially recognized university organization or department then the \$20,000 maximum benefit limit will apply.

In any event, medical expenses incurred for which benefits are payable under

- (a) the Basic Reparations provisions of Connecticut Public Act No. 273 or as hereafter amended — Connecticut No Fault Motor Vehicle Insurance Act; or
- (b) under the medical expense payment provision of any automobile insurance policy.

shall be payable under this plan only to the extent that such expenses are in excess of any such benefit payments.

The Maximum Benefit for an Insured or Covered Dependent for dental treatment, services and supplies required because of any one accidental injury to natural teeth is \$1,500.

The Maximum Benefit to an Insured or Covered Dependent for accidental ingestion or consumption

of controlled drugs is: (1) for hospital in-patient expenses, 30 days and (2) for medical expenses incurred on other than an in-patient basis, \$500, in each calendar year.

ACCIDENTAL DEATH & DISMEMBERMENT

If an accident occurs while the insured is practicing for, engaging in, or traveling directly to or from an official university activity of Connecticut State University as a participant in an officially recognized university organization or department. The plan will pay the benefits shown in the schedule below:

Loss of Life	\$2,500.
Loss of both hands, both feet, sight of both eyes or any combination thereof	\$2,500.
Loss of one hand, foot or sight of one eye	\$1,250.

The loss must occur within 90 days of the date of the accident which caused the bodily injury and must have resulted directly and independently of all other causes.

Loss of hand or foot means actual severance through or above the wrist or ankle joint. Loss of sight means the entire and irrecoverable loss of sight. Maximum benefit for more than one loss is \$2,500.

SICKNESS INSURANCE

ELIGIBILITY

1. Each full time student enrolled in the Connecticut State University who makes application and pays the required premium, is an Insured under the Sickness Insurance Plan.
2. All eligible dependents of an insured full-time student (provided such student is an Insured under the Sickness Insurance Plan) who make application and pay the required premium, are Covered Dependents under the Sickness Insurance Plan.

MEDICAL AND SURGICAL COVERAGES SICKNESS ONLY

BENEFIT LIMIT

Peerless will pay the Eligible Medical Expenses of an Insured, but not in excess of \$21,000 during one continuous period of disability. With respect to mental or emotional disease or disorder of any type a limit of \$2,500 shall apply.

DEFINITIONS — SICKNESS

The provisions of this plan shall only apply if the Insured or Covered Dependent sustains a loss due to sickness. Any loss which is caused or contributed to by (1) disease or medical or surgical treatment therefor, (2) infection other than pus-forming infection sustained through an accidental cut or wound, or (3) hernia of any kind, however caused, shall be considered as resulting from sickness.

No benefit is payable under this plan for medical and surgical expenses resulting from a bodily injury caused by accident.

"Eligible Medical Expenses" mean the reasonable, usual and customary charges which the Insured is required to pay for one or more of the expenses listed below incurred while coverage is in force under this policy.

"Hospital" means only an institution which meets fully every one of the following tests, namely,

- (a) it is primarily engaged in providing — for compensation from its patients and on an inpatient basis— diagnostic and therapeutic facilities for the surgical and medical diagnosis, treatment, and care of injured or sick persons by or under the supervision of a staff of physicians, and
- (b) it continuously provides twenty-four hours a day nursing service by registered graduate nurses, and
- (c) it is not, other than incidentally, a place for rest, a place for the aged, a place for drug addicts, a place for alcoholics, or a nursing home.

"Room and board" means not only the hospital's charges for room and board but also charges, by whatever name called, which are made by the hospital at a daily or weekly rate for other hospital services and supplies, or which are regularly made by the hospital as a condition of occupancy of the class of accommodations occupied.

HOSPITAL EXPENSE BENEFIT

- (a) hospital room and board charges — if an Insured or Covered Dependent becomes confined in a hospital, Peerless shall pay a benefit not to exceed \$250 per day for room and board for each day the Insured is confined in the hospital. For room and board while in intensive care the benefit will not exceed \$500 per day.

- (b) other hospital charges — if an Insured or Covered Dependent becomes confined in a hospital, Peerless will pay a benefit equal to

- (1) the actual charges made by the hospital, on its own behalf, for services and supplies required for and rendered to the Insured or Covered Dependent directly in connection with the treatment of the Insured or Covered Dependent (excluding charge for room and board, for the services of any physician or intern, and for any private duty or special nursing services regardless of whether the services are rendered under the direction of the hospital or otherwise) a benefit equal to 100% of the first \$500 of charges and 80% of any remaining up to a maximum of \$2,000.
- (2) the actual charges made by an agency other than the hospital for professional ambulance service to or from the hospital rendered to the Insured or Covered Dependent (confinement in the hospital is not required), excluding, however, the amount of any such charges in excess of \$100 in connection with ambulance service rendered to the Insured or Covered Dependent during any one continuous period of disability, and
- (3) the actual charges made by a physician other than the operating physician or his assistant for the administration by such physician of anesthesia, other than local infiltration anesthesia, to the Insured or Covered Dependent.

No benefit shall be payable under benefit clause (b) with respect to any charges incurred during any period for which a room and board benefit is not payable under benefit clause (a), except when the only hospital charge is in connection with and for services rendered on the day of a surgical procedure, or for treatment of breast cancer and other tumors. Charges for breast cancer and other tumors include charges for outpatient chemotherapy, non-dental prostheses, including any maxillo-facial prostheses used to replace anatomic structures lost during treatment for head and neck tumors, additional appliances essential for the support of such prostheses and out-patient chemotherapy following surgical procedures in connection with the treatment of tumors.

All hospital confinements of an Insured or Covered Dependent shall be considered as commencing during one continuous period of disability (whether or

not there has been any interruption in the continuity of insurance as to such Insured or Covered Dependent), except that the latest hospital confinement will not be considered as having commenced during the same period of disability, if evidence satisfactory to Peerless is furnished.

(a) that the cause or causes of the latest hospital confinement cannot be connected with the cause or causes of any of the prior hospital confinements, or

(b) that a connection with the cause or causes of any one or more of the prior hospital confinements can be established but that between the date of the latest hospital confinements and the last of the previous hospital confinements which are connected with the latest ones, the Insured or Covered Dependent, either has recovered completely for all of the causes of such prior hospital confinements or a period of at least ninety days free of hospital confinement has intervened.

SURGICAL EXPENSE BENEFITS

If a surgical procedure is performed on an Insured or Covered Dependent either in the doctor's office, in the hospital, or elsewhere, Peerless shall pay a benefit in an amount equal to the total surgical fees actually charged by the operating physicians (but not including any fees charged by a resident physician or intern of a hospital), for their professional services in performing such surgical procedure but not exceeding the amount provided for the surgical procedure in the Surgical Expense Benefit of the policy subscribed to by Connecticut State University.

The aggregate benefit payable with respect to all surgical procedures performed during one continuous period of disability shall not exceed \$1000

OUTPATIENT, PRIVATE NURSE AND IN-HOSPITAL PHYSICIAN'S VISIT EXPENSE BENEFITS

(a) Outpatient Expenses

When, by reason of sickness of Insured, the University Physician necessarily recommends and approves counsel of another physician for purpose of diagnosis or treatment, x-rays or lab exams, outpatient department or other emergency room of a hospital or any other medical service, Peerless will pay for the expenses incurred by insured student, but not to

exceed \$150, as result of any one continuous period of disability. This benefit does not include any charges for prescriptions. Reference by University Physician is not required for dependents.

(b) Private Nurse Expenses

When by reason of sickness the Insured or Covered Dependent, during the period of hospital confinement for which benefits are payable under this Plan, necessarily requires the full-time services of a registered graduate nurse, the Peerless will pay the expenses actually incurred by the Insured or Covered Dependent for such services, not to exceed \$60 per 8 hour shift per day, to a maximum amount of \$1800 for any one continuous period of disability.

(c) In-Hospital Physician's Visits

When by reason of sickness, the Insured or Covered Dependent, during the period of hospital confinement for which benefits are payable under this Plan necessarily requires in hospital visits by the attending physician, Peerless will pay the expense actually incurred by the Insured or Covered Dependent for such visits, not to exceed \$25 first day; \$15 per day thereafter for non-surgical services to a maximum of \$1200 for any one continuous period of hospital confinement.

HOME HEALTH CARE BENEFITS

When the Insured or Covered Dependent requires the following services or supplies furnished in accordance with a home health care plan, for care which commences within seven days following termination of a hospital confinement, Peerless will pay the actual charges made by a home health care agency for:

- (1) part-time or intermittent nursing care by a registered graduate nurse (R.N.) or by a licensed practical nurse (L.P.N.), if the services of a registered graduate nurse (R.N) are not available.
- (2) part-time or intermittent home health aide services which consist primarily of patient care of a medical or therapeutic nature by other than a registered or licensed practical nurse.
- (3) physical, occupational, and speech therapy.
- (4) medical supplies, drugs and medicines prescribed by a physician, and laboratory services to the extent that such charges would

have been covered if the Insured had remained in the hospital.

- (5) **Medical Social Services** rendered under the direction of a physician by a qualified social worker holding a Master's Degree from an accredited school of social work, including but not limited to (a) assessment of the social, psychological and family problems related to or arising out of such Insured's illness and treatment, (b) appropriate action and utilization of community resources to assist in resolving such problems (c) participation in the development of the overall plan of treatment for such Insured. However, in no event will the benefit for medical social services exceed \$200 in any calendar year.

The maximum number of home health care visits to an Insured's home that will be covered in any continuous period of twelve months is 80 visits. Each visit to an Insured's home by a registered graduate nurse (R.N.) or licensed practical nurse (L.P.N.) to provide nursing care, by a therapist to provide physical, occupational, or speech therapy and each four hours of home health aide services, shall be considered as one home health care visit.

ACCIDENT & SICKNESS BENEFIT PERIOD

All benefits are subject to a Benefit Period of 104 weeks from the date of accident or from the date of first treatment for a sickness.

EXCLUSIONS

- 1 No payment will be made under the Accident Insurance for:
- (a) disease or medical or surgical treatment of disease, except pus-forming infection sustained through an accidental cut or wound; or
 - (b) hernia of any kind, however caused; or
 - (c) suicide or any attempt threat (sane or insane), or self-inflicted injury; or
 - (d) bodily or mental infirmity; or
 - (e) declared or undeclared war or any enemy action; or
 - (f) injury which originated prior to the effective date of the Insured or Covered Dependents coverage; or

- (g) expenses which are not incurred within two years from the date of the covered injury; or
 - (h) injury for which treatment did not begin within twenty-six weeks from date of injury; or
 - (i) medical expenses, in excess of \$250, for which benefits are payable under any other group, blanket, or franchise insurance plans, except benefits which are payable under a plan or insurance issued by the Connecticut Health Reinsurance Association.
- 2 This policy does not cover an Insured or Covered Dependent and no payment shall be made on account of:
- (a) injury sustained or sickness contracted while in the military (land, sea or air) service of any country or international authority (in which event pro rata unearned premium will be refunded); or
 - (b) injury sustained while in or on, or entering or leaving, any kind of aircraft, except while a passenger in a duly licensed passenger aircraft provided by a scheduled airline and flown by a pilot duly licensed to operate such aircraft (a crew member, technical observer or operator is not a passenger); or
 - (c) routine well-baby care, normal pregnancy and normal childbirth except complications of pregnancy; or
 - (d) expenses incurred for the repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges; or
 - (e) expenses incurred for the repair or replacement of existing eyeglasses, artificial limbs, orthopedic braces, or orthotic devices; or
 - (f) any loss resulting from any injury, sickness or disease arising out of any employment or occupation for which benefits are paid or are payable under any worker's compensation or similar law; or
 - (g) expenses of preventive medicine or vaccines.
- 3 This policy does not cover and no payment shall be made on account of any charge
- (a) to the extent that the charge is unreasonable; or

- (b) that would not have been made if no insurance existed or that no individual with respect to whom insurance under this policy relates is legally obligated to pay; or
- (c) for care, treatment, services which are furnished, paid for, or reimbursable by the college, or through Medicare; or
- (d) in connection with any hospital confinement or any surgical, medical or other treatment, services or supplies which are not recommended and approved by a physician who is attending the Insured or Covered Dependent or are not necessary for the treatment of the injury or disease concerned.

HOW TO REPORT A CLAIM

In the event of accident or sickness when college is in session, the Insured should obtain a medical claim form from the university health center. When the university is not in session, medical claim forms can be obtained from GOODWIN, LOOMIS AND BRITTON, INC., 41 Lewis Street, Hartford, Connecticut 06103.

In either event the Insured or Covered Dependent must provide notice by means of a completed claim form or letter within 20 days after the date of the accident or the commencement of the sickness. All claim information including itemized bills should be sent to GOODWIN, LOOMIS AND BRITTON, INC. Itemized bills for medical expenses must be submitted within 90 days of treatment. Peerless may require periodic examination of an Insured or Covered Dependent during the pendency of a claim.

Should there be a question regarding a claim payment or the status of a pending claim, please call toll free in Connecticut 1-800-258-5303, between the hours of 8 a.m. - 4 p.m.

PEERLESS INSURANCE COMPANY

NOTE: Coverage for sickness insurance remains in effect until the expiration period for which premium has been paid, even though a student withdraws from the University except when such withdrawal is to enter military service at which time coverage will cease and a pro rata return premium will be made upon request.

This brochure describes the Accident and Sickness Insurance plans. Each full-time student enrolled at a Connecticut State University is (1) automatically covered under the Accident Insurance upon such enrollment, and (2) may be covered under the Sickness Insurance by making application and paying the required premium, and (3) may enroll his eligible dependents for coverage under the Accident and Sickness Insurance (provided he has himself enrolled for the sickness insurance) by making application and paying the required premium. A complete description of the benefits and the full terms and conditions will be found in the policy subscribed to by the Connecticut State University. This policy may be inspected during business hours at the Student's university. Payment of benefits will be made under and subject to the terms of the policy. If any conflict exists between a statement in this brochure and any provision in the policy, the policy will govern.



THE CONNECTICUT STATE UNIVERSITY

P.O. Box 2008 • New Britain, Connecticut 06050 • (203) 827-7700

RESOLUTION

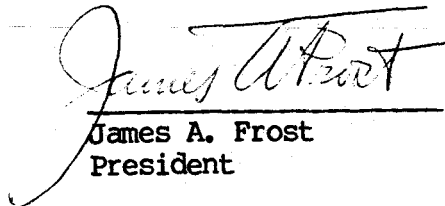
concerning

STUDENTS OPTIONAL SICKNESS INSURANCE

January 6, 1984

- WHEREAS, The Trustees desire to continue the optional sickness insurance protection for 1984-85 for students who pay General Fund tuition, other than foreign students on temporary visas, and
- WHEREAS, Goodwin, Loomis and Britton, Inc. and the Peerless Insurance Company have indicated that benefits for this program can be increased in 1984-85, as shown in the attached schedule, for no increase in rates, therefore be it
- RESOLVED, That the President of Connecticut State University is authorized to contract with Goodwin, Loomis and Britton, Inc. as agent for the Peerless Insurance Company for optional sickness insurance for General Fund students, other than foreign students on temporary visas, for the year 1984-85 at the rate of \$42.00 per student per year with the increased benefits as shown in the attached schedule.

A Certified True Copy:



James A. Frost
President

Addendum to Board Resolution 84-14

(OPTIONAL)

STUDENT SICKNESS INSURANCE

Administered by Goodwin, Loomis and Britton, Inc. and
the Peerless Insurance Company

	1983 - 1984	1984 - 1985
Mental Illness	Limit \$2,500	Same
Hospital Room & Board	\$225/day or semi-private rm rate whichever is less	\$250/day or semi-private rm rate whichever is less
Intensive Care	\$500 per day	\$500 per day
Miscell. Hospital Expenses	First \$500 in full 80% to \$2,000	Same
Surgical Operations Graduated Schedule to Maximum of	\$750	\$1000
Ambulance Limit	\$100 (must be followed by hospital confinement)	\$100 (does not have to be followed by hospital confinement)
Private Nurse in Hospital	\$60/8-hr shift to maximum of \$1,800	Same
In-Hospital Physician Visits	\$10/day for 120 days	\$25 first day; \$15 per day thereafter for non- surgical services
Consultant Expenses	\$150/illness including x-ray, lab, & consultant fees on out-patient basis when recommended & approved by University Physicians	Non-hospital confinement benefit-when, by reason of sickness of Insured, University Physician necessarily recommends & approves counsel of another physician for purpose of diagnosis or treatment, x-rays or lab exams, outpatient department or other

Continued (Optional) Student Sickness Insurance

-2-

1983 - 1984

1984 - 1985

emergency room of a hospital or any other medical service will be paid for these expenses incurred by insured student, but not to exceed \$150, as result of any one continuous period of disability. This benefit does not include any charges for prescriptions. Reference by University Physician is not required for dependents.

Sickness Limit

\$21,000

Same