2008 – 2009

Especially designed for the students of

Pine Manor College

Student Accident and Sickness Insurance Plan

POLICY NUMBER CUH201508
CHESTNUT HILL, MASSACHUSETTS

PINE MANOR COLLEGE
STUDENT ACCIDENT & SICKNESS INSURANCE PLAN

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THE STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

This brochure describes the insurance coverage under theStudent Accident and Sickness Insurance Plan available toInsured Students through Pine Manor College.

This Plan is underwritten by Combined Insurance Company of America. The exact provisions governing this Student Accident and Sickness Insurance Plan are contained in the Master Policy issued to the College.

STUDENT ELIGIBILITY AND ENROLLMENT

All full-time or ¾ full time students who are registered for 9 or more credits are automatically enrolled in the Student Accident and Sickness Insurance Plan. The premium for coverage is added to their Student Account unless proof of comparable coverage is furnished.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet, and television (TV) courses do not fulfill the eligibility requirements that the student actively attend classes.

International students are enrolled on a mandatory basis and cannot waive the student accident and sickness coverage.

ONLINE ENROLLMENT/WAIVER PROCESS

Students can elect to either enroll in the Student Accident and Sickness Insurance Plan, or waive the Student Accident and Sickness Insurance plan if they can document proof of comparable coverage from another health insurance plan that will be in effect until August 15, 2009. Recognizing that health insurance coverage may change, at the beginning of each academic year students will be asked to notify the college of their insurance selection. To document proof of comparable coverage, students need to complete the Online Waiver Form and submit it by the deadline. Go to: www.gallagherkoster.com, click on Student Access, and select Pine Manor College from the dropdown box. First Time Users will be required to create a unique User Account, specifying a User Name and Password, first name, last name, date of birth and email address. The User Name can be between 4-15 characters. Once logged in, click on 'Student Waive/Enroll Forms' and select the 2008-2009 Pine Manor College Annual Enrollment Form or the 2008-2009 Pine Manor College Annual Waiver Form from the drop down menu. In order to waive coverage you will need to provide information about your current health insurance plan: name, claims address and toll-free customer service telephone number of the insurance carrier, the name of the policyholder and policyholder ID or group number. Immediately upon submitting the online Enrollment/Waiver Form, you will receive a confirmation number that the Online Enrollment/Waiver Form has been submitted. The Online Enrollment/Waiver process is the only accepted process for making your insurance selection.

WAIVER DEADLINE

The deadline for students to complete the Online Form for annual coverage is September 1, 2008 and the deadline for students newly enrolled for the Spring Semester is January 15, 2009. Students who waive the Student Accident and Sickness Insurance Plan in the fall, waive coverage for the entire policy year.

Students who do not submit the Online Enrollment/Waiver Form by the deadline will remain enrolled in the Student Accident and Sickness Insurance Plan and the fee will remain on their Student Account.

In the event that you waive the Student Accident and Sickness Insurance Plan and then lose your current coverage due to a qualifying event, i.e. your parent loses coverage or you reach the maximum limit available under a parent's plan, you have the right to petition to add coverage within 31 days of the qualifying event. If the petition is received within 31 days of the qualifying event, there will be no break in coverage. For petitions received after 31 days, the effective date of coverage will be the date that the petition is received at Gallagher Koster. If the petition is approved, the premium will not be prorated. **If it is later determined that a student who waived coverage, waived coverage with a plan that was not comparable to the Student Accident and Sickness Insurance Plan, that student will be automatically enrolled in the student insurance plan, effective the date that the determination was made and there will be no pro-rata of premium.**

PLAN COSTS AND PERIODS OF COVERAGE

	Annual Coverage 8/15/2008 - 8/14/2009	Spring Semester 1/06/2009 - 8/14/2009
Student Only	**$753.00**	**$515.00**

POLICY TERM

The Pine Manor College Student Accident and Sickness Insurance Plan for the Annual Policy is effective at 12:01 a.m. on August 15, 2008. An eligible student's coverage becomes effective on that date or the date the application and full premium are received by the College or Gallagher Koster, whichever is later. The Annual Policy terminates on August 14, 2009 11:59 p.m. or at the end of the period through which the premiums are paid, whichever is earlier.

The insurance for the Spring Semester is effective at 12:01 a.m. on January 6, 2009 or the date the application and full premium are received by the College or Gallagher Koster, whichever is later and terminates on August 14, 2009 11:59 p.m., whichever is earlier.

PREMIUM REFUND POLICY

Except for a withdrawal due to an Injury or Sickness, any Insured Student withdrawing from the College during

the first 31 days of the period for which coverage is purchased shall not be covered under the Plan and a full refund of the premium will be made. Insured Students withdrawing after 31 days will remain covered under the Plan for the full period for which the premium has been paid and no refund will be made available. This is true for students on leave for medical or academic reasons, graduating students, and students electing to enroll in a separate comparable plan during the policy year. Premiums received by the Company are fully earned upon receipt and are non-refundable except as specifically provided.

Coverage for an Insured Student entering the Armed Forces of any country will terminate as of the date of such entry. Those Insured Students withdrawing from the school to enter military service will be entitled to a pro-rata refund of premium upon written request.

GALLAGHER KOSTER COMPLEMENTS

Exclusively from Gallagher Koster, enrolled students have access to the following menu of products at no additional cost. More information is available at www.gallagherkoster.com.

EYEMED Vision Care

The discount vision plan is available through EyeMed Vision Care. EyeMed's provider network offers access to over 45,000 independent providers and retail stores nationwide, including LensCrafters, Sears Optical, Target Optical, JC Penney Optical, and most Pearle Vision locations. You will receive a separate EyeMed ID card. There is no waiting period; you can take advantage of the savings immediately upon receipt of your EyeMed ID card. You can purchase prescription eyeglasses, conventional contact lenses or even non-prescription sunglasses at a savings of 15% to 45% off regular retail pricing. In addition, you can receive discounts from 5% to 15% off laser correction surgery at some of the nation's most highly qualified laser correction surgeons. You can call 1-866-8EYEMED or go online to www.eyemedvisioncare.com and choose the Access network from the drop down network option.

Basix Dental Savings

Maintaining good health extends to taking care of your teeth, gums and mouth. The Basix Dental Savings Program provides a wide range of dental services. It is important to understand the ***Dental Savings Program is not dental insurance.*** Basix contracts with dentists that agree to charge a negotiated fee to students covered under your Gallagher Koster plan. You must pay for the services received at the time of service to receive the negotiated rate.

Savings vary but can be as high as 50% depending upon the type of service received and the contracted dentist providing the service. To use the program, simply:

- Make an appointment with a contracted dentist. Contracted dentists and their fee schedules are listed on our website, www.basixstudent.com.
- Tell the dental office that you are an insured student and have the Basix program. Each dentist has an

administrative person to assist you with any questions. You do not need a separate identification card for the Basix program, but you will need to show your student health insurance ID card to confirm your eligibility. If the office needs to check eligibility, call Gallagher Koster at 800-457-5599.

- Remember, you must pay for the services you receive at the time of service, so make sure you understand what forms of payment (check, credit card, etc.) the dentist accepts.

Full details of the program can be viewed at the website: www.basixstudent.com. Once at the home page, select the link for your school. You may also contact us via email from our website, or by telephone at (888) 274-9961.

CampusFit

College health is all about helping students develop healthy habits for a lifetime. To support your efforts, CampusFit "digitizes" knowledge from registered dieticians and certified fitness instructors to help teach and reinforce mainstream ideas about diet, nutrition, fitness and general wellness.

- The Energy Management section of the site allows a student to easily assess how much energy they are consuming, and expending on a daily basis. It also displays the results in the context of the Food Pyramid so students can see how to improve their food choices.
- The Fitness Works section has dozens of downloadable mp3 files and written exercise routines to help students get more active. Want to run your first 5K? We've got a nine week, step-by-step plan to get you there.
- The Wellness Support section has downloadable mp3 files for guided imagery relaxation, and dozens of recordings to reinforce fundamental diet and nutrition ideas – we've even got a 20 minute discussion on the "Freshman 15".

CampusFit is available at no cost to students. To access CampusFit, go to www.gallagherkoster.com.

These plans are not underwritten by Combined Insurance Company of America.

NETWORK PROVIDERS

The Pine Manor College Accident and Sickness Insurance Plan provides access to hospitals and health care providers locally and across the country through the First Health Network.

You are not required to use a Network Provider. However, the advantage to using a Network Provider is that Network Providers have agreed to accept as payment for their services a negotiated fee or Preferred Allowance. Non-Network Providers have not agreed to a Preferred Allowance and consequently your out-of-pocket costs may be greater.

Students should be aware that Network Hospitals may be staffed with Non-Network Providers. Receiving services or care from a Non-Network Provider at a Network Hospital means that those charges will not be

paid at the Network Provider level of benefits. It is important that the Insured Student verify that his or her Doctors are Network Providers when calling for an appointment or at the time of service.

The most efficient and accurate way to identify Network Providers is to call First Health toll-free at 888-685-7774 or visit their website at www.FirstHealth.com.

HEALTH SERVICES

The Student Health and Counseling Services are located in the Health and Wellness Center, a free-standing ambulatory care center located on campus, across from South Village. We encourage our students to utilize the Health and Wellness Center Services for their primary health care needs. When there is a need for medical or counseling treatment beyond the services we normally provide, we can facilitate the process of obtaining appropriate healthcare.

Eligibility - All full-time students enrolled in the current semester are eligible for care. Most services provided at the Health and Wellness Center are free of charge. There is no cost to be seen at the Health and Wellness Center. However, there are charges for laboratory tests, prescriptions, immunizations, x-rays. Many of these charges may be covered by your health insurance plan.

Hours - The Health and Wellness Center is open Monday through Friday during the Fall and Spring semesters. The Center is closed on holidays, during breaks, and during the summer months. Students may schedule an appointment By calling 617-731-7171 or may be seen on a walk-in basis.

Staff - Our professional staff consists of nurse practitioners, mental health counselors, a part-time Physician, and a part time Psychiatrist.

Services Available:

- **Primary Care -** Health maintenance, including routine physical examinations and certain immunizations. Routine medical care, including assessment, treatment, and follow-up of acute, minor, and stable chronic medical problems.
- **Gynecology -** Routine breast and pelvic exams, Pap smears, contraceptive services; pregnancy testing, counseling, referral; and sexually transmitted disease (STD) screening, counseling, and treatment.
- **Counseling -** Individual counseling, crisis intervention, psychiatric consultation, and support groups.
- **Health Promotion:** Wellness promotional videos, brochures and other resources on health-related topics are available. Individual and group health programs are regularly offered.

EXTENTION OF BENEFITS AFTER TERMINATION

The coverage provided under this policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the

Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this “Extension of Benefits” provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

PRESCRIPTION DRUG PROGRAM

The outpatient prescription drug program is available through the MEDCO Pharmacy Program (MEDCO). The MEDCO Pharmacy Network includes national pharmacy chains such as Brooks Pharmacy, Walgreens, Rite Aid, CVS, etc. as well as local pharmacies. After a $5.00 co-payment for a 30-day supply of a generic drug or a $15.00 co-payment for a 30-day supply of a brand name drug, the covered expenses incurred for the cost of prescription drugs will be reimbursed at 100% up to a maximum of $500.00 per policy year. Covered Persons will use their student ID card to show to the pharmacy as proof of coverage. If a prescription needs to be filled prior to receiving an ID card, reimbursement will be made upon submitting a completed Rx claim form. Prescription claim forms can be downloaded at www.gallagherkoster.com. Not all prescriptions are covered, such as topical acne treatments, vitamins or food supplements, smoking deterrents and drugs to promote hair growth or weight loss. To locate a participating MEDCO pharmacy, go online at www.medco.com or call MEDCO toll free at 1-800-711-0917.

Mail Service Program

Medications that are taken for a chronic condition can be filled for up to a 90-day supply using Medco’s Mail Service Prescription Drug Program. Using the Mail Service Prescription Drug Program, a 90-day supply of a generic or brand name drug can be filled with a co-payment that is 2 times the co-payment of a 30-day supply.

When you use the Mail Service Prescription Drug Program you will need to complete a “Medco By Mail” Order Form and mail it directly to Medco along with your doctor’s signed prescription form. After submitting your initial prescription, subsequent prescriptions can be filled by going online to www.medco.com A brochure describing the Mail Service Prescription Drug Program and order forms are available by contacting Gallagher Koster or www.gallagherkoster.com.

EMERGENCY MEDICAL EVACUATION EXPENSE BENEFIT

This benefit applies to Domestic Students and International Students while insured under this Plan. We will pay for benefits for the Covered Expenses incurred, up to $25,000 if any Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person. Emergency Medical Evacuation means: (a) the Insured Person’s medical condition warrants immediate

transportation from the place where the Insured Person is injured or ill to the nearest Hospital or home residence where appropriate medical treatment can be obtained; or (b) for International Students after being treated at a local Hospital, the Insured Person's medical condition warrants transportation to his/her Home Country to obtain further medical treatment to recover. All Transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical conveyance; and (b) approved in advance by the Company. Expenses for special transportation must be: (a) recommended by the attending Doctor; or (b) required by the standard regulations of the conveyance transporting the Insured Person. Special transportation includes, but is not limited to: air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending Doctor.

REPATRIATION OF REMAINS EXPENSE BENEFIT

This benefit applies to Domestic Students and International Students while insured under this Plan. In the event of the death of an Insured Person, We will pay the actual charges up to a maximum of $10,000 for preparation and transportation of the Insured Person's remains to her home country. This will be in accord with all legal requirements in effect at the time the body remains are to be returned to her Home Country. The death must occur while the person is insured for this benefit. Covered expenses include expenses for embalming, cremation, coffins, and transportation. Repatriation of remains must be approved in advance by the Company.

TRAVEL ASSISTANCE SERVICES

Included in this health insurance program is access to a 24- hour worldwide assistance network for emergency assistance anywhere in the world through On Call International. Simply call the assistance center collect. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. The following services are included in this Plan:

1. Referral to the nearest, most appropriate medical facility, and/or Provider.
2. Medical monitoring by board certified emergency physicians in the United States.
3. Urgent message relay between family, friends, personal physician, school, and insured.
4. Guarantee of payment to Provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriations.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

Contact *On Call International* for any of these services: Toll Free from U.S. and Canada: 1-800-850-4556.

Dial Direct or Call Collect Worldwide: 1-603-898-9159 or www.oncallinternational.com.

24-HOUR NURSE ADVICE LINE

Students may utilize the Nurse Advice Line when Pine Manor College Health Services is closed or anytime they need confidential medical advice. ON CALL provides Members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Members). Nurses shall not diagnose Member's ailments. Students must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the Nurse Advice program, which is sponsored by the school. This program gives Insured students access to a toll-free nurse information line 24-hours a day, 7 days a week. To access a wealth of useful health care information, contact the Nurse Advice Line at 1-800-850-4556.

DEFINITIONS

Accident means a specific unforeseen event, which happens while the Insured Person is covered under this Policy and which directly, and from no other cause results in an Injury.

Co-payment means the specified dollar amount an Insured Person must pay for specified charges. The Co-payment is separate from and not a part of the Deductible or Coinsurance.

Covered Charge or **Expense** as used herein means those charges for any treatment, services or supplies that are: (a) for Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Reasonable and Customary Expense; (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred while this Policy is in force as to the Insured Person except with respect to any expense payable under the Extension of Benefits.

Doctor as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (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 residence of such practitioner; (c) a podiatrist or optometrist performing covered services a podiatrist or optometrist rendered within the scope of his or her license; (d) a nurse midwife when such services are within the lawful scope of practice for a certified nurse midwife; (e) a certified registered nurse anesthetist or nurse practitioner designated as such by the board of registration in nursing, if: (i) the service rendered is within the scope of the certified registered nurse anesthetist's license or the nurse practitioner's authorization to practice by the board of registration in nursing; and (ii) the policy or

contract currently provides benefits for identical services rendered by a provider of health care licensed by the commonwealth; (f) a chiropractor when performing covered services rendered within the scope of his or her license; or (g) a dentist when performing covered services rendered within the scope of his or her license.

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 Insured Person's Effective Date of coverage.

Elective Treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered chronic purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; treatment of infertility and routine physical examinations.

Hospital means a facility which meets all of these criteria:

(a) it provides inpatient 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.

Hospital does not include a place run mainly: (a) for alcoholics or drug addicts; (b) as a convalescent home; (c) as a nursing or rest home; or (d) as a hospice facility.

Injury means bodily injury caused by an Accident, which is the sole cause of the Loss. All injuries due to the same or a related cause are considered one injury.

Medical Emergency means a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of an Insured Person or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part, or, with respect to a pregnant woman, as further defined in 1867(e)(1)(B) of the Social Security Act.

Medically Necessary means that a service, drug or supply is needed for the diagnosis or treatment of an Injury or Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, Drug or supply is provided as determined by whether:

(a) it is the most appropriate available supply or level of service for the Insured Person in question considering potential benefits and harms to the individual;

(b) it is known to be effective, based on scientific evidence, professional standards and expert opinion, in improving health outcomes; or

(c) for services and interventions not in widespread use, is based on scientific evidence.

A service, drug or supply shall not be considered as Medically Necessary if it is investigational, experimental, or educational.

Per Condition Aggregate Maximum means for each Insured Person, the total amount of benefits payable for each Injury or Sickness under the Student Health Insurance Policy or Policies issued to this Policyholder before this Policy.

Reasonable and Customary Expense means fees and prices generally charged within the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature.

Sickness means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

We, Us and **Our** mean the Combined Insurance Company of America.

You, Your or **Yours** means the Insured Student.

OPTIONAL SUPPLEMENTAL ACCIDENT & SICKNESS EXPENSE BENEFIT

$100,000 Maximum Benefit
(For Each Injury or Sickness)

This optional benefit is subject to an additional premium payment of $208.00. Optional benefits may only be purchased at the time of initial enrollment in the plan and may not be added later. Please visit www.gallagherkoster.com for information and to enroll.

The Supplemental Accident & Sickness Expense Benefit begins payment after the Basic Maximum Benefit of $50,000 has been paid by the Company.

The Company will pay 80% for additional, Covered Medical Expenses incurred up to the Optional Supplemental Accident & Sickness Expense Benefit Maximum of $100,000. The total amount paid for any one Injury or Sickness will not exceed the Optional Supplemental Expense Benefit Maximum of $100,000.

No benefits will be paid under Major Medical for:

(a) Room & Board expenses which exceed the semi-private room rate;

(b) Dental Treatment;

(c) Mental and Nervous Conditions and Substance Abuse Benefits in excess of the mandated benefits;

(d) Services designated as exclusions in the Basic Accident and Sickness Policy;

(e) Physiotherapy;

(f) Outpatient prescription drugs.

SCHEDULE OF MEDICAL EXPENSE BENEFITS

General Information

When hospital or medical care is required for a covered injury or sickness, payment will be made as allocated below for covered medical expenses (up to the Reasonable and Customary charges) incurred under the plan.

Plan Features

ACCIDENT AND SICKNESS BENEFITS	
Per Condition Aggregate Maximum	$50,000
Inpatient Benefits	
Hospital Room & Board Expense, includes semi-private room, intensive care unit, general nursing services	80% of R&C Expense
Hospital Miscellaneous Expense, laboratory tests, x-ray, medicines, operating room, pre-admission testing & other necessary Expenses	80% of R&C Expense
Inpatient Physician Expense Benefits, will be paid when confinement requires services of a physician other than a surgeon	80% of R&C Expense
Surgical Benefits (Inpatient and Outpatient)	
Surgeon & Assistant Surgeon Expense, only one surgical procedure will be covered when multiple procedures are performed in immediate succession unless prescribed by a physician	80% of R&C Expense to a combined maximum of $5,000 per Injury or Sickness

Surgical Benefits (Inpatient and Outpatient) (Con't)	
Multiple Surgical Procedure, paid according to the Policy language when Injury or Sickness requires multiple Surgical Procedures through the same incision, we will pay an amount not less than that for the most expensive procedure being performed. Multiple Surgical Procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the Covered Percentage of the Covered Charge of the most expensive Surgical Procedure then being performed, and with regard to the less expensive Surgical Procedure in an amount equal to 50 percent of the Covered Percentage of the Covered Charge for these procedures.	80% of R&C Expense
Anesthetist Expense	80% of R&C Expense up to a maximum of $1,500
Second Surgical Opinion	80% of the Eligible Expense, up to a maximum of 5% of the Surgeon's Expense Benefit
Licensed Nurse Expense	Paid under Hospital Room & Board
Pre Admission Testing Expense Benefit	Paid under Hospital Miscellaneous Payable within 3 working days prior to admission
Outpatient Benefits	
Physical Therapy Expense, must be prescribed by a physician and must include the number of treatments	80% of R&C Expense

Outpatient Benefits (Con't)	
Outpatient Miscellaneous Expense, includes Physician/consultant visits, emergency room, chiropractic services lab, x-ray, chemotherapy, radiation therapy, tests & procedures & procedures	80% of R&C up to a combined maximum of 2,500 after the following co-payments (per visit): • Physician/Consultant Office Visit - $20* • Hospital Outpatient Visit - $25 • Emergency Room - $100 (reduced to $50 if admitted) * Physician/Consultant visits are payable at 100% of R&C after a $20 co-payment **(Lab work ordered by the Pine Manor College student Health Services & sent to Quest Labs will be paid at 100% of R&C Expenses)**
High Cost Procedures: For procedures costing more than $200 up to $2000. Includes CAT Scan, MRI and Laser Treatment	80% of R&C up to a maximum of $2,000
Mental Illness Benefits	
Non-Biologically based Mental Illness or Substance Abuse • In Hospital Benefits – Up to 60 days for mental illness or 30 days for substance abuse per policy year • Outpatient Benefits – Up to 24 visits per policy year • Intermediate Services Benefit, including Level III community base detoxification; acute residential treatment; day treatments, crisis stabilization	Paid the same as any other covered Sickness Paid the same as any other covered Sickness Paid the same as any other covered Sickness
Biologically Based Mental Illness, including inpatient, outpatient, intermediate services & prescription drugs	Same as any other covered Sickness. Any limitations for non-biologically based mental illness do not apply

Mental Illness Benefits (Con't)	
Rape Related Mental or Emotional Disorders	Same as any other covered Sickness when expenses exceed the maximum compensation awarded under MA State Law
Treatment for Children & Adolescents under the age of 19, for the diagnosis & treatment of non-biologically based mental, behavioral or emotional disorders	Same as any other covered Sickness
Medical Management Expense	Paid as any other covered Sickness
Additional Benefits	
Ambulance Expense (ground transportation)	100% of Actual Expense up to $400, subject to $25 co-pay per trip
Voluntary Termination of Pregnancy	80% of R&C Expense
High Cost Procedures	80% of R&C Expense up to a $2,000 maximum
Medical Evacuation	100% of Actual; Benefit Maximum: $25,000
Repatriation of Body Remains	100% of Actual; Benefit Maximum: $10,000
Dental Injury Expense (injury to sound natural teeth)	100% of R&C Expense up to $500
Durable Medical Equipment	80% of R&C Expense; Benefit Maximum $10,000
Prescription Drug, prescriptions must be filled at a participating Medco pharmacy. Includes prescription contraceptive drugs and devices. Refer to page 6 for Mail Service Program.	After a $5 co-pay for a 30 day supply of a Generic Drug and a $15 co-pay for a 30 day supply of a Brand Name Drug, covered at 100% up to $500 per policy year

Mandated Benefits	
Intercollegiate Sports Expense	80% of R&C Expense up to $1,500
Cytological Screening (pap smear)	100% of R&C Expense
Maternity Benefits, pregnancy, child birth, complications of pregnancy	Paid as any other Sickness
Mammographic Examination	100% of R&C
Diabetes Treatment	Paid as any other Sickness
Infertility	Paid as any other Sickness
Bone Marrow Transplants for Breast Cancer	Paid as any other Sickness
Reconstructive Breast Surgery	Paid as any other Sickness
Cardiac Rehabilitation	Paid as any other Sickness
Hospice Care Treatment	Paid as any other Sickness
Home Health Care	Paid as any other Sickness
Non-Prescription Enteral Formulas	Paid as any other Sickness
Scalp Hair Prosthesis	Paid as any other Sickness
Human Leukocyte Antigen Testing	Paid as any other Sickness
Clinical Trials	Paid as any other Sickness
Outpatient Hormone Replacement Therapy & Contraceptive Services	Paid as any other Sickness

DESCRIPTION OF MEDICAL INSURANCE BENEFITS

ACCIDENT EXPENSE BENEFIT.

When, by reason of Injury, an Insured Person incurs expenses for hospital, surgical or medical treatment, services or supplies, We will pay the Covered Percentage of the Covered Charges incurred as shown in the Plan of Insurance. Benefits are paid in accordance with the schedule shown for the Accident Expense Benefits in the Plan of Insurance. When an Insured Person incurs expenses for dental treatment for Injury to sound natural teeth, We will pay for the Covered Percentage of the Covered Charges incurred, as shown in the Plan of Insurance.

SICKNESS EXPENSE BENEFIT

When, by reason of Sickness, an Insured Person incurs expenses for hospital, surgical or medical treatment, services or supplies, We will pay for the Covered Percentage of the Covered Charges covered by the Sickness Expense Benefit Provisions incurred as shown in the Plan of Insurance.

HOSPITAL EXPENSE BENEFIT

- **Hospital Room and Board Expense Benefit**

  When, by reason of Injury or Sickness, an Insured Person requires Hospital Confinement, We will pay the Reasonable and Customary Expense incurred for Providers of the Hospital room and board Covered Charge for a semi-private room containing two or more beds including meals, special diets and nursing services incurred for the period of such Hospital Confinement. Coverage includes a bed in a special care unit.

- **Miscellaneous Hospital Expense Benefit**

  If an Insured Person incurs expenses during a Hospital Confinement or day surgery on an outpatient basis, We will pay the covered percentage of the covered charges incurred. Miscellaneous Hospital Expense includes expenses incurred for: (a) anesthesia, anesthesia supplies and services; (b) operating, delivery and treatment rooms and equipment; (c) diagnostic x-ray and laboratory tests; (d) lab studies; (e) oxygen tent; (f) blood and blood services; (g) prescribed drugs and medicines; (h) medical and surgical dressings, supplies, casts and splints; (i) radiation therapy, intravenous chemotherapy, kidney dialysis, and inhalation therapy; (j) chemotherapy treatment with radioactive substances; (k) intravenous injections and solutions, and their administration; and (l) other necessary and prescribed Hospital expenses. We will pay the Covered Percentage of the Covered Charge incurred by the Insured Person during the period of Hospital Confinement for which benefits are payable under Hospital Room and Board Expense above.

SURGICAL EXPENSE BENEFITS

- **Surgery Expense Benefit**

  We will pay the covered percentage of the covered charges incurred up to a maximum of $5,000 per

Accident or Sickness, performed by a licensed Doctor. Benefits will be paid in accordance with the Medical Data Research Schedule for Reasonable and Customary Expense.

- **Multiple Surgical Procedures Expense Benefit**

  When Injury or Sickness requires multiple Surgical Procedures through the same incision, we will pay an amount not less than that for the most expensive procedure being performed. Multiple Surgical Procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the Covered Percentage of the Covered Charge of the most expensive Surgical Procedure then being performed, and with regard to the less expensive Surgical Procedure in an amount equal to 50 percent of the Covered Percentage of the Covered Charge for these procedures.

- **Anesthesia Expense Benefit**

  If an Insured Person requires an anesthetist during a surgical operation, We will pay 30% of the Paid Surgical Expense.

- **Assistant Surgeon Expense Benefit**

  If an Insured Person requires an assistant surgeon during a surgical operation, We will pay 30% of the Paid Surgical Expense.

IN-HOSPITAL DOCTOR'S FEES AND MEDICAL EXPENSE BENEFIT

When, by reason of Injury or Sickness an Insured Person who is confined as a resident bed-patient in a Hospital, requires the services of a Doctor, who may or may not have performed the surgery on the Insured Person, We will pay the Covered Percentage of the Covered Charge incurred for such services, subject to the Deductible shown in the Plan of Insurance.

The following medical services performed by a Doctor are covered on an inpatient basis:

(a) one Doctor visit per day;

(b) constant care and treatment while an Insured Person is confined in an intensive care unit;

(c) consultation by another Doctor when requested by the Insured Person's Doctor.

OUTPATIENT EXPENSE BENEFIT.

If, by reason of Injury or Sickness, an Insured Person incurs expenses in a Doctor's office, Hospital outpatient department, emergency room, clinical lab, radiological facility, or other similar facility licensed by the state, We will pay the Covered Percentage of the Covered Charges incurred as shown in the Plan of Insurance.

- **Surgery Expense Benefit**

  We will pay the covered percentage of the covered charges incurred up to a maximum of $5,000 for each surgical procedure performed by a licensed Doctor. Benefits will be paid in accordance with the Medical Data Research Schedule for Reasonable and Customary Expense.

- **Multiple Surgical Procedures Expense Benefit**

  When Injury or Sickness requires multiple Surgical Procedures through the same incision, we will pay an amount not less than that for the most expensive procedure being performed. Multiple Surgical Procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the Covered Percentage of the Covered Charge of the most expensive Surgical Procedure then being performed, and with regard to the less expensive Surgical Procedure in an amount equal to 50 percent of the Covered Percentage of the Covered Charge for these procedures.

- **Outpatient Services**

  Covered Charges for "Outpatient Services" are charges for the following services:

  (a) Doctor's office while not Hospital Confined;

  (b) chiropractic care;

  (c) Hospital outpatient department or emergency room;

  (d) diagnostic x-ray and laboratory testing;

  (e) blood and blood services, if provided and billed by a Hospital or other facility;

  (f) physical and occupational therapy;

  (g) radiation therapy, intravenous chemotherapy, kidney dialysis, inhalation therapy;

  (h) radiological lab or other similar facility licensed by the state;

  (i) surgical dressings, splints, casts, and other devices used to correct fractures and dislocations;

The following copayments apply:

Doctor Office Visit - $20.00

Hospital Outpatient Department - $25.00

Hospital Emergency Room - $50.00 per visit (if admitted) $100.00 per visit (when not admitted as an inpatient)

- **High Cost Procedures**

  We will pay the covered percentage of the covered charges incurred for specific procedures in excess of $200.00, up to a maximum of $2,000 per Injury or Sickness. Covered Charges for High Cost Procedures include, but are not limited to, charges for: C.A.T. Scan, Magnetic Resonance Imaging, Ultrasound, and Laser Treatment performed on an outpatient basis. This benefit is payable in addition to any benefit payable under the Outpatient Miscellaneous Expense Benefit.

- **Ambulance Expense**

  When, by reason of an Injury or Sickness, an Insured Person requires the use of a community or hospital ambulance. We will pay the Reasonable and Customary Expense incurred up to a maximum of $400.00 per trip, subject to a $25.00 co-pay per trip.

DENTAL CARE EXPENSE BENEFITS

- **Accidental Dental Expense**

  We will pay the covered percentage of the covered charges incurred for dental treatment as a result of

accidental Injury to sound natural teeth up to a maximum of $500.00 per tooth.

STATE MANDATED BENEFITS

Alcohol and Drug Abuse Expense Benefit: If an Insured Person requires treatment on account of alcoholism, Alcohol Abuse, Drug Abuse or drug dependency, We will pay for such treatment as follows:

- **Benefits for Inpatient Confinement**

  When the Insured Person is confined for inpatient treatment, We will provide expenses for treatment in an accredited or licensed hospital, public or private facility, or residential alcohol treatment program providing services for the detoxification or rehabilitation of intoxicated persons or alcoholics which is licensed by the Department of Public Health. We will pay the Covered Percentage of the Covered Charges incurred for such Hospital Confinement on the same basis as any other Sickness as described in Part A, Hospital Room and Board Expense of the Hospital Expense Benefit. But payment will not be made for more than 30 days in a Plan Year.

  If charges are incurred in connection with a Mental Illness, the above limits will not apply.

  Where medically appropriate, two days of outpatient day treatment may be substituted for one day of inpatient Hospital care.

  We will pay the covered percentage of the covered charges Incurred.

- **Benefits for Outpatient Services**

  We will pay the Covered Percentage of the Covered Charges incurred as shown in the Plan of Insurance for covered outpatient services for the rehabilitation of alcoholism, Alcohol Abuse, Drug Abuse, or drug dependency.

  Outpatient benefits include services furnished by: (a) an accredited or licensed Hospital; (b) a public or private facility provided services for the rehabilitation of alcoholics licensed by the Department of Public Health; and (c) a licensed Doctor or psychotherapist.

  We will pay the covered percentage of the covered charges incurred.

Bone Marrow Transplant for Treatment of Breast Cancer Expense: If an Insured Person has metastatic breast cancer, We will pay the covered percentage of the covered charges incurred up to the Aggregate Maximum for the expense of a bone marrow transplant for the treatment of breast cancer.

Cancer Clinical Trials Expense: We will pay the covered percentage of the covered charges incurred for Patient Care Service to an Insured Person engaging in a cancer clinical trial, as a result of:

(a) treatment provided for a life-threatening condition; or

(b) prevention, early detection, and treatment studies on cancer.

Cardiac Rehabilitation Expense Benefit: If an Insured Person requires Cardiac Rehabilitation treatment in

connection with documented cardiovascular disease, We will pay the covered percentage of the covered charges incurred for such expenses. Such treatment shall include, but is not limited to, outpatient treatment which is to be initiated within 26 weeks after the diagnosis of such disease.

Cytological Screening (Pap Smear) Expense Benefit: We will pay the Covered Percentage of the Covered Charges incurred for one annual Cytologic Screening (Pap smear), or more frequently if recommended by a Doctor.

Such benefit will include the examination, laboratory fee and the Doctor's interpretation of the laboratory results.

Diabetes Diagnosis and Treatment Expense Benefit: We will pay the covered percentage of the covered charges incurred for the diagnosis and treatment of Diabetes if prescribed by a health care professional legally authorized to prescribe the following Medically Necessary items: (a) insulin-dependent, insulin-using, gestational and non-insulin-dependent diabetes; (b) blood glucose monitors; (c) blood glucose monitoring strips for home use; (d) voice-synthesizers for blood glucose monitors for use by the legally blind; (e) visual magnifying aids for use by the legally blind; urine glucose strips; ketone strips; (f) lancets; (g) insulin; (h) insulin syringes; (i) prescribe oral diabetes medications that influence blood sugar levels; (j) laboratory tests, including glycosylated hemoglobin, or HbAlc, tests; (k) urinary protein/ microalbumin and lipid profiles; (l) insulin pumps and insulin pump supplies; (m) insulin pens, so-called; (n) therapeutic. molded shoes and inserts for people who have severe diabetic foot disease when the need for therapeutic shoes and inserts has been certified by the treating Doctor and prescribed by a podiatrist or other qualified doctor and furnished by a podiatrist, orthotist, prosthetist or pedorthist; (o) supplies and equipment approved by the Federal Drug Administration for the purposes for which they have been prescribed and diabetes outpatient self-management training and education, including medical nutrition therapy, when provided by a Certified Diabetes Health Care Provider participating with the insurance contract or affiliated with a provider participating with the insurance contract.

Infertility Expense: If an Insured Person incurs medically necessary expenses for diagnosis and treatment of infertility, We will pay the covered percentage of the covered charges incurred for the following non-experimental infertility procedures; (1) Artificial Insemination; (2) In Vitro Fertilization and Embryo Placement; (3) Sperm, egg and/or inseminated egg procurement, processing and banking to the extent such costs are not covered by the donor's insurer, if any; (4) Gamete Intra-Fallopian Transfer; (5) Intracytoplasmic Sperm Injection for the treatment of male factor infertility; and (6) Zygote Intrafallopian Transfer. The term "Infertility" means the condition of a presumably healthy individual who is unable to conceive or produce conception during a period of one year.

Home Health Care Expense Benefit: When, by means of an Injury or Sickness, an Insured Person incurs

Expenses for Covered Home Health Care Services, We will pay the covered percentage of the covered charges incurred from the date of the first home health care visit.

Covered Home Health Care Services are the services and supplies shown in the List of Covered Home Health Care Service below, to the extent that the charges are reasonable and customary, subject to the following conditions:

(a) The service must be medically necessary; (b) The service must be furnished by, or under arrangements made by, a licensed Home Health Agency; (c) The Service must be covered under a home care plan. This plan must be established pursuant to the written order of a Doctor. And, the Doctor must renew that order every 30 days after the plan starts; (d) Except as specifically provided in the List of Covered Home Health Care Services, the service must be delivered in the patient's place of residence on a part-time, intermittent, visiting basis while the patient is confined as a result of Injury or Sickness.

List of Covered Home Health Care Services

(1) Nursing care furnished by: (a) a Registered Nurse (R.N.); (b) a Licensed Practical Nurse (L.P.N.); or (c) a home health aide. But, this service does not qualify as a Covered Home Health Care Service if the nurse or home health aide resides in the Insured Person's home or is a member of the person's immediate family. (2) Physical, occupational, speech or respiratory therapy. (3) Medical social worker. (4) Nutrition counseling. (5) Medical supplies, drugs and medicines, and laboratory services. But, these items are covered only to the extent they would be covered if the patient was confined to a hospital. (6) Durable medical equipment and supplies.

Hospice Care Treatment Expense Benefit: We will pay the covered percentage of the covered charges incurred for hospice services. We will cover the Expenses for an Insured Person who is terminally ill with a life expectancy of six months or less. Services must be authorized by a duly licensed Doctor.

Covered services will include Expenses for Bereavement Counseling.

Human Leukocyte Antigen Testing Expense Benefit: We will pay the covered percentage of the covered charges incurred for Human Leukocyte Antigen Testing or Histocompatibility Locus Antigen Testing necessary to establish bone marrow transplant donor suitability. Coverage shall include testing for A, B, or DR antigens, or any combination thereof, consistent with the guidelines, criteria, and rules or regulations established by the Department of Public Health.

Maternity Expense Benefit: We will pay the covered percentage of the covered charges incurred for an Insured Person's Covered Charges for maternity care, including Hospital, surgical and medical care.

We cover charges for a minimum of 48 hours of inpatient care following an uncomplicated vaginal delivery and a minimum of 96 hours of inpatient care following an uncomplicated cesarean section for a mother and her

newborn child in a health care facility, unless the attending Doctor in consultation with the mother, makes a decision for an earlier discharge from the Hospital.

For a mother and newborn child who remain in the Hospital for the minimum length of time stated above, We will pay for one home health care visit if prescribed by the attending Doctor.

We will pay for post-delivery care which includes but not limited to home visits; parent education; assistance and training in breast or bottle feeding; the performance of any necessary and appropriate clinical tests, provided the first home care visit is conducted by a registered nurse; Doctor; or by a certified nurse midwife under qualified medical direction if he or she is affiliated with or practicing in conjunction with a licensed facility. Any subsequent home visit determined to be clinically necessary shall be provided by a licensed health care provider.

This benefit does not include circumcision.

We also cover Medically Necessary charges for prenatal care.

Mental Illness Expense Benefit

- **Inpatient Mental Illness Expense Benefit:** When an Insured Person requires hospital confinement for the treatment of a Mental Illness, We will pay the covered percentage of the covered charges incurred for Non-Network Providers. But, We will not cover more than 60 days per policy year for such inpatient care. Inpatient benefits are covered if provided in: (a) a mental hospital under the direction and supervision of the Department of Mental Health, or (b) in a private mental hospital licensed by the Department of Mental Health, or (c) a general hospital licensed to provide such services. If charges are incurred in connection with treatment for alcoholism, the above limits will not apply.
- **Intermediate Services Expense Benefit:** We will pay the Covered Percentage of the Covered Charges incurred for Intermediate Services including but not limited to Level III community-based detoxification, acute residential treatment, partial hospitalization, day treatment and crisis stabilization licensed or approved by the Department of Public Health or the Department of Mental Health.

  Where medically appropriate, a period of confinement may be calculated by substituting two days of outpatient treatment at a community mental health center or other mental health clinic or psychiatric day treatment center licensed by the Department of Public Health, or two days of outpatient day treatment at a psychiatric hospital licensed by the Department of Public Health, for one day of inpatient hospital care.
- **Outpatient Mental Illness Expense Benefit:** When an Insured Person requires outpatient treatment for a Mental Illness, We will pay the covered percentage of the covered charges incurred for Non- Network Providers. However, We will not pay more than 24 visits per Policy Year for such outpatient services. There is a $20.00 co-pay per visit.

Outpatient services may be provided in the following facilities: (1) licensed hospital; (2) community mental health center; (3) mental health clinic, licensed by the Department of Public Health; (4) psychiatric day treatment center, licensed by the Department of Public Health; (5) professional office, or home-based services provided by the following licensed mental health professionals acting within the scope of his or her license: (a) a licensed Doctor who specializes in the practice of psychiatry; (b) a licensed psychologist or licensed Psychotherapist; (c) a licensed independent clinical social worker, a licensed mental health counselor; or (d) a licensed nurse mental health clinical specialist. If charges are incurred in connection with treatment for alcoholism, the above limits will not apply.

Specific Mental Disorders Expense Benefit

- **Biologically Based Mental Disorders:**

  (a) schizophrenia; (b) schizoaffective disorder; (c) major depressive disorder; (d) bipolar disorder; (e) paranoia and other psychotic disorders; (f) obsessive-compulsive disorder; (g) panic disorder; (h) delirium and dementia; (i) affective disorders; and (j) any biologically-based mental disorders appearing in DSM that are scientifically recognized and approved by the Commissioner of the Department of Mental Health in consultation with the Commissioner of the Division of Insurance. We cover such charges the same way We treat Covered Charges for any other Sickness.
- **Rape Related Mental or Emotional Disorders** We cover the diagnosis and treatment of rape-related mental or emotional disorder to victims of rape or victims of an assault with intent to commit rape, whenever the cost of the diagnosis and treatment exceed the maximum compensation awarded to the victim under the crime victim's compensation law. We cover such charges the same way We treat Covered Charges for any other Sickness.
- **Non-Biologically Based Mental, Behavioral or Emotional Disorders that substantially limit the functioning and social interactions of children and adolescents under the age of 19:**

  We cover charges for the diagnosis and treatment of non-biologically-based mental, behavioral or emotional disorders, as described in the most recent edition of the DSM and which substantially interfere with or substantially limit the functioning and social interactions of a child or adolescent provided that the interference or limitation is documented and referred for treatment by a Doctor, a primary pediatrician or a licensed mental health professional, or be evidenced by conduct including, but not limited to an inability to attend school as a result of the disorder, the need to hospitalize the child or adolescent as a result of the disorder, or a pattern of conduct caused by the disorder that poses a serious danger to self or others. Treatment may continue beyond the adolescent's 19th birthday until the

course of treatment is completed, provided the plan under which the benefits first became available remains in effect, or are subject to a subsequent health plan that is in effect. We cover such charges the same way We treat Covered Charges for any other Sickness.

- **Psychopharmacological Services and Neuro-psychological Assessment Services**

  Services must be treated as medical benefits and must be covered to the same extent as all other medical services.

Prosthetic Device Expense Benefit: We cover charges for artificial limbs on the same basis as any other Injury or Sickness.

Outpatient Hormone Replacement Therapy and Contraceptive Services Expense Benefit: We will pay the covered percentage of the covered charges incurred for Outpatient Hormone Replacement Therapy Services for pre and post-menopausal women and Outpatient Contraceptive Services.

Reconstructive Breast Surgery Expense Benefit: We will pay the covered percentage of the covered char ges incurred for all stages of reconstructive breast surgery after a mastectomy on a diseased breast and any surgical procedure on the non-diseased breast deemed necessary to establish symmetry between the two breasts.

Scalp Hair Prosthesis Expense Benefit: We cover charges for Scalp Hair Prostheses worn for hair loss suffered as a result of the treatment of any form of cancer or leukemia. We will pay the covered percentage of the covered charges incurred up to a maximum of $350.00 in a Plan Year. Coverage must be subject to a written statement by the treating Doctor that the Scalp Hair Prosthesis is Medically Necessary.

INTERCOLLEGIATE SPORTS

$1,500 Maximum Benefit (For Each Injury)

All student athletes who are members of the intercollegiate athletic teams sponsored by the Policyholder are covered for sports injury. Benefits will be paid for 80% of the Reasonable and Customary Charges incurred under the Schedule of Benefits for intercollegiate sports Injury up to $1,500 for each Injury.

EXCESS PROVISION

No benefit under the Plan is payable for any Expense incurred for Injury or Sickness which is paid or payable by: (1) other valid and collectible medical, health or Accident insurance in excess of $100; or (2) under an automobile insurance policy.

Covered Medical Expenses exclude amounts not covered by the primary carrier due to penalties imposed on the Insured Person for failing to comply with policy provisions or requirements.

PRE-EXISTING CONDITION LIMITATION

A "Pre-existing Condition" is a Sickness, Injury, or related condition for which medical advice, diagnosis, care or treatment was recommended or received by a Doctor during the six (6) consecutive months prior to the Effective Date of the Insured Person's coverage under this Policy.

The Pre-existing Condition Waiting Period is six (6) months. Except for a Medical Emergency, coverage will not be provided for a Pre-existing Condition until the waiting period has elapsed. The Pre-existing Condition Waiting Period applies to all persons covered under this Policy and begins on the Insured Person's Effective Date.

If an Insured Person receives treatment or service for a Pre-existing Condition: (a) We will only pay benefits for such condition after a six (6) consecutive month period has passed from the Insured Student's effective date; and (b) We will pay only for Loss or Expense incurred after such six (6) consecutive month period.

A period of Creditable Coverage will be credited if the previous Creditable Coverage was continuous to a date not more than 30 days prior to the Effective Date of the new coverage.

Payment will be in accord with the provisions of this Policy. If the Insured Person has a lapse in coverage, the Pre-existing Condition Waiting Period will have to be satisfied again.

Exceptions to Pre-Existing Conditions

The Pre-existing Condition exclusion does not apply to any of the following:

(a) pregnancy, including complications, if such condition is covered under this Policy; (b) a covered newborn dependent child who, as of the last day of the 30-day period beginning with the date of birth, is covered under Creditable Coverage; or (c) a covered adopted dependent child under the age of 18, who, as of the last day of the 30-day period beginning on the date of adoption or placement for adoption, is covered under Creditable Coverage (except this shall not apply to coverage the adopted child may have had before such adoption or placement).

Creditable Coverage

This term means the following medical, hospital, and surgical coverage an Insured Person had prior to the Effective Date under this Policy. (a) an employee group health plan;(b) health plan including but not limited to, a health plan issued, renewed or delivered within or without the commonwealth to a natural person who is enrolled in a qualifying student health insurance program in this state or of another state; (c) Medicare; (d) Medicaid; (e) Chapter 55 of title 10, United States Code. (CHAMPUS); (f) a medical care program of the Indian Health Services or of a tribal organization; (g) a state health benefits risk pool; (h) a health plan offered under the Federal Employee Health Benefits Program; (i) a public health plan as defined under Federal regulations; (j) a health benefit plan under Section 5(e) of the Peace

Corps Act; any other similar coverage permitted under State/Federal law or regulations; any other Creditable Coverage as defined by subsection (c) of section 2701 of Title XXVII of the Federal Public Health Services Act; or any other publicly sponsored program, provided in this state or elsewhere, or medical, hospital and surgical care.

EXCLUSIONS AND LIMITATIONS

This Plan does not cover nor provide benefits for:

1. Services normally provided without charge by the Policyholder's Health Service, infirmary, or Hospital, or by Health Care Providers employed by the Policyholder;
2. Preventative medicine, serums, immunizations, or vaccine, except as specifically provided;
3. Injury sustained or Sickness contracted while in service of the Armed Forces of any county, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Insured Person;
4. Injury resulting from motor vehicle accidents to the extent that benefits are payable under any automobile medical expense insurance or automobile no-fault plans;
5. Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease.
6. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
7. Expense incurred as the result of dental treatment, including treatment for Temporomandibular Joint Dysfunction (TMJ), except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to sound, natural teeth;
8. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
9. For expenses as a result of participation in a felony;
10. Injury due to participation in a riot;
11. Personal hygiene/convenience items; telephone consultations, missed appointments, photocopies of medical records, or completion of claim forms; expenses incurred for custodial care or services not needed to diagnose or treat an Injury or Sickness, including but not limited to services related to the activities of daily living;
12. Expense incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses and contact lenses (except when required after cataract surgery), other vision or hearing aids, except as required for repair caused by a covered Injury;

13. Routine periodical physical examinations, except as specifically provided;
14. Expenses for allergy shots and injections, except as specifically provided;
15. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
16. Elective Treatment or elective surgery, except as specifically provided;
17. Sickness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungee-cord jumping;
18. Injury sustained while (a) participating in any interscholastic club, intercollegiate or professional sport, contest or competitions; (b) traveling to or from such sport, contest or competition as a participant; (c) while participating in any practice or conditioning program for such sport, contest or competition in excess of $1,500;
19. For International Students expenses incurred within the Insured Person's home Country or Country of regular domicile;
20. Services, supplies and facilities that are provided mainly for rest, cure, maintenance or custodial care;
21. Organ transplants;
22. Expenses incurred for topical acne treatments; legend vitamins or food supplements; smoking deterrents; immunization agents; biological sera; blood plasma; drugs to promote or stimulate hair growth; experimental drugs dispensed in a rest home or hospital, except as provided under the Hospital Expense Benefit.

REIMBURSEMENT & SUBROGATION

If We pay covered expenses for an accident or injury You incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the expenses paid. We may also take subrogation action directly against the third party. Our Reimbursement rights are limited by the amount You recover. Our Reimbursement and Subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our rights.

EXTENSION OF BENEFITS

If an Insured Person is confined to a hospital on the day his or her insurance terminates, expenses incurred after such termination date and during the continuance of that hospital confinement shall be payable in accordance with the Plan, but only while they are incurred during the 90 day period following such termination of insurance.

COORDINATION OF BENEFITS

This Plan is subject to the Coordination of Benefits provision outlined in the Master Policy. For a complete description, please see the Master Policy.

INQUIRY & GRIEVANCE PROCEDURES

The Inquiry process is an informal process during which We attempt to answer questions and/or resolve concerns communicated to us on your behalf, within three (3) business days. If We fail to answer your question or resolve your concern, then you may have the Inquiry processed as an internal Grievance. The Inquiry process may not, however, be used for review of an adverse determination (involving medical necessity determinations), which should be resolved as an internal Grievance.

If you have an Inquiry (e.g., a question or concern which has not been the subject of an adverse determination), you should call Klais & Company, Inc. (Our Administrator) and speak with a Customer Service Representative. You may reach customer service at Klais & Company, Inc. by calling: (800) 331-1096. We will attempt to resolve your inquiry to your satisfaction within three (3) business days of the Inquiry.

If you wish to file a Grievance concerning any aspect or action of your health plan, including, but not limited to, review of adverse determinations regarding scope of coverage, denial of services, quality of care and administrative operations, or if your Inquiry was not resolved to your satisfaction, You may request an internal Grievance. To initiate a Grievance by telephone, call Klais & Company, Inc. at (800) 331-1096 and ask to speak with a Patient Advocate.

If You are not satisfied with the 1st level Grievance determination, You (or your duly authorized representative) may request a 2nd level internal Grievance. A 2nd level internal Grievance must be requested within 45 days of receipt of the 1st level Grievance determination. You may initiate a 2nd level Grievance by contacting your Patient Advocate by telephone, in person, by mail, or by electronic means by following the same process to initiate a 1st level Grievance, as explained above.

If You are not satisfied with the 2nd level Grievance determination or You decided not to pursue the 2nd level internal Grievance process, You or Your duly authorized representative may request an External Review. You may request an External Review by filing a request in writing with the Office of Patient Protection (OPP). This must be done within forty-five (45) days of receipt of written notice of the final Grievance determination. You will be required to pay a fee of twenty-five dollars ($25) to the OPP, which shall accompany Your request for an External Review. This fee may be waived by the OPP if it determines it will cause an extreme financial hardship. You may also request an expedited External Review by including a certification, in writing, from Your Doctor, that delay will pose a serious and immediate threat to Your health.

You may write to the Office of Patient Protection, 250 Washington Street, 2nd floor, Boston, MA 02108 or You may contact them by telephone at (800) 436-7757, via fax at (617) 624-5046 or via their internet site at **www.state.ma.us/dph/bhqm**.

CLAIMS PROCEDURES

In the event of an Injury or Sickness the Insured Person should do the following:

1. A claim form is not required to submit a claim. However, an itemized bill, HCFA 1500, or UB92 form should beused to submit expenses. The Insured Student/Person's name and identification number need to be included.
2. Providers should submit claims within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. If a student is submitting the claim, a copy should be retained and claims should be mailed to the Claims Administrator, Klais & Company, Inc., at the address on the back cover.
3. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator, Klais & Company, Inc.
4. If you disagree with a claim payment decision, an Insured Person has the right to file an appeal. The process to file an appeal is as follows: (a) you must notify Klais & Company, Inc. within 30 days of the denial. Your claim appeal must be in writing, and clearly state that you are appealing the decision and requesting another review of your claim; and (b) your written appeal should provide specific documentation as to why you believe the decision to be in error, and any new medical information that will be helpful to Klais & Company, Inc. in considering the claim. Klais & Company, Inc. will respond in writing as to their decision.

Any provisions of this Policy, which on its effective date, is in conflict with the statutes of the state in which the Policy is issued will be administered to conform with the requirements of the state statutes.

HIPAA NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION

Under HIPAA's Privacy Rule, We are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with your enrollment materials. If, at anytime, you wish to request a copy of Combined Insurance Company of America's Privacy Notice, write to 5050 Broadway, Chicago, IL 60640, Attn: HIPAA Privacy Office, call 1-800-225-4500, select HIPAA or on-line at http://www.combinedinsurance.com/customer-center/hipaa-insurance.html.

QUESTIONS? NEED MORE INFORMATION?

For general information on benefits, on enrollment/eligibility questions, ID Cards or service issues, please contact:

Gallagher Koster
500 Victory Road
Quincy, MA 02171
(617) 769-6043
email: PineManorStudent@kosterins.com or www.gallagherkoster.com

If you need medical attention before the ID card is received, benefits will be payable according to the Policy. You do not need an ID card to be eligible to receive benefits. Call Gallagher Koster to verify eligibility.

For information on a specific claim or to check the status of a claim, please contact:

Klais and Company, Inc.
1867 West Market Street
Akron, OH 44313-6977
1-800-331-1096
Email: klaisclaims@klais.com
To review claims online, go to www.klais.com and register for StatusLink

CLAIM INFORMATION RECEIVED REGARDING MEDICAL TREATMENT IS STRICTLY CONFIDENTIAL

This Policy is Underwritten by:

Combined Select Programs
Policy Number: CUH201508

A Master Policy is available for review at the Pine Manor College Health and Wellness Center. In the event of any conflict between this description of services provided and the Policy, the Master Policy will govern.