

STUDENT ACCIDENT AND SICKNESS INSURANCE PROGRAM

2006 - 2007

For Students of

DREW UNIVERSITY

Madison, New Jersey

(Logo Here)

Underwritten by:
Nationwide Life Insurance Company
Columbus, Ohio

Policy Number: 302-044-2904

Effective August 15, 2006 to August 15, 2007

IMPORTANT NOTICE

This brochure provides a brief description of the important features of this Policy. It is not a Policy. Terms and conditions of the coverage are set forth in the Policy. We will notify Covered Persons of all material changes to the Policy. Please keep this material with your important papers.

NONDISCRIMINATORY

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

IMPORTANT INFORMATION FROM DREW UNIVERSITY

New Jersey law requires all full-time college students to carry medical insurance and students are automatically billed for this plan through Drew's Business Office. Those with comparable medical insurance can opt to waive out of the student plan by logging on to www.universityhealthplans.com or by submitting a waiver form by the deadline set in this brochure. Please note that the Fall waiver is an annual waiver, and only new students may enroll in the Spring semester.

All residential students and intercollegiate and recreational athletes are strongly encouraged to enroll in the student insurance plan whenever possible, since many family insurance plans have restrictions on out-of-area providers or may not pay for non-emergency services when away from home (even in NJ). The following student insurance plan has no deductible, and no restrictions on providers whether at home, on vacation, or at Drew. This plan gives students options for local referrals, and covers most billable services on campus. If undergraduate students have both student and parent insurance plans, the cost of most sicknesses or accident expenses should be completely covered without out-of-pocket expense to you.

Most medical and wellness services can be obtained on-campus at our nationally accredited University Health Service. Students are not charged for routine sick visits, wellness counseling or psychological services at Drew. However, our staff will refer students to off-site specialists or the emergency room when needed, and *students are responsible for related charges. Students who are not covered by the student insurance plan are responsible for obtaining pre-authorization for specialist or hospital care.*

The student sickness and accident plan described in this brochure has been designed to complement the services that are available on-campus, and will provide complete or partial coverage for off-campus referrals or Hospitalizations up to \$50,000. Students enrolled in this insurance plan will not be billed for prescriptions, allergy shots, laboratory tests, and well-woman services that are obtained on campus (except birth control pills/devices and international travel vaccines). The student plan does not cover prescriptions that are purchased off-campus. The basic plan will meet the needs of most students. An optional catastrophic plan is also available, and is recommended for domestic students whose only insurance is the basic student plan. By purchasing the

Enhanced Supplemental Expense Benefit (catastrophic plan), students will increase their total coverage to \$250,000.

Pre-existing conditions are not covered as specified on page 17 of this brochure. Optional plans for dependent coverage, and new graduate continuation coverage are also available. Please note that all residential students who have family members residing with them must demonstrate that all family members are insured by either the Drew plan or comparable insurance as a condition of housing. Purchase of repatriation and medical evacuation coverage for family members residing with the student is mandatory for non-immigrant International students who live on campus (see descriptions). Students who are interested in or require any of these options, including the catastrophic coverage, can enroll themselves or family members online, or can return the enrollment card that is found in this brochure. Call University Health Plans directly for more information at 800.437.6448, or contact them at:

www.universityhealthplans.com

Students do not have to enroll in the student insurance plan in order to receive care at the Drew University Health Service.

On-campus services include:

- Alcohol / drug information
- Allergy shots
- Assessment and treatment of acute illnesses
- Diagnostic tests in on-site lab or outside lab
- Eating disorder care / information
- Gynecological care
- Health education programs
- Immunizations including flu shots
- International travel advisory/vaccines
- Management of chronic disease or disability
- Medications available on-site (discounted)
- Nutrition counseling
- Physical exams (discounted fees apply)
- Pregnancy testing
- Referrals to specialists as needed
- Sexually transmitted infection testing/treatment
- Therapeutic massage
- X-Ray and mammogram referral to local facility

Health Service Hours: (regular semesters)

Monday - Thursday 9 AM - 8 PM

Friday 9 AM - 5 PM

Saturday 10 AM - 2 PM

Sunday 10 AM - 2 PM

Limited hours during January & summers

For more information about on-campus services contact:

Drew University Health Service

36 Madison Avenue

Madison, NJ 07940

973.408.3414

healthed@drew.edu

Or visit our website at www.depts.drew.edu/health

INTRODUCTION

This is a brief description of the Accident and Sickness Insurance Plan available for Drew University students. The Plan is underwritten by Nationwide Life Insurance Company. The exact provisions governing this insurance are contained in the Policy issued to the University and may be viewed at the Health Center during business hours. The Policy shall control in the event of any conflict between this Brochure and the Policy.

ELIGIBILITY

Matriculated students (accepted in a degree granting program) who are at least part-time, or who have completed coursework for the MA or PhD and are registered for maintaining matriculation status, are eligible to purchase the plan. Matriculated students who are not currently registered, or who have requested a leave of absence, are not eligible to enroll in the plan. Be aware that if eligible students waive their right to purchase this insurance or do not enroll by the deadline, they will not be able to enroll again until the following year. Only new students are eligible to enroll in January.

Students on a leave of absence, or not currently registered for coursework are not eligible to enroll. Insured students may also enroll their eligible dependents for the same coverage. Eligible Dependents are the insured students: (a) spouse residing with the student, and/or (b) unmarried children, over the age of 30 days and under age 19; 19 years old or more and primarily supported by the Insured and incapable of self-sustaining employment by reason of mental or physical handicap who are not self-supporting and reside with the Insured student.

Child can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings,

and natural child.

The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that the Policy eligibility requirements have not been met, the Company's only obligation is refund of premium.

WAIVER/ENROLLMENT PROCESS

All eligible students must complete an enrollment/waiver form by logging onto www.universityhealthplans.com by 8/5/06. Eligible students will be automatically enrolled in the Plan unless the enrollment/waiver form has been submitted by the deadline dates.

ENROLLMENT

Eligible full-time students will be enrolled in the Standard Benefits Plan unless the on-line Waiver form has been submitted before the waiver deadline. Eligible part-time students must contact the Business Office to voluntarily enroll in the Standard Benefits Plan.

The waiver or enrollment deadline is 8/5/06 for Standard Benefits in the Fall Semester and 1/7/07 for Standard Benefits in the Spring Semester.

All Non-immigrant international students must carry Medical Evacuation and Repatriation Insurance coverage for their family members who reside on campus.

Only those students who have enrolled in the Standard Benefits plan may purchase Enhanced Supplemental Benefit Coverage. Insured students may enroll in the Enhanced Supplemental Benefit Coverage by completing the enrollment form on the last page of this Brochure. **Purchase must be made by 8/5/06 for the Fall Semester and 1/7/07 for the Spring Semester.**

Insured students may enroll their eligible Dependents by enrolling them online or by completing the enrollment form on the last page of this Brochure. Dependents must be enrolled at the same time as the student. Dependents may not be enrolled for Standard Benefits if the student is not enrolled. **The last date to enroll Dependents is 8/5/06 for the Fall Semester and 1/7/07 for the Spring Semester.**

Waiver Card or Purchase Deadline Date(s) for All Coverages:

Fall Semester: 8/5/06

Spring Semester: 1/7/07

TERM OF COVERAGE

Coverage for all insured students registered for the Fall

Semester will become effective at 12:01 AM on 8/15/06.

Coverage for all insured students registered for the Spring Semester will become effective at 12:01 AM on 1/15/07.

Coverage terminates at the earliest of: for the Fall Semester at 12:01 a.m. on 1/15/07 and for the Spring Semester at 12:01 a.m. on 8/15/07; the end of the period of coverage for which premium is paid; or the date the covered person enters full time military service.

Coverage for insured Dependents will become effective on the same date the insured student's coverage becomes effective, or the date the premium is received, if later. Coverage for insured Dependents terminates on the same date the insured student's coverage terminates. If an insured student or insured dependent spouse gives birth to a child while coverage is in effect for such student or spouse, coverage for that child will be provided for Injury, Sickness and congenital defects for 31 days starting from the moment of birth. This coverage will cease at the end of the 31 day period if enrollment and "due" premium payment for the child have not been received, or the date the child ceases to meet dependent eligibility requirements.

Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which premium has been paid and no refund will be available. Insured Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person upon written request received by the Company within 90 days of withdrawal from School.

REFUND OF PREMIUM

Premiums received by the Company are fully earned upon receipt. Refund of premium will be considered only as specifically provided in the case of withdrawal from school or entry in the armed forces. No other refund will be allowed.

PREMIUMS

	Annual	Spring only***
	8/15/06-8/15/07	1/30/07-8/15/07
Undergraduate	\$560*	\$361*
Graduate/Theological	\$1,445*	\$842*
Spouse	\$2,530	\$1,720
Child(ren)	\$1,496	\$1,004
Enhanced Supplemental Benefit	\$300**	\$300**
Medical Evacuation & Repatriation (For International Students ONLY)	\$33**	\$33**

* Rates include an Administrative Fee

** Per Insured

*** New students only

DESCRIPTION OF STANDARD BENEFITS BASIC BENEFITS

When Hospital or medical care is required within 90 days of a covered Injury or Sickness, payment will be made as allocated below for Covered Medical Expenses incurred while insured, up to a Maximum Benefit of \$2,500 for each Injury or Sickness during the Policy year. An additional \$47,500 Enhanced Supplemental Accident and Sickness Medical Expense Benefit is included under this Plan (please see description on page 8).

Hospital Room And Board - up to the Hospital's average semi private room rate.

Miscellaneous Hospital Expense - up to \$1,000 for X-ray examinations, laboratory tests, anesthesia, medicines, use of operating room, casts and temporary surgical appliances when the insured person is confined as a bed patient in a Hospital or is an out-patient for day surgery.

Surgical Expense (in or out of Hospital) – up to \$2,500 per operation based on Reasonable and Customary charge as determined by Ingenix.

Anesthesia Expense - when surgery requires the services of an anesthetist not employed or retained by the Hospital, up to 25% of the amount payable for the surgery.

Physician's Expense-When Hospital Confined - up to \$100 for the first visit and \$25 for each visit thereafter, for non-surgical services, limited to one visit per day.

Physician's Expense - When Not Hospital Confined - up to \$55 per visit for non-surgical services, not to exceed twenty-five (25) visits, limited to one visit per day.

Consultant's Expense - up to \$100 for the one time services

of a consulting physician, when such services are deemed necessary and ordered by the attending physician, psychiatrist or College Health Services for the purpose of confirming or determining a diagnosis but not for treatment.

Outpatient Expense - up to 80% of the charges incurred, as allocated below and to a maximum of \$1,500, for outpatient diagnostic X-ray and laboratory expense and emergency room expense. **Up to \$500 of the maximum will be paid at 100% if referred by the Student Health Service:**

Diagnostic X-Ray And Laboratory Expense - non-Hospital confined diagnostic X-ray or laboratory services rendered under a physician's instructions.

Emergency Room Expense - the Hospital and physician charges for emergency room services when the Student Health Service is closed or not accessible.

University Student Health Service Charges – coverage for in-house lab work and prescriptions that are obtained at the Drew University Student Health Service. Insured students will not be billed for these services. Birth Control and Travel Vaccines will NOT be covered.

Dental Expense - up to \$500 for dental treatment of covered Injury to sound, natural teeth. Routine dental care and treatment to the gums are not covered. Treatment must be rendered within 12 months of the Injury.

Ambulance Expense - charges for local ground ambulance services required due to the emergency nature of the Injury or Sickness.

Mental And Nervous Disorders/Substance Abuse, Except Alcoholism

- Inpatient - payable as any other Sickness.
- Outpatient - up to \$25 per week, limited to one visit per day, not to exceed 16 weeks.

ENHANCED SUPPLEMENTAL BENEFIT

Payment will be made for 80% of Covered Medical Expenses incurred in excess of \$2,500 for any one Injury or Sickness, up to a Maximum Benefit of an additional \$47,500 payable under this benefit during the Policy year for each Accident Injury or Sickness.

Covered Medical Expenses are those expenses for physicians and surgeons, Hospital confinement, X-rays, laboratory tests, nurses, prescribed medicines unless at Drew University Health Services, casts, surgical dressings, use of an ambulance and other expenses incurred during the term insured.

REPATRIATION

(For International Students Only)

If the insured student dies while insured under the Policy, benefits will be paid for the necessary expense of preparing and transporting the remains of the deceased person's body to his or her home country, up to \$7,500. No other benefits are payable under the Policy for repatriation. This benefit is included in the basic plan for non-resident international students. Enrolled students must purchase benefit for family members online or by completing the enrollment form on the last page of this brochure.

MEDICAL EVACUATION

(For International Students Only)

When Hospital confined for at least 5 consecutive days and recommended and approved by the attending physician and the insurance company, benefits will be paid for the necessary expense for evacuation of the insured student to his or her home country, up to \$10,000. No other benefits are payable under the Policy for medical evacuation. This benefit is included in billing for non-resident international students. However, Insured students must enroll their family members online or by completing the enrollment form on the last page of this Brochure.

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

MEDEX Assistance Corporation provides you with a comprehensive program with 24/7 emergency medical assistance including emergency evacuation and repatriation and other travel assistance services when you are 100 or more miles away from home. Your MEDEX identification card is your key to travel security.

For general inquiries regarding your international assistance coverage, please call Consolidated Health Plans at 800-633-7867.

If you have a medical or travel problem, simply call MEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 800-527-0218 or if you are in a foreign country, call collect at: 410-453-6330.

If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.

STATE MANDATED BENEFITS

This Plan will also pay any applicable Covered Medical Expenses for benefits mandated by New Jersey State Insurance Law, subject to Policy limits. Please see policy on file with the Student Health Service or the Business Office for specific benefits.

Mammography: Benefits will be provided on the same basis as benefits for any other Sickness for mammography at the following intervals: (1) one baseline mammogram examination for women who are at least thirty-five but less than forty years of age; and (2) one mammogram every year for women age 40 and over.

Wellness Health Examinations: Benefits will be provided on the same basis as benefits for any other Sickness. We will pay for (1) all Covered Persons 20 years of age or older, annual tests to determine blood hemoglobin, blood pressure, blood glucose level and blood cholesterol level or, alternatively, low-density lipoprotein (LDL) level and blood high density lipoprotein (HDL) level and an annual consultation with a health care provider to discuss lifestyle behaviors that promote health and well-being; (2) all Covered Persons 35 years or older, a glaucoma eye test every five years; (3) all Covered Persons 40 years of age or older, an annual stool examination for presence of blood; (4) all Covered Persons 45 years of age or older, a left-sided colon examination of 35 to 60 centimeters every five years (this examination is subject to a limit of \$158.00); (5) all female Covered Persons 20 years of age or older, a pap smear every two years; (6) all female Covered Persons 40 years of age or older, an annual mammogram examination; and (7) all adult Covered Persons, recommended immunizations. Benefits payable under this section shall not exceed the following maximums for any one year: (1) \$170.00 for Covered Persons between the ages of 20 and 39; (2) \$198.00 for all male Covered Persons age 40 and over; (3) \$321.00 for all female Covered Persons ages 40 and over; (4) for each Covered Persons aged 45 or older, a left-sided colon examination benefit not in excess of \$204.00.

Inpatient Coverage for Mastectomy and Reconstructive Breast Surgery: Minimum inpatient care of 72 hours following a modified radical mastectomy or 48 hours following a simple mastectomy. Reconstructive breast surgery is payable as any other surgery, including: (1) the cost of prostheses; and (2) the cost of outpatient chemotherapy following surgical procedures in connection with the treatment of breast cancer.

Diabetes Treatment: Equipment and supplies for the

treatment of diabetes, if recommended or prescribed by a physician or nurse practitioner/clinical nurse specialist: blood glucose monitors; blood glucose monitors for the legally blind; test strips for glucose monitors and visual reading and urine testing strips; insulin; injection aids; cartridges for the legally blind; syringes; insulin pump and appurtenances; insulin infusion devices; and oral agents for controlling blood sugar. We will also pay, when necessary, for expenses incurred for self-management education of a person with diabetes.

Childhood Immunizations: Childhood immunizations, including the immunizing agents, as recommend by the Advisory Committee on Immunization Practices and the Department of Health.

Lead Poisoning Screening: Screening by blood measurement for lead poisoning for children, including confirmatory blood testing as specified by the Department of Health. The benefit includes medical evaluation and necessary follow-up and treatment for lead poisoned children.

Alcoholism Treatment: Treatment of alcoholism to the same extent as for any other Sickness for: inpatient or outpatient care in a licensed Hospital; treatment at a detoxification facility; confinement as an inpatient or outpatient at a licensed, certified, or state approved residential treatment facility under a program that meets the minimum standards of care equivalent to those prescribed by the Joint Commission on Hospital Accreditation.

Home Health Care Expense: Following confinement in a Hospital or a skilled nursing facility for at least three (3) continuous days prior to incurring expenses for Home Health Care and the Sickness or Injury requiring Home Health Care commenced while a Covered Person was insured under the Policy, then benefits will be paid up to the daily Hospital room and board benefit provided under the Policy for each of the first three days of Home Health Care Services. Thereafter, each day of Home Health Care benefits shall not exceed one-half the daily Hospital room and board benefit provided under the Policy during the period of prior confinement. Any visit by a member of a home health care team on any day will be considered one home health care visit. Benefits will be provided for no more than 60 home health care visits in any period of 12 consecutive months. These services must be furnished and charged for by a Home Health Care Provider.

Bone Marrow Transplant and Cancer Treatment: Treatment of cancer by dose-intensive chemotherapy, autologous/bone marrow transplants and peripheral blood stem cell transplants when performed by institutions approved

by the National Cancer Institute, or pursuant to protocols consistent with the guidelines of the American Society of Clinical Oncologist.

Prostate Cancer Screening: Annual medically recognized diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific antigen test for men age 50 and over who are asymptomatic and for men age 40 and over with a family history of prostate cancer or other prostate cancer risk factors.

Second Surgical Opinion: Second surgical opinion services of a physician and for essential laboratory and X-ray services incidental thereto.

Third Surgical Opinion: If a second surgical opinion does not confirm that a proposed elective surgery is medically advisable, a third surgical opinion will be covered in the same manner as the second opinion.

Maternity Stay: Minimum of 48 hours of in-patient care following a vaginal delivery or a minimum of 96 hours of in-patient care following a cesarean section for a mother and her newly born child.

Treatment of Wilm's Tumor: Treatment of Wilm's tumor will include bone marrow transplants when standard chemotherapy treatment is unsuccessful, notwithstanding that any such treatment may be deemed experimental or investigational shall be provided to the same extent as for any other Sickness.

Inherited Metabolic Disease: Therapeutic treatment of inherited metabolic diseases, including the purchase of medical foods and low protein modified food products, when diagnosed and determined to be medically necessary by a physician.

Anesthesia and Hospitalization for Dental Services: Benefits for a Covered Person who is severely disabled or a child age five or under for expenses incurred for: (1) general anesthesia and Hospitalization for dental services; or (2) a medical condition covered by the contract which requires Hospitalization or general anesthesia for dental services rendered by a dentist regardless of where the dental services are provided.

Home Treatment of Hemophilia: Expenses incurred in connection with the purchase of blood products and blood infusion equipment required for home treatment of routine

bleeding episodes associated with hemophilia when the home treatment program is under the supervision of a State approved hemophilia treatment center.

Colorectal Cancer Screening: Colorectal cancer screening at regular intervals for persons age 50 and over and for persons of any age who are considered to be at high risk for colorectal cancer. "High risk for colorectal cancer" means a person has: (a) a family history of: familial adenomatous polyposis; hereditary non-polyposis colon cancer; or breast, ovarian, endometrial or colon cancer or polyps; (b) chronic inflammatory bowel disease; or (c) a background, ethnicity or lifestyle that the physician believes puts the person at elevated risk for colorectal cancer.

Biologically Based Mental Illness: Treatment of biologically-based mental illness the same as any other Sickness. "Biologically-based mental illness" means a mental or nervous condition that is caused by a biological disorder of the brain and results in a clinically significant or psychological syndrome or pattern that substantially limits the functioning of the person with the illness, including but not limited to, schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder and pervasive developmental disorder or autism.

Screening for Newborn Hearing Loss: Screening by appropriate electrophysiologic screening measures and periodic monitoring of infants for delayed onset hearing loss. Payment for this screening service shall be separate and distinct from payment for routine new baby care in the form of a newborn hearing screening fee as negotiated with the provider and facility.

Treatment of Infertility: Diagnosis and treatment of infertility includes, but is not limited to, the following services related to infertility: diagnosis and diagnostic tests; medications; surgery; in vitro fertilization; embryo transfer; artificial insemination; gamete intra fallopian transfer; zygote intra fallopian transfer; intracytoplasmic sperm injection; and four completed egg retrievals per lifetime of the covered person. Coverage for in vitro fertilization, gamete intra fallopian transfer and zygote intra fallopian transfer shall be limited to a Covered Person who: (a) has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy; (b) has not reached the limit of four completed egg retrievals; and (c) is 45 years of age or younger.

OPTIONAL CATASTROPHIC EXPENSE BENEFIT

An Optional Catastrophic Expense Benefit is available under the plan for an additional premium, subject to the enrollment conditions shown below.

When this optional benefit is purchased, payment will be made for 100% of Covered Medical Expenses incurred for an injury or sickness while insured and **in excess** of \$50,000 for any one Injury or Sickness, up to an additional Maximum Benefit of \$200,000 payable under this benefit. Covered Medical Expenses are those expenses for physicians and surgeons, Hospital confinement, X-Rays, laboratory tests, nurses, prescribed drugs, casts, surgical dressings, use of an ambulance and other Reasonable and Customary Charges incurred for the care and treatment of Injury or Sickness, subject to the section Exclusions. This optional benefit begins on the date the Standard Benefits begin, or the date premium is received, if later, and ends on the date the Standard Benefits end. The general terms and conditions of the Policy will apply to this optional benefit.

Only students insured for the Standard Benefits may purchase this optional benefit. **Purchase must be at the same time as enrollment for the Standard Benefits, subject to a deadline of 8/5/05 (Fall Semester) and 1/7/06 (Spring Semester).** Students purchasing this optional benefit must also enroll any dependents who are insured for the Standard Benefits. Dependents may not be enrolled for this optional benefit without the student being enrolled or without being insured for the standard benefits.

DEFINITIONS

Covered Medical Expense means the Reasonable and Customary Charges for a service or supply which is performed or given under the direction of a doctor for the Medically Necessary treatment of a Sickness or Injury.

Hospital means a legally constituted institution having organized facilities for the care and treatment of sick or injured persons on a registered inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff or one or more licensed physicians and provides 24-hour nursing service by registered nurses on duty or call.

Injury means accidental bodily harm sustained by the Covered Person which resulted directly and independently of all other causes from an Accident and occurs while coverage under the Policy is in force.

Medically Necessary or Medical Necessity means the services or supplies provided by a Hospital, physician, or other provider that are required to identify or treat an Injury or

Sickness and which, as determined by the company, are: (1) consistent with the symptom or diagnosis and treatment of the Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Covered Person; (4) the most appropriate supply or level of service which can be safely provided. When applied to the care of an inpatient, it further means that the Covered Person's medical symptoms or condition requires that the services cannot be safely provided as an outpatient.

Pre-existing Condition means Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended or the use of prescription drugs within six months prior to the effective date of coverage under the Policy or a pregnancy existing on the effective date of coverage.

Sickness means illness or disease contracted and causing loss commencing while the Policy is in force as to the Covered Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Covered Person is being treated or has received treatment will be considered as part of the original Sickness.

Reasonable and Customary Charges means the usual amount charged by a provider for a service or supply, regardless of insurance coverage, but not more than the amount charged by most providers in the same area for a similar service.

CONTINUOUSLY INSURED

Continuously Insured means a covered Dependent has been continuously insured under the Policy and prior Student Health Insurance policies issued to the University. Dependents who have remained continuously insured will be covered for conditions first manifesting themselves while continuously insured except for expenses payable under prior policies in the absence of the Policy. Previously insured Dependents must re-enroll for coverage in order to avoid a break in coverage for conditions which existed in prior policy years. Once a break in continuous insurance occurs, the definition of Injury or Sickness will apply in determining coverage of any condition which existed during such break.

The total benefits payable under the Policy and such prior policies for any one Injury or Sickness shall not exceed the "specified" Maximum Benefits amounts.

The purpose and intent of this provision will apply separately to the Enhanced Supplemental Expense Benefit.

NON-DUPLICATION OF COVERAGE

Unless otherwise stated, we will pay benefits for a covered loss only once even if coverage was provided under more than one Coverage Description.

EXCLUSIONS

Benefits will not be paid for a loss due to:

1. Treatment, services or supplies which are not Medically Necessary; are not prescribed by a licensed doctor, advanced practice nurse or physician assistant as necessary to treat a Sickness or Injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any family member.
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
3. Any loss to which a contributing cause was the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered Person's engagement in an illegal occupation.
4. Expenses incurred as a result of suicide or intentionally self-inflicted Injury while sane or insane.
5. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
6. Any loss sustained or contracted as a consequence of the Covered Person's intoxication or being under the influence of any narcotic unless administered or consumed on the advice of a Doctor.
7. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline.
8. Cosmetic surgery, except cosmetic surgery required as the result of an injury which occurred while covered under the Policy; or reconstructive surgery required as a result of a congenital disease or abnormality of a covered Dependent who has been covered under the Policy from the moment of birth.
9. Surgery and/or treatment for; acne; deviated nasal septum, including submucous resection and/or other

surgical correction thereof unless due to Injury occurring while coverage is in force.

10. Treatment of venereal disease.
11. Rest cures or custodial care whether or not prescribed by a Doctor.
12. Treatment of Mental or Nervous Disorders, except as specifically provided.
13. Expenses incurred as a result of dental treatment, except as specifically stated.
14. Expenses that would be payable, or medical treatment that is available, under any governmental or national health plan for which the Covered Person could be eligible.
15. Organ, tissue and cell transplants, except as specifically stated.
16. Elective abortions.
17. Injury resulting from the practicing for, participating in, or orthopedic equipment and appliances used for, intercollegiate, professional and semiprofessional sports, hand gliding, glider flying, parasailing, sail planning, parachuting, sky diving.
18. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process.
19. Hearing examinations or hearing aids; or other treatment for hearing defects and problem. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing apart from the disease process.
20. Treatment in a governmental Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
21. Charges used to meet any deductible, or in excess of the coinsurance level, or in excess of those considered Reasonable and Customary Charges.

PRE-EXISTING CONDITION

Pre-existing Conditions Limitation: This limitation applies only to covered Dependents. The Company will not pay benefits for a Pre-existing Condition of a covered Dependent. This limitation does not apply if the covered Dependent:

1. Has received no such treatment, care or advice for the Sickness or Injury for 6 straight months after being insured under this policy; or
2. Has been insured under the Policy for 12 months; or,
3. During the period immediately preceding his becoming a member of the group, he was enrolled as a member

- under another group policy issued by the Company and benefits for the Sickness or Injury under that group policy. The period of the Pre-existing Condition Limitation will be reduced by the aggregate of the periods of creditable coverage applicable to the Covered Person; or
4. Is a federally defined eligible individual, as defined in the Policy, provided he or she applies for coverage within 63 days of termination of the prior coverage.

EXTENSION OF BENEFITS

If, as a result of Injury or Sickness, a Covered Person is totally disabled on the date that his or her insurance terminates, expenses incurred after such termination date shall be payable in accordance with the Policy, but only while they are incurred during the 12 month period following such termination of insurance.

CERTIFICATE OF CREDITABLE COVERAGE

Your coverage under this health plan is "creditable coverage" under Federal law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this health plan. You may need such a certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions you have before you enroll, this Certificate may be used to reduce or eliminate those exclusions or limitations. In order to obtain a Certificate of Creditable Coverage, please contact Consolidated Health Plans, 195 Stafford Street, Springfield, MA 01104 or at (800) 633-7867.

CONTINUATION PLAN

Students insured under this Accident and Sickness Insurance Plan whose eligibility ends due to graduation are eligible to continue coverage under a Continuation Plan, subject to its terms and conditions. Enrollment for this Continuation Plan must be made before 8/15/05. To enroll, contact University Health Plans at (800) 437-6448 or www.universityhealthplans.com.

CLAIMS INFORMATION

In the event of Injury or Sickness, the insured student should:

1. If at school, report immediately to the Drew University Health Service so that proper treatment can be prescribed or approved. There is no charge to students for routine care given at the Drew University Health Service.
2. If a student is referred to the emergency room, an outside specialist or laboratory, it is helpful to take a claim form with you to outside visits when possible. Instructions and forms are available at the Health Service or download a form at either www.depts.drew.edu/health/insurance.htm or www.universityhealthplans.com. Should the provider require payment at the time of service, submit the receipt for services with a claim form to be reimbursed.
Claim forms are not required for claims under \$250.
3. If away from school, consult a doctor and follow his/her instructions. Should the physician require payment at the time of service, submit the receipt for services with a claim form to be reimbursed. Request claim forms from the Health Service as soon as possible and bring your bills if you need instruction.
4. If medical attention is required for an insured spouse contact the Health Service. If the student's child needs medical attention, consult an outside doctor or Hospital directly. The Drew University Health Service does not provide pediatric services. Claim forms can be obtained at the Business Office or Health Service.

CLAIM PROCEDURE

1. Complete instructions for filing a claim are listed on the claim form. Send the completed form along with itemized Hospital and medical bills to:

Consolidated Health Plans
195 Stafford Street
Springfield, MA 01104
(800)633-7867

2. The completed claim form and all Hospital and medical bills must be submitted for payment within 90 days after the first date of treatment.

CLAIM APPEAL

To appeal a claim, send a letter stating the issues of the appeal to The Consolidated Health Plans Appeal Department at the above address. Include your name, phone number,

address, school attended and email address, if available. Claims will be reviewed and responded to within 45 days by the Underwriting Company and Consolidated Health Plans.

Please keep this brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between the brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.

Underwritten By:

Nationwide Life Insurance Company
 Columbus, Ohio

Policy Number: 302-044-2904

Servicing Broker:

UNIVERSITY HEALTH PLANS, INC.
 One Batterymarch Park
 Quincy, MA 02169-7454
 Telephone (800) 437-6448
 Email info@univhealthplans.com
www.universityhealthplans.com

VISION BENEFITS

The Vision One discount program is available to participants in the Student Health Insurance Plan through Cole Vision® at no additional cost. This program may help you save on many eye care products, including eyeglasses and contact lenses, nonprescription sunglasses, contact lens solutions and accessories.

The Vision One program is available at many optical centers nationwide – such as **Sears, JCPenney, Target, most Pearle Vision Centers** and others – as well as through selected independent optometrist and ophthalmologist offices.

When you visit a Vision One location, show your Student Health Insurance card, and any applicable services or merchandise you receive will be discounted right at the point of purchase. There are no claim forms to complete and no waiting for reimbursement.

Here is an example of some of the discounts you are eligible for:

Frames	Vision One Cost	Typical Savings
Up to \$60 retail	\$25	58%
\$60 to \$80 retail	\$35	56%
\$80 to \$100 retail	\$45	55%
Over \$100 retail		35% off retail
Exams - Spectacle		\$5 discount
Lenses		
Single Vision	\$30	46%
Bifocal	\$50	42%
Trifocal	\$60	45%
Lens Options	Additional	
Standard Progressive (no-line bifocal)	\$50	33%
Polycarbonate	\$30	40%
Scratch Resistant Coating	\$12	40%
Ultraviolet Coating	\$12	40%
Anti-Reflective Coating	\$35	30%
Photochromic	\$30	25%
Solid or Gradient Tint	\$ 8	33%
Contact Lenses		
Non-Disposable Contacts		20%
Disposable Contacts		10%
Exams – Contacts		\$10 discount

To find the nearest Vision One location log on to the Cole Managed Vision website at www.cmvc.com or call 1-800-424-1155, weekdays from 9 a.m. to 9 p.m. ET and Saturdays from 9 a.m. to 5 p.m. ET to speak to a representative. Cole Managed Vision Plan #47034.

Nationwide Life Insurance Company is not affiliated with nor endorses Cole Vision.

DREW UNIVERSITY 2006-2007

ENROLLMENT FORM FOR DEPENDENT'S COVERAGE AND/OR ENHANCED SUPPLEMENTAL BENEFIT AND/OR MEDICAL EVACUATION AND REPATRIATION BENEFIT.

Only students insured for the Basic Benefits may purchase dependent's coverage and/or the Enhanced Supplemental Benefit and/or the Medical Evacuation and Repatriation Benefit. Purchase must be made by August 5, 2006 when enrolling for coverage in the Fall Semester and by January 7, 2007 (new students only) when enrolling for coverage in the Spring Semester. Students purchasing the Enhanced Supplemental Benefit and/or Medical Evacuation and Repatriation Benefit must also enroll any dependents who are insured for the Basic Benefits. Dependents may not be enrolled for the Enhanced Supplemental Benefit or Medical Evacuation and Repatriation Benefit without the student being enrolled or without being insured for the Basic Benefits.

(Please print the following information.)

Student's Last Name First Initial

Street - Permanent Mailing Address

City State Zip

If Dependents are to be insured, please list below:

Name Social Security Number

Name Social Security Number

Name Social Security Number

1. Please check the appropriate box(es) for the type of enrollment and coverage desired.

ANNUAL ENROLLMENT

8/15/06 - 8/15/07

	Dependent Coverage	Enhanced Supplemental Benefit	Medical Evacuation & Repatriation (For International Students ONLY)
Student	N/A	\$300*	\$33
Spouse	\$2,530	\$300*	\$33
Child(ren)	\$1,496	\$300*	\$33

* per each individual

SPRING ENROLLMENT (new students only)

1/30/07 - 8/15/07

	Dependent Coverage	Enhanced Supplemental Benefit	Medical Evacuation & Repatriation (For International Students ONLY)
Student	N/A	\$300*	\$33*
Spouse	\$1,720	\$300*	\$33
Child(ren)	\$1,004	\$300*	\$33

* per each individual

2. Make your check or money order for the applicable premium payable to **Nationwide Life Insurance Company.**

3. Mail this form with your check or money order to:

**University Health Plans, Inc.
One Batterymarch Park
Quincy, MA 02169-7454**