

STUDENT ACCIDENT AND SICKNESS INSURANCE PROGRAM

2005 - 2006

For Students of

**FAIRFIELD
UNIVERSITY**

Fairfield, CT 06430

Policy Number: 2005I5A10

THIS POLICY DOES NOT COVER LOSS DUE TO PARACHUTING, BUNGEE-CORD JUMPING OR HANG-GLIDING, OR FLIGHT IN ULTRA LIGHT AIRCRAFT, PRACTICE OR PLAY IN INTERCOLLEGIATE SPORTS ACTIVITY, INCLUDING TRAVEL TO AND FROM THE ACTIVITY AND PRACTICE, UNLESS SPECIFICALLY INCLUDED.

Underwritten by:

Security Mutual Life Insurance
Company of New York
Binghamton, NY

As policy form# SML-SH2-02 (CT)

Form: 05I5A10 (BRO / CERT)

INTRODUCTION

This is a brief description of the Accident and Sickness Insurance Plan available for Fairfield University students. The plan is underwritten by Security Mutual Life Insurance Company of New York. The exact provisions governing this insurance are contained in the Master Policy issued to the University; the Policy may be viewed at the school's office during business hours. The Master Policy will control in the event of any conflict with this brochure.

ELIGIBILITY AND ENROLLMENT

All full-time registered undergraduate students and graduate students in on-campus attendance are eligible for coverage. Insured students may also enroll their eligible dependents for the same coverage.

1. In order to waive coverage or enroll in the health insurance plan students must log onto www.universityhealthplans.com. They should complete the waiver form or indicate their desire to purchase coverage. Failure to respond to the student insurance information may result in your registration being put on hold.
2. Only those students who have enrolled in the Standard Benefits plan may purchase the Optional Enhanced Supplemental Benefit Coverage. Insured students may enroll for their optional coverage by electing this coverage by logging onto www.universityhealthplans.com and selecting this option.

Waiver Deadline Date(s) for All Coverages:

Fall Semester:	08/01/05
Spring Semester:	01/12/06

PREMIUMS

	Annual	Spring
Student	\$796*	\$532*
Opt. Supplemental Ben	\$200	\$200

* Includes \$20 administrative fee

COVERAGE PERIOD

1. Coverage for all insured students registered for the Fall Semester will become effective at 12:01 AM on 8/15/05. Coverage will terminate 12:01 AM on 8/15/06.
2. Coverage for all insured students registered for the Spring Semester will become effective at 12:01 AM on 1/13/06. Coverage will terminate at 12:01 AM on 8/15/06.
3. 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, coverage for that child will be provided for injury, sickness and congenital defects. Coverage will continue 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, unless coverage has already been elected for another dependent child(ren).

4. 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 will not be covered under the policy. 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. 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 persons 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 above. No other refund will be allowed.

DESCRIPTION OF STANDARD BENEFITS BASIC BENEFITS

When hospital or medical care is required for a covered injury or sickness, payment will be made as allocated below for covered medical expenses incurred while insured. Expenses payable up to a Maximum Benefit of \$2,500 for each covered accident or sickness.

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. Benefits payable when the insured person is confined as a bed patient in a hospital or is an outpatient for day surgery.

Surgical Expense (in or out of hospital) - Benefits are paid

in accordance with the Ingenix Relative Values for Physicians up to \$2,500 per operation.

Anesthesia Expense - when surgery requires the services of an anesthetist not employed or retained by the hospital. Expenses payable 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 \$40 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 per injury or sickness for a consulting physician. Such services must be deemed necessary and ordered by the attending physician or College Health Services. Such services must be for the purpose of confirming or determining a diagnosis but not for treatment.

Outpatient Expense - the Company will pay up to 80% of the charges incurred, as allocated below, to a maximum of \$3,000, for outpatient diagnostic X-ray and laboratory expense and emergency room expense. **The first \$500 of expenses incurred will be paid at 100% if referred by the Student Health Center.**

- Diagnostic X-Ray And Laboratory Expense - the Reasonable and Customary charges for non-hospital confined services when requested by the attending physician.
- Emergency Room Expense - the hospital and physician charges for emergency room.

Prescription Medication Expense - up to \$500 per year for prescriptions prescribed by the attending physician, after a \$10.00 copayment per prescription or refill of a generic drug and a \$20.00 copayment per prescription or refill of a brand name drug. Copays do not apply to prescription drugs obtained from the Student Health Center.

University Student Health Center Charges - Fairfield University will provide coverage for in-house lab work and prescriptions that are obtained at the Fairfield University Student Health Center. Insured students will not be billed for these services.

Dental Expense - up to \$500 for dental treatment of covered injury to sound, natural teeth.

Mental And Nervous Disorders/Substance Abuse Expense:

- a) Inpatient - payable as any other sickness.
- b) Outpatient – payable as any other sickness.

The mental Hospital must be: under the direction and supervision of the Department of Mental Health; is a private mental Hospital licensed by the Department of Mental Health.

SUPPLEMENTAL MEDICAL EXPENSE BENEFIT

Payment will be made for 80% of Eligible Medical Expenses incurred in excess of \$2,500 for any one covered accident or sickness, up to a Maximum Benefit of an additional \$22,500 payable under this benefit for each accident or sickness.

Covered Medical Expenses are those expenses for physicians and surgeons, hospital confinement, X-rays, laboratory tests, nurses, prescribed medicines, casts, surgical dressings, use of an ambulance and other usual and customary medical expenses incurred during the term insured.

MANDATED BENEFITS

Accidental Ingestion of Controlled Drugs Expense: We will pay a benefit for the emergency medical expenses incurred by an Insured Person's accidental ingestion or consumption of a controlled drug while he or she is insured under the Policy.

Inpatient: up to a maximum of 30 days confinement in any consecutive 12-month period.

Outpatient: up to \$500.00 of eligible medical expenses per policy year.

Ambulance Service Expense: We will pay a benefit, incurred by an Insured Person for the Medically Necessary transportation service to a Hospital by an ambulance. This includes emergency transportation from the place of a covered accident to a hospital providing the necessary medical care. The maximum benefit payable for any one medically necessary ambulance service will not exceed the maximum allowable rate established by the Connecticut Department of Public Health.

Cancer Screening Tests: We will pay for the charges incurred for the following cancer screening tests.

1. Mammography performed according to following schedule.
 - a. One or more mammograms per year, as recommended by a Physician, for any woman at risk for breast cancer;
 - b. A baseline mammogram for any woman age 35 to 39, inclusive, or more frequently if recommended by the woman's Physician; and
 - c. A mammogram every year for any woman who is 40 years of age and older.

2. PAP tests for a woman 18 years and older as recommended by a Physician; and
3. Prostrate cancer screening, including digital rectal examinations and prostate-specific antigen tests for men who are symptomatic; whose biological father or brother has been diagnosed with cancer, and for all men 50 years of age or older.
4. Colorectal cancer screening, including, but not limited to, an annual fecal occult blood test, a colonoscopy, flexible sigmoidoscopy or radiologic imaging based on recommendations by the American College of Gastroenterology based on the ages, family histories and frequencies provided in their recommendation.

Cancer Clinical Trials: We will pay the expenses incurred for the routine patient care costs associated with cancer clinical trials. We will not pay such costs if they are eligible for reimbursement by any other entity including the entity sponsoring the cancer clinical trial.

Diabetes Treatment Expense: We will pay the expenses incurred for the Medically Necessary coverage for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin-using diabetes. This coverage will be provided as for any other Sickness, and will include laboratory and diagnostic tests for all types of diabetes; Medically Necessary equipment, in accordance with the Insured Person's treatment plan; and drugs and supplies prescribed by a prescribing practitioner.

We will also pay for outpatient self-management training for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin using diabetes if the training is provided by a licensed health care professional who has the appropriate licensing authority to prescribe the training. Outpatient self-management training includes but is not limited to education and medical nutrition therapy.

Early Intervention Services Expense: When Dependent coverage is provided under the Policy, we will pay the expenses incurred for Medically Necessary early intervention services for eligible Dependent children not to exceed \$5,000 per school year. No payment made under this benefit will be applied against the aggregate maximum benefit per covered sickness. These benefits are available for Dependent children who are not eligible for Connecticut special education and related services and who are from birth to 36 months of age, inclusive. Such services are

needed because a child:

1. Is experiencing a significant developmental delay as measured by standardized diagnostic instruments and procedures, including informed clinical opinion, in one or more of the following areas:
 - a. Cognitive development;
 - b. Physical development, including vision or hearing;
 - c. Communication development;
 - d. Social or emotional development; or
 - e. Adaptive skills.
2. Has been diagnosed as having a physical or mental condition that has high probability of resulting in developmental delay.

Experimental Treatments: We will pay the expenses incurred by an Insured Person for experimental treatments, including procedures, treatments or the use of a drug as experimental if such procedure, treatment or drug, for the Sickness or condition being treated or for the diagnosis for which it is being prescribed, has successfully completed a phase III clinical trial of the federal Food and Drug Administration. Such expenses will be paid the same as for any other Sickness under the applicable benefit provisions of this Policy, e.g. experimental surgical procedures under the surgery benefits, experimental drugs under the prescriptions benefits, etc.

If an Insured Person has been diagnosed with a condition that creates a life expectancy in that person of less than two years and we have denied a benefit because we feel that it does not fit the above criteria, an Insured Person may request an expedited appeal of our decision as provided by this policy.

Hearing aids for children twelve years of age and younger up to \$1,000.00 in a 24-month period.

Home Health Care Expense: When, by reason of covered Injury or Sickness, an Insured Person incurs expenses for covered home health care service, We will pay, after a \$50.00 deductible, 75% of the Reasonable and Customary Charge incurred, up to a maximum of 80 home health care visits in any calendar year or in any continuous period of 12 months for each Insured Person. Each four hours of home health aide service will count as one visit. In the case of a terminally ill Insured Person, no more than \$200.00 for any 12-month period will be paid for medical social services.

Hypodermic Needles or Syringes Expense: When, by reason of Injury or Sickness the Insured Person is prescribed hypodermic needles or syringes by a Doctor, for the purpose of administering medications for medical conditions, We will pay the Reasonable

and Customary Charge incurred, provided such medications are covered under this Plan.

Inherited Metabolic Disease Expense: We will pay the expenses incurred for amino acid modified preparations and low protein modified food products for the treatment of inherited metabolic diseases if they are prescribed for the therapeutic treatment of inherited metabolic diseases and are administered under the direction of a Physician.

Surgical Removal of Tumors; Treatment of Leukemia, Prosthetic Devices: We will provide coverage for the surgical removal of tumors and treatment of leukemia, including outpatient chemotherapy, reconstructive surgery, cost of any nondental prosthesis including maxillo-facial prosthesis used to replace anatomic structures lost during treatment for head and neck tumors or additional appliances essential for the support of such prosthesis, and outpatient chemotherapy following surgical procedure in connection with the treatment of tumors. This benefit will be subject to the same terms and conditions applicable to all other benefits under the Policy, except that the following minimums shall apply:

1. An annual benefit of at least \$500 for the surgical removal of tumors;
2. A benefit of at least \$500 for reconstructive surgery;
3. A benefit of at least \$500 for outpatient chemotherapy; and

An annual benefit of at least \$300 for prosthesis, except for the purposes of the surgical removal of breasts due to tumors, the annual benefit for prosthesis will be at least \$300 for each breast removed.

Mastectomy, Reconstructive Breast Surgery or Lymph Node Dissection Expense: Benefits for such surgery will be paid under the Surgery Benefits. Coverage will be provided for at least 48 hours of inpatient care following a mastectomy or lymph node surgery. Coverage will be provided for longer periods of inpatient care if it is recommended by the patient's treating Physician after conferring with the patient. We will also provide benefits for the reasonable costs of reconstructive surgery on each breast on which a mastectomy has been performed and reconstructive surgery on a nondiseased breast to produce a symmetrical appearance. This benefit is subject to the same terms and conditions applicable to all other benefits under this Policy.

Occupational Therapy Expense: We will pay a benefit, not to exceed 80% of the usual and reasonable charges, for the expenses incurred for occupational therapy received by an Insured Person as the result of a covered accident.

Care and Treatment of Insured with an Ostomy: We will pay the expenses for the care and treatment of an Insured who undergoes ostomy surgery. Such care and treatment includes coverage for Medically Necessary appliances and supplies relating to an ostomy including, but not limited to collection devices, irrigation equipment and supplies, skin barriers and skin protectors. This benefit will be payable not to exceed \$1,000 per school year.

Pain Management Benefit: We will pay the expenses incurred by an Insured for treatment by or under the management of a pain management specialist if required. We will also pay the expenses incurred for pain treatment ordered by such specialist. Such treatment may include all means necessary to make a diagnosis and develop a treatment plan including the use of necessary medications and procedures.

Hair Prostheses Expense: We will pay the expenses incurred, not to exceed \$350.00 per calendar year, for the cost of a hair prosthesis made necessary for an Insured whose hair loss results from chemotherapy treatment when prescribed by a licensed oncologist.

Prescribed Drugs for Treatment of Cancer: When prescription drugs are covered under the Policy, we will pay the expenses incurred for treatment of a type of cancer for which the drug has not been approved by the Food and Drug Administration, provided the drug is recognized for treatment of the specific type of cancer in one of the following established reference compendia:

- (1) The U.S. Pharmacopoeia Drug Information Guide for Health Care Professionals (USP DI);
- (2) The American Medical Association's Drug Evaluations (AMA DE); or
- (3) The American Society of Hospital Pharmacist's American Hospital Formulary Service Drug Information (HAFS-DI).

This benefit does NOT include coverage for any experimental or Investigational drugs or any drug which the federal Food and Drug

Administration has determined to be contradicted for treatment of the specific type of cancer for which the drug has been prescribed.

Specialized Formula: when medically necessary for children up to age three for the treatment of a disease or condition and administered under the direction of physician as specified in Public Act 01-101.

Treatment of Lyme Disease: We will pay the expenses incurred for the treatment of Lyme Disease. Such treatment will include:

- (1) Not less than 30 days of intravenous antibiotic therapy or sixty days or oral antibiotic, or both, and
- (2) Further treatment, if recommended by a board certified rheumatologist, infectious disease specialist or neurologist who is licensed in accordance with Connecticut statutes or who is licensed in another state or jurisdiction whose requirements for practicing in such capacity are substantially similar to or higher than those of Connecticut.

Hospital Dental Services: We will pay the expenses incurred for general anesthesia, nursing and related Hospital services provided in conjunction with inpatient, outpatient or one day dental services if the following conditions are met:

- (1) The anesthesia, nursing and related Hospital services are deemed Medically Necessary by the treating dentist or oral surgeon and the Insured's Physician; and
- (2) The patient is either:
 - a. determined by a licensed dentist, in conjunction with a licensed Physician who specializes in primary care, to have a dental condition of significant dental complexity that the condition requires certain dental procedures to be performed in a Hospital; or
 - b. a person who has a developmental disability, as determined by a licensed Physician who specializes in primary care, that places the person at serious risk. Such a condition will be considered a Covered Sickness the same as any other Sickness and is not subject to any dental benefit limits under this Policy.

Maternity Coverage: We will cover normal pregnancy and complications of pregnancy resulting childbirth, miscarriage or termination of pregnancy (except for elective abortion) on the same basis as any other Sickness. This coverage includes coverage for a minimum inpatient stay of 48 hours for a vaginal delivery and 96 hours for a caesarian delivery. If the mother and newborn are discharged prior to this timeframe, after consultation with the Doctor, this Plan will cover 2 follow up visits. The first visit must be within 48 hours of discharge and the second visit within 7 days of discharge.

REPATRIATION OF REMAINS

If an Insured Person dies, The Company will pay the Usual and Reasonable covered expenses to return his or her body to their home country. Covered expenses include expenses for embalming, cremation, coffins, and transportation. The benefit payable may not exceed \$7,500.

MEDICAL EVACUATION

If an Insured Student is unable to continue their academic

program as the result of a Covered Injury or Sickness, The Company will pay the Usual and Reasonable charges for evacuation to another medical facility in the Insured Person's home country. A medical evacuation would be considered only if medically necessary, and after a Hospitalization of at least five (5) days. Any expenses payable under this benefit require approval of the attending Physician as well as The Company. The benefit payable may not exceed \$10,000.

OPTIONAL ENHANCED SUPPLEMENTAL BENEFIT

An Optional Enhanced Supplemental 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 that exceed \$25,000 for any one covered accident or sickness, up to an Aggregate Maximum Benefit of \$100,000. Covered Medical Expenses include physicians and surgeons, hospital confinement, x-rays, laboratory tests, nurses, prescribed drugs, casts, surgical dressings, use of an ambulance and other usual and customary medical expenses incurred for the care and treatment of injury or sickness, subject to the Exclusions and Limitations section. 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 9/15/05 (Fall semester) and 1/31/06 (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

Accident means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an injury.

Continuous Insurance means that any Insured Person who has continuous coverage under this Plan or prior insurance plans issued to the Policyholder from one year to the next will be covered, except for benefits payable under prior policies issued in the absence of this Plan.

Dependent means: (a) the Insured Students spouse residing

with the Insured Student; or (b) the Insured Student's unmarried children under the age of nineteen years, or (c) an insured Student's child born while his/her coverage under the Policy is in force. Children must (a) reside with, and be fully supported by the Insured Student, and (b) not be eligible as a student, or (c) be a full time student in an accredited school or university and under the age 23. The term children includes an Insured Student's proposed adoptive children, adopted children and step-children residing with the Insured Student who depend on the Insured Student for their full support. A child's coverage will not end because the child has reached the age limit shown above, if he or she: (a) is not able to earn his or her own living as a result of a mental or physical handicap; and (b) became so handicapped before reaching the age limit; and (c) is mainly dependent on the Insured Student for support and maintenance.

Expense or Covered Charge means those charges for any treatment, services or supplies: (a) not in excess of the Reasonable and Customary Charges therefore; and (b) not in excess of the charges that would have been made in the absence of this insurance; and (c) incurred while this Plan is in force as to the Insured Person, except with respect to any benefit payable under the Extension of Benefits provision.

Injury means bodily injury caused by an Accident which is the sole cause of the Loss.

Insured Person means an Insured Student and his/her covered Dependent(s).

Loss means expense incurred as a result of a covered injury or sickness.

Medical Emergency means the unexpected onset of an Injury or Sickness that requires immediate or urgent medical attention which, if not provided, could result in a loss of life or serious permanent damage to a limb or organ or pain sufficient to warrant immediate care. A Medical Emergency does not include elective or routine care.

Medically Necessary means medical and dental service or supplies which are:

1. Recommended by a Physician;
2. Consistent with generally accepted medical practice for the Injury or Sickness;

3. Generally considered by Physicians in the United States of America to be appropriate for the Injury or Sickness; and
4. Accepted as safe, effective and reliable by a medical specialty or board recognized by the American Board of American Specialties.

A medical or dental treatment will not be deemed Medically Necessary if any service, supply or treatment used or provided in connection with the Injury or Sickness is Experimental or Investigational in nature. Experimental or Investigational means treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device or prescription medication is being used. However, if a procedure, treatment or drug has successfully completed a Phase III clinical trial of the Federal Food and Drug Administration, it will not be considered Experimental or Investigational.

If services do not meet the criteria above or are not consistent with professionally recognized standards of care with respect to quality, frequency or duration, such services will not be deemed Medically Necessary.

Provider 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 or residence of such practitioner; or (c) a certified nurse midwife while acting within the scope of that certification or; (d) a certified nurse practitioner, which means any registered nurse licensed in the state in which he or she practices who has completed a formal educational nurse practitioner program and is certified by the respective professional nursing association; or (e) a physician assistant performing services within the scope of his or her license as specified by the laws of the state or residence of such practitioner.

The Provider may not be an Insured Person or a member of an Insured Person's immediate family. Immediate family means the spouse, children, brothers, sisters or parents of an Insured Person.

Pre-Existing Condition means any condition for which medical advice, diagnosis, care or treatment was recommended or received, or medications prescribed, within the 6 months prior to the Insured Person's effective date of coverage under the Policy.

A Pre-Existing Condition does not include genetic information in the absence of a diagnosis of the condition relating to such

information. Also, routine follow-up care to determine whether a breast cancer has reoccurred in a person who has been previously determined to be cancer-free will not be considered as medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during or as a result of such follow-up. Pregnancy will not be considered a pre-existing condition.

Reasonable and Customary Charge (R&C) means 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.

Sickness means sickness or disease that is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy.

"We", "Our", or "Us" means Security Mutual Life Insurance Company of New York.

EXCLUSIONS

The Policy does not cover nor provide benefits for a loss resulting from:

1. Intentionally self-inflicted Injury, suicide or attempted suicide; unless in conjunction with, and as the result of, a Mental or Nervous Condition as defined and covered in the Policy.
2. Commission or attempt to commit a felony;
3. Declared or undeclared war or act of war;
4. An Accident that occurs or Sickness contracted while the Insured Person is on full time active duty in any Armed Forces. Upon receipt of written request, we will refund any premium paid for this time. This does not include Reserve or National Guard duty for training unless it extends beyond 31 days;
5. Flight in an aircraft, except as a fare-paying passenger; on a regularly scheduled commercial airline;
6. Flight in an ultra light aircraft, hang-gliding, parachuting or bungee-cord jumping;
7. Dental treatment or dental X-rays, except as otherwise provided, and only when Injury occurs to sound, natural teeth; except for accidental Injury;
8. Any loss for which benefits are paid under state or federal worker's compensation, employer's liability, or occupational disease law;
9. Treatment in any Veterans Administration or Federal Hospital, unless there is a legal obligation to pay;
10. Services or treatment rendered by a Physician, nurse or any other person who is: (a) employed or retained by the Policyholder; or (b) an insured person or immediate

family member;

11. Services and supplies furnished by the Student Health Center, its employees, or Physicians who work for the school;
12. Charges that are in excess of Reasonable and Customary charges;
13. That part of medical expense payable by any automobile insurance policy without regard to fault;
14. Practice or play in any intercollegiate sports activity, including travel to and from the activity and practice, unless specifically provided for in the Policy;
15. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore except as otherwise provided in the policy;
16. Cosmetic surgery, except for: (a) reconstructive surgery on a diseased or injured part of the body; or (b) congenital disease or abnormality of a covered Dependent which causes a functional defect;
17. Elective treatment or surgery, health treatment, or examination where no Injury or Sickness is involved, except as otherwise provided;
18. Voluntary termination of pregnancy; unless specifically provided for in the policy;
19. Normal health checkups.

PRE-EXISTING CONDITIONS LIMITATION

Pre-Existing Conditions are not covered until the Insured Person has been Continuously Insured under the Policy for a period of 12 months. Insured Persons who have remained Continuously Insured will be covered for Pre-Existing Conditions.

Continuously Insured means an Insured Person has been continuously insured under the Policy or prior Qualifying Coverage without a break of more than 120 days, or 150 days if involuntarily unemployed, and has applied for coverage under the Policy within 30 days of becoming part of an eligible class.

Qualifying Coverage means:

1. Any group health insurance plan, insurance arrangement or self-insured plan; or
2. Medicare or Medicaid; or
3. An individual health insurance plan that provides benefits which are actuarially equivalent to or exceeding the benefits provided under the

Connecticut small employer health plan, whether issued in this state or any other state.

CLAIMS

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

CLAIM APPEAL

To appeal a claim, send a letter stating the issues of the appeal to 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 60 days by the Underwriting Company and Consolidated Health Plans.

Any provision of the Policy or the brochure which 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.

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 brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.

Underwritten By:
SECURITY MUTUAL LIFE INSURANCE

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. 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.

COMPANY OF NEW YORK

For a copy of the company's privacy notice, go to:

www.commercialtravelers.com/privacy.html

Servicing Agent:

UNIVERSITY HEALTH PLANS, INC.

One Batterymarch Park

Quincy, MA 02169-7454

Telephone (800) 437-6448

www.universityhealthplans.com

or email us at info@univhealthplans.com

Representations of this Plan must be approved by the Company.

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.