

2010-2011

Student

Injury

And

Sickness

Insurance

Plan

**NON-PARTICIPATING
NON-RENEWABLE ONE YEAR TERM**

Designed Especially for the Students of



Bethlehem, PA

This plan is underwritten by:
Nationwide Life Insurance Company
Policy Number: **302-039-3708**

LEHIGH UNIVERSITY HEALTH CENTER

Eligibility

All students are eligible to receive care at the Student Health Center. It is not necessary to purchase student insurance to use the services of the center. Spouses and children of students are not eligible for treatment.

Services

Our Health Center staff provides medical care similar in scope to that provided in a private practice. We treat medical, surgical and orthopedic problems, with referral to a specialist or to a hospital emergency room when necessary. We also provide gynecological services by appointment. A self-treatment program is available to students who have minor illnesses. Through computer guided self-assessments students learn to treat their symptoms. Students receiving allergy injections may store their extracts in the Health Center. For the Health Center to administer injections, we require written orders from the patient's allergist, including the dosage and schedule of injections. The Health Center staff works closely with the University Counseling and Psychological Services staff to help students who have psychological issues and drug and alcohol problems.

Medications

Many commonly prescribed medications, including pain relievers, antibiotics, cold and cough preparations are dispensed at no charge. Prescriptions are written for medications not available at the Center. Prescriptions provided by outside physicians cannot be filled at the Health Center.

Costs

With few exceptions, there is no charge to students for services provided by the Health Center staff.

Location

The Health Center is located on the third floor of Johnson Hall, just south of the University Center.

Hours

During the academic year, the Health Center is open:

Weekdays – 8:15 am to 4:45 pm

Saturday – 10:00 am to 2:00 pm

During the summer, semester and spring breaks, the Health Center is open:

Monday – Friday - 9:00 am to 12:30 pm

1:00 pm to 4:00 pm

ELIGIBILITY

All students, visiting scholars, and visiting research associates are eligible to elect coverage under this Insurance Plan.

- Students must actively attend classes for at least the first thirty-one (31) days after the date for which coverage is purchased unless they would have been eligible to attend classes for thirty-one (31) days and were prevented from attending due to a Sickness or Injury. Home study correspondence, on-line, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes.
- Visiting Scholars and visiting research associates must actively perform the duties of his/her appointment for at least the first thirty-one (31) days after the later of the date for which coverage is purchased or beginning of assignment, unless they would have been eligible to perform the duties of his/her appointment and were prevented from doing so due to a Sickness or Injury.

Any student eligible for enrollment in the annual insurance plan who does not enroll in the Fall Semester Only insurance plan by the enrollment deadline loses eligibility to enroll in the Spring Semester Only insurance plan, unless there is a Qualifying Event as defined on page 4.

If the insurance company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

MANDATORY HEALTH INSURANCE COVERAGE

Undergraduate students taking more than four (4) credits are required by University Policy to have Injury and Sickness insurance and therefore are automatically enrolled in this Insurance Plan. The charge for the annual premium will be included on the student's fall invoice. Those undergraduate students who are insured under another policy may drop his/her coverage under this Insurance Plan and have the premium credited back to his/her university account by completing a waiver form by the August 1st deadline.

All Lehigh students, visiting scholars, and research associates with a current visa status of J-1 are required by Federal law to have Injury and Sickness insurance and must provide proof of insurance to Lehigh's Office of International Students and Scholars. These individuals will be required to purchase this Insurance Plan if he/she does not have alternative sickness and injury insurance coverage.

ENROLLMENT METHOD

All automatic and voluntary enrollments in this Insurance Plan are handled by the Bursar's Office at Lehigh University, including enrollment for qualifying events.

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective at 12:01 a.m., August 8, 2010. Coverage becomes effective on that date or the date application and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 12:01 a.m., August 8, 2011. Coverage terminates on that date or at the end of the period through which premium is paid, or the date an Insured Person enters full time military service, whichever is earlier. For new students entering the second term, coverage is effective January 09, 2011 or the date application and full premium are received by the Company (or its authorized representative) whichever is later.

ENROLLMENT PERIODS

Eligible individuals who wish to voluntarily enroll in this Insurance Plan must do so by the applicable deadline.

	Coverage Period	Enrollment Deadline
Annual	8/08/10-8/08/11	9/10/10
Fall Only	8/08/10-1/09/11	9/10/10
Spring Only	1/09/11-8/08/11	1/28/11

QUALIFYING EVENTS

Eligible individuals may enroll after the enrollment deadlines because of an eligible qualifying event. To enroll, the eligible individual must provide evidence of the event to the Bursar's Office at Lehigh University within thirty (30) days of the event. The full premium for the semester must be paid.

Eligible qualifying events are defined as:

- Involuntary loss of other creditable coverage; and
- Status as new Lehigh student, visiting scholar/visiting research associates.

Under no circumstances will enrollment be allowed if the request for coverage and/or event documentation is received after thirty (30) days following the event.

Newborns of covered female enrollees will be automatically covered for the first thirty-one (31) days after birth. Coverage will cease after such thirty-one (31) days.

You must meet the Eligibility requirements listed above each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within fourteen (14) days after the premium expiration date.

It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

REFUNDS OF PREMIUM

There are no refunds of the premium except for the following situations:

- Entry into the Armed Forces; or
- Failure to meet Eligibility Requirements

This Policy is a Non-Renewable One Year Term Policy. It is the Insured's responsibility to obtain coverage the following year in order to maintain continuity of coverage. Insureds who have not received information regarding a subsequent plan prior to the Policy's Termination Date should inquire regarding such coverage with the broker.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured Person 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 twelve (12) months after the Termination Date.

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

STUDENT HEALTH CENTER (SHC) REFERRAL REQUIRED

The Insured Student must use the resources of the Student Health Center first, where treatment will be administered, or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health Center for which no prior approval or referral is obtained are excluded from coverage. Student Health Center personnel must initial the claim form to verify referral.

A SHC referral for outside care is not necessary only under the following conditions:

1. Medical Emergency;
2. When the Student Health Center is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than twenty (20) miles from campus;

5. Medical care obtained when a student is no longer able to use the SHC due to a change in student status;
6. Maternity; or
7. Treatment of Mental or Nervous Disorders.

INTERCOLLEGIATE SPORTS MAXIMUM BENEFIT \$2,000 (FOR EACH INJURY)

Insured student athletes who are members of and are participating in intercollegiate sports sponsored by the Policyholder are covered for sports Injury. Benefits will be paid under the Scheduled Benefits for intercollegiate sports Injury up to \$2,000 for each Injury.

No benefits will be paid for:

1. Room and board expenses, which exceed the semi-private room rate;
2. Outpatient Physical Therapy in excess of \$1,000 maximum (Per Policy Year). See Policy Exclusions for additional limitations;
3. Prescription Drugs in excess of \$750 maximum;
4. Infections, except pyogenic infections caused wholly by a covered Injury;
5. Cysts, blisters, or boils;
6. Overexertion; heat exhaustion; fainting;
7. Hernia, regardless of how caused; or
8. Artificial aids such as crutches, braces, appliances, and artificial limbs.

Excess Coverage: No benefits will be paid under the Intercollegiate Sports Injury Benefit for any medical expense incurred which has been paid or is payable by other valid and collectible insurance. This Excess Provision will not be applied to the first \$100 of medical expenses incurred. The Deductible Provision will also not be applied to the first \$50 of medical expenses incurred. Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed as the result of the Insured's failure to comply with Policy provisions or requirements.

COORDINATION OF BENEFITS

Benefits will be coordinated with any other group medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies. This Coordination of Benefits Provision will not be applied to the first \$100 of Covered Medical Expenses incurred. The Deductible will not be applied to the first \$100 of Covered Medical Expenses incurred.

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.

ADDITIONAL BENEFITS

In addition to coverages shown on the Schedule of Benefits, the Policy provides benefits as outlined below. These benefits will be paid according to the Schedule of Benefits (Including \$50 per Sickness or Injury Deductible).

Maternity Benefit: Normal pregnancy and normal childbirth will be paid the same as any other Sickness. Benefits are limited to \$400 maximum for elective abortion.

Covered Medical Expenses include: 1) Physician's visits; 2) Diagnostic services; 3) Obstetrical/surgical procedures; 4) Hospital room and board, up to a minimum of forty-eight (48) hours inpatient care following normal vaginal delivery and ninety-six (96) hours following caesarean delivery. If the attending physician determines that the mother (and newborn) meet the medical criteria for and agree to an earlier discharge, coverage is provided for at least one (1) post-partum home health care visit within forty-eight (48) hours after an early discharge; 5) Hospital miscellaneous expenses; and 6) Routine well-baby care while the mother remains Hospital Confined is limited to two (2) physician visits. Coverage is provided for services performed by and facilities used by licensed certified nurse midwives. If the Insured Person's insurance should expire, the Policy will pay under this benefit providing conception occurred while the Policy was in force.

Newborn Infant Coverage: Newborn infants will be covered under the Policy for the first thirty-one (31) days after birth. Coverage for such a child will be for Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child's parent. All coverage as to that child will terminate at the end of the first thirty-one (31) days after the child's birth.

Maternity Testing: There are certain maternity tests that may be routinely performed by your physician that may not be covered under the Policy. Please call the Claims Department at 1-800-633-7867 for additional information.

Women's Preventive Health Services: Benefits will be provided on the same basis as any other Sickness for: 1) an annual gynecological examination, including a pelvic examination and clinical breast examination; and 2) routine pap smears in accordance with the recommendations of the American College of Obstetricians and Gynecologists.

Mammography Examination: Benefits will be paid as for any other Sickness for mammographic examinations as follows: 1) every year for women forty (40) years of age or older; and 2) any mammogram based on a physician's recommendation for women under forty (40) years of age.

Treatment of Alcohol and Drug Abuse: Benefit includes: 1) Inpatient detoxification, up to seven (7) days of treatment per admission, limited to a lifetime maximum of four (4) admissions; 2) Non-hospital residential care, up to thirty (30) days per Policy year, limited to a lifetime maximum of ninety (90) days; and 3) Outpatient care, up to thirty (30) separate sessions of outpatient or partial hospitalization services per Policy year. Treatment of alcohol and drug abuse is payable the same as Sickness in the first instance or course of treatment. Additional courses of treatment are payable at 50%.

Treatment of Diabetes: Equipment, supplies and outpatient self-management training and education, including medical nutrition therapy for the treatment of diabetes. Equipment and supplies shall include the following: blood glucose monitors, monitor supplies, insulin, injection aids, syringes, insulin infusion devices, pharmacological agents for controlling blood sugar and orthotics.

Medical Foods: Cost of nutritional supplements (formulas) for the therapeutic treatment of phenylketonuria, branched-chain ketonuria, galactosemia and homocystinuria on the same basis as any other outpatient prescription. This benefit is not subject to the Deductible.

Mastectomy & Breast Cancer Reconstruction Expense: Mastectomy expense and prosthetic devices inserted during reconstructive surgery.

Prescription drugs to a maximum of \$750 per policy year after \$10 co-pay per 30-day supply generic drug prescription or refill and \$20 co-pay per 30-day supply brand name drug prescription or refill.

DEFINITIONS

COPAYMENT means separate charge for certain Covered Medical Expenses, which is paid by the Insured Person.

INJURY means bodily injury due to an accident, which results directly and independently of disease, bodily infirmity or any other causes. All injuries sustained in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury.

MEDICAL EMERGENCY means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in: 1) Death; 2) Placement of the Insured's health in jeopardy; 3) Serious impairment of bodily functions; 4) Serious dysfunction of any body organ or part; or 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury, which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

SICKNESS means illness or disease of the Insured Person. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness.

REASONABLE AND CUSTOMARY CHARGES means a reasonable charge, which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under the Policy for any expenses incurred which in the judgement of the Company are in excess of Usual and Customary Charges.

ENHANCED SUPPLEMENTAL BENEFIT

An Enhanced Supplemental 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, surgeons, hospital confinement up to the semi-private room rate, X-rays, laboratory and 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 Basic Benefits begin, or the date premium is received, if later, and ends on the date the Basic Benefits end. The general terms and conditions of the Policy will apply to this optional benefit.

Only students insured for the Basic Benefits may purchase this optional benefit. Purchase must be made by 9/10/10 for the Annual and Fall Semester and by 1/28/11 (new student) for the Spring Semester by submitting the form attached at the back of the brochure with a check to University Health Plans. Students purchasing this optional benefit must also enroll any dependents who are insured for the Basic Benefits. Dependents may not be enrolled for this optional benefit without the student being enrolled or without being insured for the Basic Benefits.

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Treatment, services or supplies which: are not medically necessary; are not prescribed by a physician 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. 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.
4. 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.

5. Elective plastic or cosmetic surgery other than; reconstructive surgery because of congenital disease or anomaly as provided for newborn or adopted infants; or reconstructive surgery resulting directly from an Injury which necessitated medical treatment within twenty-four (24) hours of the Accident.
6. Loss resulting from participation in an illegal occupation, riot, civil commotion, or committing or attempting to commit a felony.
7. Supplies, except as specifically provided in the Policy.
8. Suicide, or attempted suicide while sane or insane; or intentionally self-inflicted Injury.
9. Surgery and/or treatment for; acupuncture; alopecia; biofeedback-type services; breast implants or breast reduction; circumcision; foot care, including care of corns, calluses and bunions; gynecomastia; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, temporomandibular joint dysfunction; and sleep disorders, including supplies, treatment and testing thereof.
10. Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, treatment for obesity, and surgery for removal of excess skin or fat.
11. Expenses incurred as a result of dental treatment, except as specifically stated.
12. Patient controlled analgesia (PCA).
13. Immunizations, services and supplies related to immunizations, preventive medicines or vaccines, except as specifically stated or where required for treatment of an Injury.
14. Surgery for the correction of refractive error and services in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except as required for a repair due to and Accident in which the Covered Person's sustains an Injury.
15. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
16. Reproductive/infertility services including but limited to: birth control; family planning; fertility test; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception. Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance a Covered Person's reproductive ability; premarital examinations; impotence, organic or otherwise; tubal

- ligation; vasectomy; sexual reassignment surgery.
17. Outpatient Physical Therapy, except for a condition that required surgery or Hospital Confinement: 1) within the thirty (30) days immediately preceding such Physical Therapy; 2) within the thirty (30) days immediately following the attending Doctor's release for rehabilitation; or 3) when referred by the Policyholder's Student Health Center.
18. Expenses due to skydiving, recreational parachuting, hang gliding, glider flying, parasailing, sail planing, or bungee jumping.
19. Services provided normally without charge by the Student Health services of the Policyholder.
20. Routine newborn infant care, well baby care and related Doctor charges, except as specifically provided for in the Policy.
21. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except where treatment is due to a covered Injury or as a result of the disease process. "Hearing defects," means any physical defect of the ear which does or can impair normal hearing apart from the disease process.
22. Treatment of Injury resulting from any motor vehicle Accident to the extent covered by other valid and collectible insurance or third party action.
23. Nasal and sinus surgery.
24. Routine physical examinations and routine testing; preventative testing or treatment; and screening exams or testing in the absence of Injury or Sickness, except as specifically provided.
25. Services and supplies for conditions related to learning disabilities.
26. Services and supplies related to nicotine addiction.
27. After the first \$100, expenses which are reimbursable by any other valid and collectible insurance or plan, but such charges in excess thereof shall be covered as otherwise provided.

CLAIM PROCEDURES

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

1. Notify the Claims Administrator, Consolidated Health Plans, within thirty (30) days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
2. Complete a claim form in full. Claim forms are available by contacting Consolidated Health Plans at (800) 633-7867 or by accessing their website at www.chpstudent.com or visiting the Bursar's Office.
3. The completed claim form should be mailed within ninety (90) days from the date of the Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to Consolidated Health Plans at the address listed below.
4. Itemized medical bills including prescription drug receipts (not the cash receipt) must be attached to the claim form at the time of submission. Subsequent medical bills should be mailed promptly to Consolidated Health Plans. No additional claim forms are needed as long as the Insured Person's/Student's name and identification number are included on the bill.
5. Direct all questions regarding benefits available under the Plan, claim procedures, status of a submitted claim or payment of a claim to Consolidated Health Plans.

Claims Administrator:

Consolidated Health Plans

2077 Roosevelt Ave
Springfield, MA 01104
Local: (413) 733-4540
Out of area: (800) 633-7867
www.chpstudent.com

Servicing Broker:

University Health Plans, Inc.

One Batterymarch Park
Quincy, MA 02169
Local: (617) 472-5324
Out of area: (800) 437-6448
www.universityhealthplans.com

Please visit our website for frequently asked questions and answers regarding this Plan, or email us at:

info@universityhealthplans.com

The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. The Master Policy shall control in the event of any conflict between the Mater Policy and this brochure.

This plan is underwritten by
Nationwide Life Insurance Company
Columbus, Ohio

Policy Number: 302-039-3708

For a copy of the Company's privacy notice, go to:
www.chpstudent.com

Lehigh 2010-2011 Schedule of Basic Medical Expense Benefits

The Policy provides benefits for the Reasonable and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to a Maximum of \$1,000 for each Injury or Sickness. Benefits will be paid up to the maximum benefit for each service as scheduled below. The Insured Student must pay a \$50 Deductible for each Injury or Sickness. The Deductible is waived if the Insured Student is referred by the Student Health Center. Covered Medical Expenses include:

Inpatient

Room and Board Expense , daily semi-private room rate and general nursing care provided by the Hospital	Semi-private Room Rate
Hospital Miscellaneous Expense , such as the cost of the operating room, laboratory test, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	Reasonable and Customary Charges
Physical Therapy	Reasonable and Customary Charges up to \$1,000
Surgeon's Fee , in accordance with data provided by Ingenix, Inc. Payment will be made for multiple procedures performed in succession through the same incision at 50%	Reasonable and Customary Charges
Anesthetist	30% of Surgery Allowance
Registered Nurse's Services , private duty nursing care	Reasonable and Customary Charges
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery	Reasonable and Customary Charges
Pre-admission Testing	Reasonable and Customary Charges
Mental or Nervous Disorders	Paid as any other Sickness up to 30 days

Outpatient

Surgeon's Fee , in accordance with data provided by Ingenix, Inc. Payment will be made for multiple procedures performed in succession through the same incision at 50%	Reasonable and Customary Charges
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room, laboratory tests and X-ray examinations, including professional fees. Anesthesia, drugs, or medicines and supplies. Reasonable and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge.	Reasonable and Customary Charges
Anesthetist	25% of Surgery Allowance
Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physical Therapy.	Reasonable and Customary Charges
Physical Therapy , benefits are limited to one visit per day. See exclusion 17 for additional limitations	Reasonable and Customary Charges / \$1,000 Maximum (per policy year)
Medical Emergency Expenses , use of the emergency room and supplies for Medical Emergencies only	Reasonable and Customary Charges
Diagnostic X-ray and Laboratory Services	Reasonable and Customary Charges
Radiation Therapy & Chemotherapy	Reasonable and Customary Charges
Tests and Procedures, diagnostic services and medical procedures performed by a Physician	Reasonable and Customary Charges
Other than Physician's Visits, Physical Therapy, x-rays and lab procedures.	
Injections , when administered in the Physician's office and charged on the Physician's statement	Reasonable and Customary Charges
Prescription Drugs	Co-pay of \$10 for generic and \$20 for brand name per 30-day supply/ \$750 Maximum
Mental or Nervous Disorders , must be administered by an M.D. or licensed psychologist Ph. D.	50% of Usual and Customary Charges up to \$60 per day/\$1,000 Max. (per policy year)
Psychotherapy includes all related or ancillary charges incurred as a result of a Mental and Nervous Disorder.	

Other

Ambulance Services	Reasonable and Customary Charges up to \$500
Braces and Appliances , a written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered.	Reasonable and Customary Charges
Consultant Physician Fees , when requested and approved by the Attending Physician	Reasonable and Customary Charges
Dental Treatment , made necessary by Injury to Sound, Natural Teeth	Reasonable and Customary Charges
Maternity, Newborn infant benefits are payable only while the mother remains Hospital Confined. Physician's Visits for a well baby are limited to two visits maximum.	Paid as Any Other Sickness
Complications of Pregnancy	Paid as Any Other Sickness
Routine Well-Baby Care , payable only while the mother remains Hospital Confined. Physician's Visits for a well-baby are limited to two visits maximum.	Paid under Maternity Benefit
Elective Abortion	Paid under Maternity Benefit/\$400 maximum
Intercollegiate Sports	Paid as any other Injury up to \$2,000

Major Medical Benefit

\$50,000 Maximum Benefit (for each Injury or Sickness)

The Major Medical Benefits begin payment after the Company has paid the Basic Maximum Benefit of \$1,000 and after the Major Medical Deductible of \$50 has been satisfied. The Deductible is waived if referred by the Student Health Center. The company will pay 80% of additional Covered Medical Expenses incurred up to \$5,000 then 100% up to the Major Medical Maximum of \$50,000. The total benefit payable under Major Medical is \$50,000 minus the Basic Benefits already paid. No benefits will be paid under Major Medical for room and board expenses which exceed the semi-private room rate.

LEHIGH UNIVERSITY
2010-2011 ENROLLMENT FORM

Only students insured for the Basic Benefits may purchase the Enhanced Supplemental Benefit. Purchase must be made by 9/10/10 for the Annual and Fall Semester and by 1/28/11 (new student) for the Spring Semester.

Please note: Students who expect to graduate by the spring semester are eligible to purchase the annual coverage if they wish to be covered from their graduation to 8/08/11.

(Please print the following information.)

Student's Last Name First MI

LIN Date of Birth

Street - Permanent Mailing Address

City State Zip

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

<input type="checkbox"/> Undergraduate Student	<input type="checkbox"/> Graduate Student	<input type="checkbox"/> Other _____
<input type="checkbox"/> Annual Student Enrollment 8/08/10-8/08/11	<input type="checkbox"/> Basic Coverage \$1363	<input type="checkbox"/> Supplemental Benefit \$325
<input type="checkbox"/> Fall Only Student Enrollment 8/08/10-1/09/11	<input type="checkbox"/> Basic Coverage \$609	<input type="checkbox"/> Supplemental Benefit \$325
<input type="checkbox"/> Spring Student Enrollment 1/09/11-8/08/11	<input type="checkbox"/> Basic Coverage \$898	<input type="checkbox"/> Supplemental Benefit \$325

2. Make your check or money order for the applicable premium payable to **Lehigh University**.

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

**Bursar's Office
Lehigh University
27 Memorial Drive West
Bethlehem, PA 18015-3093**

Underwritten By:

NATIONWIDE LIFE INSURANCE COMPANY

Method of Payment _____

I have read and understand the ELIGIBILITY terms and conditions to enroll in this policy and once I enroll, the premium is non-refundable unless I fail to meet Eligibility requirements or I enter the Armed Forces.

Student Signature

Date