

STUDENT ACCIDENT AND SICKNESS INSURANCE PROGRAM

Designed for the
Students of

MASSACHUSETTS SCHOOL OF LAW *AT ANDOVER*

2001-2002

Guarantee Trust Life Insurance Company

Policy Number: 204-145-006-P

INTRODUCTION

This is a brief description of the Accident and Sickness Insurance Plan available for students of Massachusetts School of Law. The plan is underwritten by Guarantee Trust Life Insurance Company. The exact provisions governing this insurance are contained in the Policy and may be viewed at the School during business hours. The Policy shall control in the event of any conflict between this brochure and the Policy.

ELIGIBILITY

All full-time and three-quarter time degree students in on-campus attendance at the School **must purchase this coverage unless waived by submitting proof of comparable coverage.** (A three-quarter-time student is one who is participating in 9 or more credits.) Students enrolled in the Comparison of Massachusetts and National Law Course are also eligible for coverage.

The deadline date for submitting the waiver form is **August 16, 2001** for annual coverage and **January 10, 2002** for spring semester coverage.

COVERAGE FOR DEPENDENTS

If You are covered under the Policy, coverage may be purchased for Your eligible Dependents. Your Dependents will be covered for the same benefits for which You are covered. Dependent coverage, if any, begins and ends with Your coverage. To enroll dependents, complete the dependent enrollment form attached to the last page of this brochure.

A Dependent newborn child will be automatically covered under the Policy from the moment of birth until the 31st day following birth. To continue coverage beyond the 31-day period, we must receive written notice of the birth and the required premium must be paid.

Any adopted child will be covered on the same basis as a newborn child from the date of placement by a licensed placement agency, in the Covered Person's home, for purposes of adoption. A foster child will be covered from the date of the filing a petition to adopt, if the child has been residing in the Insured's home as a foster child for whom the Insured has received foster care payments.

POLICY TERM

Coverage on an annual basis is effective at 12:01 AM on August 1, 2001, or the date premium is paid, if later and within thirty days of the Policy's effective date, and terminates at 12:01 AM on August 1, 2002.

Coverage for new students for the spring semester is effective at 12:01 AM on January 6, 2002, or the date premium is paid, if later and within thirty days of the Policy's effective date, and terminates at 12:01 AM on August 1, 2002.

Coverage for dependents is effective on the date the student's coverage is effective, or the date premium is paid, if later, and terminates on the date the student's coverage terminates.

TERMINATION OF COVERAGE

Your coverage will terminate on the earliest of one of the following: upon entry into the armed forces of any country or; the end of the coverage period for which premium was paid or; the date the Policy terminates. No benefits are payable after termination, except as stated in the Extension of Benefits provision.

REFUND OF PREMIUM

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 allowed. This applies to students on leave for medical or academic reasons and graduating students.

Covered 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. Refunds for any other reason are not available.

PREMIUMS

	Annual Policy August 1, 2001 - August 1, 2002	Spring Semester January 6, 2002 - August 1, 2002
Student	\$1,098.00	\$735.00
Spouse	\$2,275.00	\$1,520.00
Each Child	\$1,170.00	\$783.00

IDENTIFICATION CARDS

An ID card will be issued to each Insured Person under the Policy as soon as possible. If the Insured Person must seek medical attention before the ID card is received, Covered Expenses will be payable according to the Plan. Once You have received Your ID card please present it to the provider in order to facilitate prompt payment of Your claims.

For lost ID cards, please contact Consolidated Health Plans at (800) 633-7867.

DEFINITIONS

Accident means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while a Covered Person is insured under the policy.

Covered Medical Expense means the Reasonable and Customary Charge for a service or supply, which is performed or given under the direction of a Doctor for the Medically Necessary treatment of Injury or Sickness pursuant to the terms of the Policy

Covered Person means You or a Dependent insured under the Plan.

Deductible means the amount of Reasonable and Customary Charges which must be paid by a Covered Person before benefits are payable under the Policy. It applies separately to each Covered Person.

Dependent means a person who resides with You and is Your:

- legal spouse residing with You;
- unmarried child(ren) under age 19 who are/is financially dependent on You. The term child includes a stepchild, a foster child, an adopted child and a child legally placed with You, who is a prospective adoptive parent, even if the adoption has not been finalized.
- child, despite attaining age 19, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and dependent on You for financial support.

Doctor means a licensed practitioner of the healing arts acting within the scope of his or her license. The Doctor may not be a member of the Covered Person's immediate family. Doctor includes Doctor assistants, certified nurse practitioners, certified psychiatric mental health clinical nurse specialists, and certified nurse-midwives.

Home Health Care means:

- part-time nursing care, by or supervised by, a registered graduate nurse; part-time home health aide service which consists mainly of caring for the patient; physical, occupational, respiratory or speech therapy; nutrition counseling; medical social services by a qualified social worker licensed by the jurisdiction where services are rendered; medical supplies, prosthetic and orthopedic appliances, rental or purchase of durable medical equipment, drugs and medicines obtainable by prescription only, including insulin, but only to the extent that such charges would have considered covered expenses had the Covered Person required confinement in a hospital or in a skilled nursing facility.

Hospice Care means:

- Doctor services;
- Nursing care provided by or under the supervision of a registered professional nurse;
- Social services;
- Volunteer services; and
- Counseling services provided by a professional or volunteer staff under professional supervision.

Injury means bodily harm caused by an Accident, which results in loss. All Injuries sustained in one Accident, including related conditions, will be considered one Injury.

Loss means medical expense caused by Injury and Sickness and covered by the Policy.

Medical Emergency means the unexpected onset of an Injury or Sickness which 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 services, treatments or supplies which are: (1) recommended by a Doctor; (2) consistent with generally accepted medical practice for Injury or Sickness, as determined by Us; (3) considered appropriate by Doctors in the USA; (4) accepted as safe and reliable by a recognized medical specialty or board. The fact that a Doctor may prescribe, order or recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Pre-existing Condition means (1) a condition that manifested itself during the 6 months immediately preceding the Covered Person's effective date of coverage in such a manner as would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care or treatment was recommended or received; (2) a pregnancy existing on the Covered Person's effective date of coverage.

Reasonable and Customary Charge (R&C) means the normal and customary charge of the provider, incurred by the Covered Person, in the absence of insurance for a service or supply, but not more than the prevailing charge in the area.

Sickness (Sick) means illness or disease which begins or for which expense is incurred while coverage is in force under the Policy. Sickness includes normal pregnancy and complications of pregnancy. All related conditions and recurring symptoms of a Sickness will be considered one Sickness.

"We", "Our", or "Us" means Guarantee Trust Life Insurance Company.

"You", "Your", "Yours" means the Insured Student.

Consolidated Health Plans Preferred Provider Network

www.consolidatedhealthplan.com

The Consolidated Health Plans Preferred Provider Network is available throughout Massachusetts, providing access to quality health care at discounted fees. Consolidated Health Plans has negotiated Preferred Provider Organization (PPO) arrangements with certain Doctors, Health Care Providers and Hospitals for the benefit of students. These PPO arrangements are part of Your student health insurance program.

The PPO Providers, which have been selected for the insurance program typically agree to treat students for a reduced fee over the customary fees of Non-PPO Providers. As a student insured for health benefits through Massachusetts School of Law, You will receive the maximum benefit under the Policy when You use a PPO Provider.

THE PROGRAM DOES NOT REQUIRE YOU TO USE A PREFERRED PROVIDER, but if an Expense is incurred through a Preferred Provider, the Plan will pay:

- For an Outpatient Doctor Visit, at 90% of the Covered Charges after an \$8 per visit co-payment.
- For a Hospital Outpatient Department and Non Confined Emergency Room Visit, at 90% of the Covered Charges after a \$25 per visit co-payment.
- For an Outpatient Mental & Nervous Doctor's office visit, at 90% of the Covered Charges up to a maximum of \$500 per Policy year subject to an \$8 per visit co-payment.
- For an Outpatient Alcohol and Substance Abuse Doctor's office visit, at 90% of the Covered Charges up to a maximum of \$500 per Policy year subject to an \$8 per visit co-payment.
- For all Inpatient and other Outpatient services not listed above, negotiated discounts will decrease Your out-of-pocket expense.

Massachusetts School of Law has booklets listing the Consolidated Health Plans Preferred Providers, or You may call Consolidated Health Plans directly at (800) 633-7867 for assistance.

DESCRIPTION OF BENEFITS BASIC ACCIDENT AND SICKNESS BENEFITS

The Policy will pay 80% of Covered Medical Expenses incurred by a Covered Person due to a covered Sickness or covered Injury, up to a maximum benefit of \$25,000 per Sickness or Injury. Covered Medical Expenses for Pre-Existing Conditions are not covered in excess of \$1,500 until the covered person has been continuously Insured for a period of 6 months.

All expenses are subject to the deductibles, co-payments, co-insurance, limitations and exclusions as defined within the Plan. The payment of any deductibles, co-payments, the balance of any co-insurance amount, and any expenses not covered are the responsibility of the Insured Person.

Covered Medical Expenses are considered incurred on the date the treatment or service is rendered or the supply is furnished. Covered Medical Expenses are:

Hospital Room and Board: Hospital room and board and general nursing care while hospital confined, subject to the semi-private rate or intensive care unit rate, if applicable.

Miscellaneous Hospital Expense: Miscellaneous hospital charges incurred while hospital confined, including expenses for: anesthesia; operating room; laboratory tests; x-rays; oxygen tent; pre-admission tests; medicines or supplies; dressings; other non-room and board expenses; prescription drugs (excluding take-home drugs).

In-Hospital Doctor's Expense: Services of a Doctor during hospital confinement, limited to one visit per day. This benefit does not apply when related to surgery.

Ambulance Benefits - When, by reason of an Injury or Sickness, the use of a community or hospital ambulance for a Medical Emergency, We will pay a 100% of the actual charge up to a maximum of \$200.00 per Injury or Sickness.

Surgical Expense: Doctor's fee for surgery, on an inpatient or outpatient basis, up to \$5,000 per operation, based in accordance with data provided by Ingenix. When more than one surgical procedure is performed through the same incision or in immediate succession, the additional surgery will be covered at 50%.

Anesthesia Expense: Services of an anesthetist who is not employed or retained by the hospital in which the surgery is performed, up to 30% of the amount paid the surgeon.

Assistant Surgeon's Expense: Service of an assistant surgeon required by the hospital, or by the procedure, up to 30% of the amount paid the surgeon.

Second Surgical Opinion Expense: Consultation by a board certified specialist in the medical field relating to the surgical procedure to be performed. Covered Medical expenses include x-rays and diagnostic tests when elective surgery is recommended.

Outpatient Miscellaneous Expense: 80% of expense incurred for outpatient services, including surgery, provided in a Doctor's office, including chiropractor visits, hospital or outpatient department or emergency room, clinical lab, radiological facility or similar facility licensed by the state, up to a maximum benefit of \$1,500 for each Injury or Sickness subject to the following per visit Deductibles or Co-payment:

- Emergency Room, not resulting in a hospital admission - \$75
- Outpatient Department/Clinic - \$35 per visit
- Doctor's Office Visit - \$10

Doctor's Office Visits, Hospital Outpatient Department Visits and Emergency Room Visits to a Consolidated Health Plans Preferred Provider covered under this section will be paid at 90% after the applicable deductibles.

Ambulance Expense: After a \$25 per trip deductible, Covered Expenses are payable at 90% of the actual charge up to a maximum of \$125 per condition for the Medically Necessary services of a professional ground ambulance to or from a hospital.

Accidental Dental Expense: Covered Expenses are payable at 90% for treatment, services and supplies needed for the repair of Injury to sound natural teeth.

PRESCRIPTION DRUG BENEFIT

After a co-payment of \$3 for generic or \$10 for a brand name drug (per prescription), the cost of prescription drugs is payable in full, up to \$500 for the Policy year. Prescriptions must be filled at a "Express Scripts" Participating Pharmacy. Insured Persons will be given an ID card to show to the Pharmacy as proof of coverage. No claim forms need to be completed with this ID card. Until such card is received, You may fill prescriptions and be reimbursed by submitting a completed "Express Scripts" claim form. To locate a participating pharmacy and to obtain a claim form please contact your school or express scripts directly at 800-332-5455 or visit their web-site at www.express-scripts.com.

Not all medications are payable. The following is a partial list of those excluded: birth control pills, acne treatments, and vitamins (complete list of exclusions may be obtained by calling Express Scripts directly). Off-label use of prescription drugs for treatment of cancer, HIV, and AIDS are covered.

MEDICAL EVACUATION

In the event of a serious Illness or Sickness, the Plan will pay benefits up to \$10,000 to evacuate an Insured Person. Emergency medical evacuation must be approved in advance by the Company.

REPATRIATION

Covered Expenses are payable for those actual expenses incurred up to \$7,500 in the event of the death of an Insured Student in connection with the repatriation and transportation of the body to the Insured Student's place of residence in his/her home country, provided the Insured Student is studying outside his/her home country. The benefit does not include the transportation expense of anyone accompanying the body, nor does it extend to repatriation of spouses or children. Repatriation and emergency medical evacuation benefits are subject to the same exclusions existing in the Student Accident and Sickness Insurance Plan.

STATE MANDATED BENEFITS

Mental or Nervous Disorders Expense:

Inpatient: 80% for treatment in a mental hospital under the direction and supervision of the department of mental health, or in a private mental hospital licensed by the department of mental health. The period of confinement may be calculated by substituting 2 days of outpatient treatment at a community mental health center or other mental health clinic or psychiatric day treatment center licensed by the department of public health or 2 days of outpatient day treatment at a psychiatric hospital licensed by the department of mental health, for 1 day of inpatient hospital care.

Outpatient: 90% up to a maximum of \$1,500 over a 12-month period. Outpatient services must be furnished by a licensed or accredited health service organization or hospital, or by a fully licensed psychotherapist or psychologist or licensed independent clinical social worker. A \$10 per visit deductible will apply. ***Outpatient Doctor's Office Visits to a Consolidated Health Plans Preferred Provider covered under this section will be paid at 90% up to \$50 per visit not to exceed \$1,500 per Policy year after an \$8 co-payment.***

Substance Abuse Expense:

Inpatient: 80% for confinement in an accredited or licensed hospital or in any other public or private facility providing services especially for the detoxification or rehabilitation and which is licensed by the department of public health, or in a residential alcohol treatment program, up to 30 days in any calendar year.

Outpatient: 90% up to \$500, then 80% up to an aggregate maximum benefit of \$1,500 over a 12-month period. Outpatient services must be furnished by an accredited or licensed hospital or by any public or private facility or portion

thereof providing services especially for the rehabilitation of intoxicated persons or alcoholics. A \$10 per visit deductible will apply. *Outpatient Doctor's Office Visits to a Consolidated Health Plans Preferred Provider covered under this section will be paid at 90% up to \$1,500 per Policy year after an \$8 co-payment.*

Cytological Screening and Mammography Expense:

Benefits will be provided for:

- One cytological (pap smear) screening for ages 18 and over
- A baseline mammogram for ages 35 through 39
- A mammogram every year for women age 40 and over

Maternity Expense: If an Insured Person or spouse is pregnant, We will pay for any expenses incurred which are medically necessary including expenses for prenatal care, childbirth and post-partum care (including well baby care on the same basis as any other Sickness). Expenses for childbirth include hospital inpatient care of not less than 48 hours following a vaginal delivery or not less than 96 hours following a cesarean section, unless the attending physician, in consultation with the mother, makes a decision for an earlier discharge from the hospital.

Preventive and Primary Care Expense for Children: We will pay 80% of the Expense for preventive and primary care expenses actually incurred. These are for services rendered to a dependent child of an Insured Person from the date of birth through six years of age. These services are limited to the following: physical examinations, history, measurements, sensory screening, neuropsychiatric evaluation and development screening, and assessment at the following intervals: six times during the child's first year after birth, three times during the next year, annually until age six. Such services will also include hereditary and metabolic screening at birth, appropriate immunizations, and tuberculin tests, hematocrit, hemoglobin or other appropriate blood tests, and urinalysis as recommended by the Doctor.

Home Health Care: When, by reason of Injury or Sickness, an Insured Person incurs Expenses for covered home health care services, We will pay, after a \$50.00 deductible, 80% of the Reasonable and Customary Expense up to a maximum of 40 visits within 12 months from the date of the first home health care visit.

Hospice Care Benefits: We will pay 80% of the Eligible Expenses made by a licensed hospice care agency for services, which are furnished to a Covered Person at home, on an outpatient basis or on a back-up in-patient basis, as defined by the Department of Public Health.

Early Intervention Services Expense: We will pay 80% of the expense actually incurred up to a maximum of \$3,200 per policy year and \$9,600 over the total enrollment for Early Intervention Services. These services include occupational, physical and speech therapy, nursing care and psychological counseling. Expenses are payable for a dependent child of an Insured Person from birth until three months after the child's third birthday.

Cardiac Rehabilitation Expenses: We will pay 80% of the Eligible Expenses for the expense of Cardiac Rehabilitation if a Covered Person has a documented cardiovascular disease. We will pay for multidisciplinary, Medically Necessary treatment provided in either a Hospital or other setting. The treatment must meet standards promulgated by the Commissioner of Public Health. These standards include, but are not limited to, the requirement that Outpatient treatment be initiated within 26 after the diagnosis of the disease.

Bone Marrow Transplants for the Treatment of Breast Cancer: If a Covered Person has "metastatic breast cancer", We will pay 80% of the Eligible Expenses for the expense of a bone marrow transplant for the treatment of breast cancer.

Non-prescription Enteral Formulas Expense: We will pay up to \$2,500.00 per policy year for benefits for non-prescription enteral formulas which are medically necessary for the treatment of malabsorption caused by Crohn's disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal pseudo-obstruction, and inherited diseases of amino acids and organic acids.

Infertility Expense: If an Insured Person incurs medically necessary expenses for diagnosis and treatment of infertility, We will pay benefits on the same basis as any other Sickness. Covered charges include expenses such as those incurred for the following non-experimental infertility procedures: (1) artificial insemination; (2) in vitro fertilization and embryo

placement; (3) sperm, egg and/or inseminated egg procurement, processing and banking to the extent such costs are not covered by the donor's insurer, if any; and (4) Gamete Intra-Fallopian Transfer.

Glucose Monitoring for Diabetic Treatment Expense: If an Insured Person has insulin dependent diabetes, We will pay 80% of the Covered Charges for blood glucose monitoring strips for home use for which a Doctor has written an order and are medically necessary for the treatment of insulin dependent diabetes.

High Cost Procedures: Covered Charges are payable at 80% of the Reasonable and Customary Expense for specific procedures in excess of \$200.00, up to a maximum of \$2,000.00 per Injury or Sickness. Covered Charges for High Cost Procedures include but are not limited to charges for: C.A.T. Scan; Magnetic Resonance Imaging; and Laser Treatment performed on an outpatient basis. This benefit is payable in addition to any benefit under the Outpatient Benefits.

Additional Mandated Benefits: Coverage is also mandated by the Massachusetts State Board of Insurance for: biologically based mental illness; diagnosis and treatment of non-biologically-based mental, behavioral or emotional disorders for children and adolescents under the age of 19. A detail of these benefits may be found in the Policy on file at the College.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if a Covered 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 90 days after the Termination Date.

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

CONTINUOUSLY INSURED

Any Insured Person who has continuous coverage under this Plan and the Prior Plan shall be covered for conditions first manifesting themselves while Continuously Insured, except for benefits payable under prior policies in the absence of this Plan. Prior Plan means the Student Health Insurance Policy issued to the Policyholder immediately before this Policy or any other Qualifying Previous Health Plan, as defined.

SUBROGATION

If claims for an Injury or Sickness are incurred by an Insured Person, and it appears that the Injury or Sickness was due to the fault of someone else, the Plan will not pay for such claims until it has obtained documentation from the Insured Person establishing its reimbursement rights in accordance with the Plan.

LIMITATIONS

Coordination of Benefits

Benefits provided by the Policy are intended to augment any existing health insurance, which may apply to a Covered Person. Benefits are subject to coordination with any other group, blanket, franchise or prepaid policy or plan.

Pre-Existing Conditions Limitation

Pre-existing Conditions are not covered for the first 6 months following the Covered Person's effective date of coverage under the Policy. This limitation will not apply if, during the period immediately preceding the Covered Person's effective date of coverage under the Policy, the Covered Person was covered under prior creditable coverage for 6 consecutive months. Prior creditable coverage of less than 6 months will be credited toward satisfying the Pre-existing Condition limitation. This waiver of Pre-existing Conditions will apply only if the Covered Person becomes eligible and applies for coverage within 63 days of termination of her or her prior coverage. The Covered Person must provide us proof of prior Creditable Coverage.

"Creditable Coverage" means:

1. Any blanket or general policy of medical, surgical or health insurance, including this policy;
2. Any policy of accident or sickness insurance that provides hospital or surgical expense coverage;
3. Any non-group medical, surgical or hospital insurance;

4. Any non-group or group hospital or medical service plan issued by a non-profit hospital or medical corporation;
5. Any non-group health maintenance contract issued by a health maintenance organization;
6. Any self-insured or self-funded employer group health plan;
7. Any health coverage provided to persons serving in the Armed Forces of the United States;
8. Medicare or Medicaid

You must contact the administrator of Your prior Qualifying Coverage and secure and submit to us a Certificate of Coverage in order for Consolidated Health Plans to allow the credit.

The time for which You are covered under this plan may be eligible for credit toward satisfaction in a Plan under which You subsequently become covered. When Your coverage terminates under this plan, Consolidated Health Plans will, at Your request, issue a Certificate of Coverage to You for that purpose.

EXCLUSIONS

The Policy does not cover Loss nor provide benefits for:

1. Prescription medicines unless provided for under the Policy
2. Expenses for daily hospital room and board higher than the usual semi-private room charge and for higher than the usual charge for the Intensive Care Unit, if applicable.
3. Dental care or treatment other than the care of sound, natural teeth and gums required on account of an Injury resulting from an Accident while insured under this Policy.
4. Services and supplies furnished by the School infirmary, its employees, or Doctors who work for the School.
5. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescription therefor.
6. A Covered Person's loss which is caused by or results from their own: (a) intentionally self-inflicted injury, suicide or any attempt thereat; (b) voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the direction of a Doctor (Accidental injection of a Drug of a poisonous substance is not excluded); (c) commission or attempt to commit a felony; or (d) participation in a riot or insurrection.
7. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body.
8. An Injury that is caused by flight in (A) an aircraft, except as a fare-paying passenger; (b) and ultra light, hang-gliding, parachuting or bungee-cord jumping.
9. A Covered Person's loss which is caused by or results from a) declared or undeclared war or act of war; or, b) an Accident which occurs while the Covered Person is on active duty service in any Armed Forces. Send us proof of Service. We will refund any premium paid for this time. (Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.)
10. Any Loss which is covered by state or federal worker's compensation, employers liability, or occupational disease law.
11. Injury resulting from the practice and play of intercollegiate sports, including travel to and from the activity and practice unless specifically provided for in the Policy.
12. Outpatient Expense incurred for treatment of drug, alcohol, and mental or nervous disorders except as mandated.
13. Expense incurred for treatment of injuries resulting from any motor vehicle accident to the extent covered by other valid and collectible insurance, or third party action.
14. Expenses, which are reimbursable thereof, shall be covered as otherwise provided.
15. Routine preventive care or treatment except as may be mandated by law.
16. Expenses for the treatment of Temporomandibular Joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy.
17. Expense for Pre-Existing Conditions except as defined.
18. Treatment in any Veteran's Administration or Federal Hospital, except if there is a legal obligation to pay.

CLAIM PROCEDURE

HOW TO FILE A CLAIM

It is the student's responsibility to initiate the claim in order to obtain reimbursement.

1. Obtain a claim form from the Registrar's Office or Consolidated Health Plans.
Only one claim form needs to be submitted for each injury or sickness. No payment will be made until a claim form is received.
2. If itemized medical bills are available at the time the claim form is submitted, please attach them to the claim form

and mail them immediately to:

CONSOLIDATED HEALTH PLANS
195 Stafford Street
Springfield, MA 01104-3503
Toll Free: (800) 633-7867
Email info@consolidatedhealthplan.com
www.consolidatedhealthplan.com

3. Subsequent medical bills should be mailed promptly to the address above. Please be sure to include Your name, Social Security number and indicate that You are a student at Massachusetts School of Law.
4. Payment for Covered Expenses will be made directly to the hospital or physician unless the Insured Person submits paid receipts and itemized bills attached to the claim form.
5. For assistance with filing a claim or to inquire about the status of a claim, please contact the Claims Administrator directly at (800) 633-7867.
6. Make a copy of the completed claim form and any attachments for Your records.
7. You will receive an "Explanation of Benefits" when Your claims are processed. The Explanation of Benefits will explain how Your claim was processed according to the benefits of Your Student Accident and Sickness Insurance Plan. If You have any questions regarding the Explanation of Benefits, please contact Consolidated Health Plans at (800) 633-7867.

EXPRESS SCRIPTS CLAIM PROCEDURE

When filing a covered medication prescription, present Your Express Scripts ID Card to the pharmacist at the Express Scripts Participating Pharmacy with Your applicable co-payment. The pharmacy will directly bill Express Scripts, Inc. When You need to fill a prescription and do not have Your card with You, You may fill Your prescription at a Express Scripts participating network pharmacy and be reimbursed by submitting a completed Express Scripts claim form. You will be reimbursed for covered medications by Express Scripts, Inc. When You have questions regarding benefits or the status of a prescription claim, please contact Express Scripts, Inc. customer service at (800) 332-5455.

CLAIM APPEAL

To appeal a claim, send a letter stating the issues of the appeal to Consolidated Health Plan's Appeal Department at the address listed below. 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.

This is a brief description of the Plan Benefits. The exact provisions governing this insurance are contained in the Master Policy issued to Massachusetts School of Law.

Any provision of the Policy or this brochure which is in conflict with the statutes of the state in which the Policy is issued, will be administered to conform with the mandates of the state.

The Plan is underwritten by:
GUARANTEE TRUST LIFE INSURANCE COMPANY

Policy Number: 204-145-006-P

Claims Administrator:

Consolidated Health Plans

195 Stafford Street

Springfield, MA 01104-3503

Toll Free: (800) 633-7867

Email info@consolidatedhealthplan.com

www.consolidatedhealthplan.com

Servicing Broker:

University Health Plans, Inc.

15 Broad Street

Boston, MA 02109

Local: (617) 723-2120

Toll Free: (800) 437-6448

Email info@univhealthplans.com

www.univhealthplans.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 Lenses		\$5 discount
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.

**MASSACHUSETTS SCHOOL OF LAW ENROLLMENT FORM
FOR DEPENDENT COVERAGE BENEFIT
2001 - 2002**

Only students insured for the Basic Benefits may purchase dependent coverage. Purchase must be made at the same time as enrollment for the Basic Benefits, subject to the same enrollment deadlines. Dependents may not be enrolled for coverage without the student being enrolled for the Basic Benefits.

(Please print the following information.)

Student's Last Name First Initial

Street - Permanent Mailing Address

City State Zip

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

FULL YEAR ENROLLMENT
(8/1/01 - 8/1/02)

Premium

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> \$2,275.00 |
| <input type="checkbox"/> Each Child | <input type="checkbox"/> \$1,170.00 |

SPRING ENROLLMENT
(1/6/02 - 8/1/02)

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> \$1,520.00 |
| <input type="checkbox"/> Each Child | <input type="checkbox"/> \$ 783.00 |

2. Make Your check or money order for the applicable premium payable to:

Guarantee Trust Life Insurance Company

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

**University Health Plans, Inc.
15 Broad Street
Boston, Massachusetts 02109**