
STUDENT ACCIDENT AND SICKNESS INSURANCE PROGRAM 2007 – 2008

For Students of



SAINT JOHN'S SEMINARY
BRIGHTON, MASSACHUSETTS
AND
BLESSED JOHN XXIII
NATIONAL SEMINARY
WESTON, MASSACHUSETTS
NATIONWIDE LIFE INSURANCE COMPANY
Columbus, Ohio
Policy No: 302-069-2005

IMPORTANT NOTICE

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

NONDISCRIMINATORY

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

INTRODUCTION

This is a brief description of the Accident and Sickness Insurance Plan available for the students of Saint John's Seminary and Blessed John XXIII National Seminary students. The Plan is underwritten by Nationwide Life Insurance Company. The exact provisions governing this insurance are contained in the Policy issued to the Seminary and may be viewed at the school's office during scheduled student hours. The Policy shall control in the event of any conflict between this Brochure and the Policy.

PRIVATE HEALTHCARE SYSTEMS, INC. (PHCS) PREFERRED PROVIDER NETWORK

By enrolling in this Insurance Program, You have the PHCS Preferred Provider Network, except in the Western Massachusetts Counties of Hampden, Hampshire, Berkshire and Franklin where you have the CHP Preferred Provider Network, available to You throughout Massachusetts providing access to quality health care at discounted fees. A complete listing is available at www.phcs.com.

A Preferred Provider may require You to pay an annual fee for inclusion within the Preferred Providers panel of patients. Any services that are represented to be a part of the Preferred Provider's annual service agreement are part of that separate agreement and are not part of this Insurance Program.

THE PROGRAM DOES NOT REQUIRE YOU TO USE A PREFERRED PROVIDER, but if a Covered Medical expense is incurred through a Preferred Provider, the Program will pay:

- For covered Doctor's office visits, including Licensed Mental Health Professionals, 100% of the discounted fee, after payment of an \$8 per-visit Co-payment;
- For covered medical treatments other than Doctor's office visits, 80% coverage of the discounted fee, meaning that Your 20% share of the fee is also discounted.

Payments are subject to:

- An aggregate maximum benefit and to internal maximum benefits;
- Limits as stated in the Policy Schedule of Benefits; and
- Terms and conditions of the Policy and any Exclusions.

As an insured student with health benefits through Saint John's Seminary and Blessed John XXIII National Seminary, You will receive maximum benefits under the Policy when You use a PHCS PPO Provider.

If a Preferred Provider is not available in a particular area or specialty, the Policy will cover at the Preferred Provider level

until a provider has been added.

Coverage will be provided at the Preferred Provider level for a provider who is not a Preferred Provider for the first 30 days from the effective date of coverage if You are undergoing an ongoing course of treatment or the provider is Your primary care provider.

If You are terminally ill and the provider in connection with said Sickness is involuntarily disenrolled, other than for quality related reasons or fraud, You will be allowed to continue treatment with said provider, according to the terms of the Policy, until Your death.

Continued coverage is conditioned upon the provider agreeing to:

- Accept reimbursement at the rates applicable prior to notice of disenrollment as payment in full and not to impose cost sharing with respect to You in an amount that would exceed the cost sharing that could have been imposed if the provider had not been disenrolled; and
- Adhere to the Policy's quality assurance standards and to provide necessary medical information related to the care provided; and
- Adhere to the Company's policies and procedures.

Physician profiling information may be available from the Board of Registration in Medicine for physicians licensed to practice in Massachusetts.

We will provide coverage for mental health services by a person with recognized expertise in specialty pediatrics if You require such services.

For a listing of PHCS Preferred Providers, call PHCS at (866) 559-7427 or Consolidated Health Plans at (413) 733-4540 or toll free at (800) 633-7867 for assistance. You may also access information on PHCS's Providers through the website at: www.chpstudent.com, www.universityhealthplans.com, or www.phcs.com.

ELIGIBILITY

All registered students are required to participate in this program unless they can certify they have comparable coverage. This is a mandate of the Commonwealth of Massachusetts, issued by the Executive Office of Human Services, Department of Medical Security.

You may enroll in this Insurance Program only during the 31-day periods beginning with the start of the first and second semesters. If You are eligible for coverage and wish to enroll in the Program after these enrollment opportunities, You must present documentation from Your former insurance company that it is no longer providing You with personal accident and

health insurance coverage. Your effective date under this Program will be the date Your former insurance expired, if You make the request for coverage within 31 days after it expires.

Your premium for this coverage must accompany the request

TERM OF COVERAGE

The insurance under Saint John's Seminary and Blessed John XXIII National Seminary Student Accident and Sickness Insurance Plan for the Annual Policy is effective at 12:01 a.m. on September 1, 2007. An eligible student's coverage becomes effective on that date or the date the application and full premium are received by the Company or Servicing Agent, whichever is later. The Annual Policy terminates at 12:01 a.m. on September 1, 2008 or at the end of the period through which the premium was paid. For new students registered for the Second Semester, coverage is effective at 12:01 a.m. on January 5, 2008 and terminates at 12:01 a.m. on September 1, 2008.

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.

A Covered Person's coverage may be cancelled, or its renewal refused, only in the following circumstances: failure by the Covered Person or other responsible party to make payments under the Policy; misrepresentation or fraud on the part of the Covered Person; commission of acts of physical or verbal abuse by the Covered Person which pose a threat to providers or other insureds and which are unrelated to the Covered Person's physical or mental condition; relocation of the Covered Person outside the Policy's service area; or non-renewal or cancellation of the Policy through which the Covered Person receives coverage or the Covered Person is no longer a student or Dependent.

No Covered Persons were involuntary disenrolled within the past 2 years.

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.

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.

DEFINITIONS

Accident means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while You are insured under the Policy.

Biologically-Based Mental Disorders means those disorders described in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, referred to as "the DSM": schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder, delirium and dementia, affective disorders, and any biologically-based mental disorders appearing in the DSM that are scientifically recognized and approved by the commissioner of the department of mental health in consultation with the commissioner of the division of insurance.

CHP Preferred Provider means a provider in the Consolidated Health Plans network who contracts to provide services at a discounted rate.

Copayment means separate charge for certain Covered Medical Expenses which is paid by You.

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 treatment of Injury or Sickness pursuant to the terms of the Policy.

Creditable Coverage means any blanket or general policy of medical, surgical or health insurance, including the Policy; any policy of accident or sickness insurance that provides hospital or surgical expense coverage; any non-group medical, surgical or hospital insurance; any non-group or group hospital or medical service plan issued by a non-profit hospital or medical corporation; any non-group health maintenance contract issued by a health maintenance organization; any self-insured or self-funded employer group health plan; any health coverage provided to persons serving in the Armed Forces of the United States; or Medicare or Medicaid.

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 Your immediate family. Doctor includes podiatrists, dentist, chiropractors, certified registered nurse anesthetist, nurse practitioner and certified nurse midwife.

Emergency Medical Condition means a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of a Covered Person or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part.

A Covered Person has the option of calling the local pre-hospital emergency medical service system by dialing the emergency telephone access number 911, or its local equivalent, whenever a Covered Person is confronted with an Emergency Medical Condition which in the judgment of a prudent layperson would require pre-hospital emergency services. No Covered Person shall in any way be discouraged from using the local pre-hospital emergency medical services system, the 911 telephone number, or the local equivalent, or be denied coverage for medical and transportation expenses incurred as a result of such emergency medical condition.

Experimental/Investigative services and charges: Will not be considered experimental/investigative if successfully completed Stage III clinical trials of the United States Food and Drug Administration.

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 been considered covered expenses had You 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.

Licensed Mental Health Professional means a licensed physician who specializes in the practice of psychiatry, a licensed psychologist, a licensed independent clinical social worker, a licensed mental health counselor, or a licensed nurse mental health clinical specialist.

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

Mental Illness means either the Biologically-Based Mental Disorders; or rape-related mental or emotional disorders for victims of a rape or victims of an assault with intent to commit rape; or a Non-Biologically Based Mental, Behavioral or Emotional Disorder of a Child or Adolescent Under the Age of 19; or all other mental disorders described in the most recent edition of the DSM.

Non-Biologically-Based Mental, Behavioral or Emotional Disorders of a Child or Adolescent Under the Age of 19 means a disorder described in the most recent edition of the DSM which substantially interferes with or substantially limits the functioning and social interactions of such a child or adolescent; provided, that said interference or limitation is documented by and the referral for said diagnosis and treatment is made by the primary care Doctor, primary pediatrician, or a Licensed Mental Health Professional of such a child or adolescent or is evidenced by conduct, including, but not limited to: (1) an inability to attend school as a result of such a disorder, (2) the need to hospitalize the child or adolescent as a result of such disorder, or (3) a pattern of conduct or behavior caused by such a disorder which poses a serious danger to self or others. The Policy shall continue to provide such coverage to any adolescent who is engaged in an ongoing course of treatment beyond the adolescent's 19th birthday until said course of treatment, as specified in said adolescent's treatment plan, is completed and while the benefit contract under which such benefits first became available remains in effect, or subject to a subsequent benefits contract which is in effect.

PHCS Preferred Provider means a provider in the Private Healthcare Systems network who contracts to provide services at a discounted rate.

Pre-existing Condition means 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.

Reasonable and Customary Charge (R&C) means the usual amount charged by a Provider for a service or supply, regardless of insurance coverage, but not more than the amount charged by most providers in the same area for a similar service.

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

We, Our, or Us means Nationwide Life Insurance Company.

You, Your, Yours means the insured student.

BASIC ACCIDENT AND SICKNESS BENEFITS

Policy will pay 80% of Covered Medical Expenses, except as specifically stated, incurred by You due to a covered Sickness or covered Injury, up to a maximum benefit of \$50,000 per Sickness or Injury. Covered Medical Expenses for Pre-Existing Conditions are not covered in excess of \$1,500 until You have been continuously insured for a period of 6 months. Covered Medical Expenses are considered incurred on the date the treatment or service is rendered or the supply is furnished. Payments made to non-preferred providers shall be a percentage of the provider's fees, up to the reasonable and customary charge, and not a percentage of the amount paid to Preferred Providers. 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 Expense: Expenses paid at 100% for the use of a Medically Necessary ambulance for an Emergency Medical Condition to or from the hospital, up to a maximum of \$125 per Injury or Sickness.

Surgical Expense: For surgery on an inpatient or outpatient basis, up to a maximum of \$5,000 per condition, in accordance with data provided by Ingenix. No more than one surgical procedure will be covered when multiple procedures are

performed through the same incision or in immediate succession.

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 not to exceed \$1,500.

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 not to exceed \$1,500.

Outpatient Services: provided in a Doctor's office, Licensed Mental Health Professional's office, a community mental health center, home based services for Mental Illness, 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 \$5,000 for each Sickness or Injury, unless specifically stated elsewhere, subject to the following per visit Copayments:

1. If treated in a Doctor's/Chiropractor's office, the Copayment will be \$25 per visit.
2. If treated in the hospital outpatient department or walk-in clinic, the Copayment will be \$50 per visit.
3. If treated in the emergency room of a hospital and not admitted as an inpatient, the Copayment will be \$100 per visit.
4. **Doctor's office visits to a PHCS Preferred Provider or a CHP Preferred Provider will be paid at 100% after an \$8 Copayment.**

Physiotherapy Treatments: prescribed by a Doctor. The prescription must be for a stated number of treatments.

Prescription Drug Benefit: Prescription drugs to a maximum of \$500 per policy year after a \$10 co-pay per prescription or refill of a generic drug and a \$20 co-pay per prescription or refill of a brand name drug. Third tier brand name prescription drugs will be paid at 50%. Coverage for a prescription drug will not be excluded for the treatment of cancer on the grounds that the drug has not been approved by the U.S. Food and Drug Administration (FDA) for that indication, if such drug is recognized for treatment of such indication in one of the standard reference compendia, in medical literature, or by the commissioner under the provisions of section forty-seven L of the Massachusetts General Laws. Prescription Drug coverage shall also include Medically Necessary services associated with the administration of the drug.

Prescriptions must be filled at an "Express Scripts" Participating Pharmacy.

Covered Persons will be given an ID card to show the Pharmacy as proof of coverage. No claim forms need be completed once you receive this ID card. Until such card is received, you may fill prescriptions and be reimbursed by submitting a completed "Express Scripts" claim form. Claim forms can be obtained by calling Consolidated Health Plans at (800) 633-7867 or visiting their website at www.chpstudent.com. A directory of participating pharmacies is available, by calling Express Scripts directly at (800) 451-6245.

NOTE: Not all medications are payable. Medications not covered by this benefit include, but are not limited to, allergy serum, drugs whose sole purpose is to promote or stimulate hair growth (Rogaine, Propecia, Renova), appetite suppressants and smoking deterrents. A complete list of exclusions may be obtained by calling Express Scripts directly at (800) 451-6245.

Accidental Dental Expense: Treatment for Injury to sound natural teeth, payable at 100%, up to a maximum of \$200 per tooth.

Mental Illness Treatment for Biologically Based Mental Disorders; rape-related mental disorders; and nonbiologically based mental, behavioral or emotional disorders of children and adolescents under the age of 19 will be paid the same as any other Sickness, except the diagnosis and treatment of rape-related mental or emotional disorders will be paid only if the costs of such diagnosis and treatment exceed the maximum compensation awarded to such victims. Treatment will consist of inpatient, intermediate and outpatient services that permit active and noncustodial treatment to take place in the least restrictive clinically appropriate setting.

Mental Illness Treatment of all other Mental Disorders: which are described in the most recent edition of DSM, consisting of inpatient, intermediate and outpatient services that permit active and noncustodial treatment to take place in the least restrictive clinically appropriate setting. Treatment is limited during each 12-month period for a minimum of 60 days inpatient treatment and 24 outpatient visits.

Psychopharmacological Services and Neuropsychological Assessment Services Expense.

Treatment of Alcoholism and Chemical Dependency:

- **Inpatient:** Confinement in a 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:** Outpatient services furnished by a hospital or by any public or private facility or portion thereof providing services especially for the rehabilitation of intoxicated persons or alcoholics, up to \$500 per Policy Year.

The limitation on benefits for treatment of alcoholism and chemical dependency shall not apply when said treatment is rendered in conjunction with treatment of Mental Illness.

High Cost Procedure Expense: Covered Medical Expenses for high cost procedures in excess of \$200, such as, but not limited to, outpatient diagnostic C.A.T. Scans, Magnetic Resonance Imaging, and Laser treatments are payable at 80% of the negotiated charge (in-network) or 80% of reasonable & customary charge (out-of-network) to a maximum of \$2,000 per Injury or Sickness.

Home Health Care Services.

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.

Cardiac Rehabilitation: for a Covered Person who has a documented cardiovascular disease. Multidisciplinary outpatient treatment will be provided in either a hospital or other setting. Treatment must meet standards promulgated by the Commissioner of Public Health and be initiated within 26 weeks after the diagnosis of the disease.

Bone Marrow Transplant: for treatment of metastatic breast cancer. If a bone marrow transplant is not available from a Preferred Provider, benefits will be paid at the Preferred Provider level for services rendered by a non-preferred provider.

Non-prescription Enteral Formulas: up to \$2,500 per Policy year for non-prescription enteral formulas 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.

Diabetes: diagnosis and treatment expense for treatment of insulin-dependent, insulin-using, gestational and non-insulin-dependent diabetes. Benefit includes Expense for blood glucose monitors: blood glucose monitoring strips for home use: voice-synthesizers for blood glucose monitors for use by the legally blind: visual magnifying aids for use by the legally

blind: urine glucose strips: ketone strips: lancets: insulin: insulin syringes: prescribed oral diabetes medications that influence blood sugar levels: laboratory tests, including glycosylated hemoglobin, or HbA1c tests: urinary / protein / microalbumin and lipid profiles: insulin pumps and insulin pump supplies: insulin pens, so-called: therapeutic/molded shoes and shoe inserts for people who have severe diabetic foot disease when the need for therapeutic shoes and inserts has been certified by the treating Doctor and prescribed by a podiatrist or other qualified Doctor and furnished by a podiatrist, orthotist, prosthetist or pedorthist: supplies and equipment approved by the FDA for the purposes for which they have been prescribed and diabetes outpatient self-management training and education, including medical nutrition therapy.

Scalp Hair Prosthesis Expense: for prosthesis worn for hair loss suffered as a result of the treatment of any form of cancer or leukemia, payable up to \$350 per policy year.

Human Leukocyte Antigen Testing or Histocompatibility Locus Antigen Testing: that is necessary to establish bone marrow transplant donor suitability. The coverage shall cover the costs of testing for A, B or DR antigens, or any combination thereof, consistent with rules, regulations and criteria established by the department of public health.

Emergency Services: Expense for health care items and services furnished in an emergency department and all ancillary services routinely available to an emergency department to the extent they are required for stabilization of an Emergency Medical Condition. If You receive emergency services and cannot reasonably reach a Preferred Provider, payment for emergency services will be at the same level and in the same manner as if You had received treatment by a preferred provider.

Speech, Hearing and Language Disorders: Diagnosis and treatment of speech, hearing and language disorders by individuals licensed as speech-language pathologists or audiologists under the provisions of chapter 112, if such services are rendered within the lawful scope of practice for such speech-language pathologists or audiologists regardless of whether the services are provided in a Hospital, clinic or private office, payable the same as any other Sickness. Coverage shall not extend to the diagnosis or treatment of speech, hearing and language disorders in a school-based setting.

Cancer Clinical Trials: for Qualified Cancer Clinical Trials as defined in MA Chapter 257 subject to all other terms and conditions of the policy.

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.

OPTIONAL SUPPLEMENTAL INSURANCE PLAN

If You are enrolled in the Basic Student Accident and Sickness Insurance Plan, You are eligible to enroll in this Supplemental Insurance Plan.

When by reason of Injury or Sickness You incur Covered Medical Expenses, We will pay, after a \$50,000 deductible has been met under the Basic Student Accident and Sickness Insurance Plan, 100% of the Reasonable and Customary Expense up to an Aggregate Maximum of \$225,000 per Injury or Sickness.

Expenses payable under this benefit are for: (a) treatment by a Doctor/Surgeon; (b) hospital confinement; (c) services of a licensed nurse practitioner or RN; (d) x-ray services; (e) use of operating room, anesthesia, laboratory services; (f) prescribed medicines, plaster casts, surgical dressings; (g) or use of an ambulance and other Reasonable and Customary expenses incurred for the treatment of an Injury or Sickness.

Covered Medical Expenses are subject to the Exclusions described in this brochure. Mental Illness and Alcohol and Substance Abuse Expenses are not covered under this Supplemental Insurance Plan.

The coverage under this Supplemental Insurance Plan for the Annual Policy is effective at 12:01 a.m. on September 1, 2007. An eligible student's coverage becomes effective on that date

or the date the application or premium is received by the Company or Servicing Agent, whichever is later. The Annual Policy terminates at 12:01 a.m. on September 1, 2008 or at the end of the period through which premium is paid. Coverage for new students registered for the Second Semester is effective at 12:01 a.m. on January 5, 2008 and terminates at 12:01 a.m. on September 1, 2008. You must enroll by September 15, 2007 for the Annual coverage and by February 25, 2008 for the Second Semester.

All the terms and conditions of this Plan will apply to this Supplemental Insurance Plan.

To enroll in this Supplemental Insurance Plan, please contact J. Barry Driscoll Insurance Agency, Inc. at (781) 681-6656.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if You are 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 to You 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

If You have continuous coverage under this Plan and the Prior Plan, You 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 Saint John's Seminary and Blessed John XXIII National Seminary immediately before this Policy or any other Creditable Coverage, as defined. An insured student who is re-enrolled after November 3, 2007 will have a break in continuance coverage and not be covered for any Pre-Existing Condition over \$1,500 that originated before or during such break.

The purpose and intent of this provision will apply separately to the Supplemental Insurance Plan.

SUBROGATION

If, as a result of Injury or Sickness, claims are incurred as a result of another person's negligence, the Company has the right to seek reimbursement in accordance with the Policy.

EXCESS COVERAGE LIMITATION

No benefits are provided by the Policy for expenses which are reimbursable by any other valid and collectible hospital or insurance plan, but such charges in excess thereof shall be covered as otherwise provided.

PRE-EXISTING CONDITIONS LIMITATION

Covered Medical Expenses for Pre-Existing Conditions are not covered in excess of \$1,500 until You have been continuously insured for a period of 6 months. This limitation will not apply, if during the period immediately preceding Your effective date of coverage under the Policy, You were 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 You became eligible and applied for coverage within 63 days of termination of Your prior coverage. You must provide us with proof of Creditable Coverage.

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. Expenses for daily hospital room and board higher than the usual semi-private room charge or higher than the usual charge for the Intensive Care Unit, if applicable.
2. Expenses incurred for medical services, treatments and supplies for which no charge would have been normally made in the absence of insurance.
3. Surgery for the correction of refractive error and services in connection with eye examinations, eye glasses or contact lenses or hearing aids, except as required for a repair due to an Accident in which You sustain an Injury.

4. Loss resulting from participation in an illegal occupation, riot, civil commotion or act of terrorism; or committing, or attempting to commit, a felony.
5. Elective plastic or cosmetic surgery, unless resulting directly from an Injury which necessitated medical treatment within 24 hours of the Accident. This exclusion does not apply to cosmetic surgery made necessary by an Injury.
6. Loss resulting from air travel, except as a fare-paying passenger on a commercial airline.
7. Injury or Sickness resulting from war, declared or undeclared.
8. Injury sustained or Sickness contracted while in the armed forces of any country.
9. An occupational loss covered by any occupational benefit plan, Workers' Compensation Act or similar law except when mandated by law.
10. Treatment, services or supplies received in a governmental hospital unless You are legally obligated to pay such charges in the absence of insurance.
11. Outpatient Expense incurred for treatment of drug, alcohol, Mental Illness except as specifically stated.
12. 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.
13. Expenses, which are reimbursable by any other valid and collectible hospital or insurance, plan, but such charges in excess thereof shall be covered as otherwise provided.
14. Pre-existing Conditions, except as specifically stated.
15. Expenses for Prescription Medications, except as specifically stated.
16. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extractions of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia. This exclusion does not apply to the repairs to sound natural teeth caused by an injury. This exclusion does not apply to the removal of impacted wisdom teeth.
17. Injury resulting from participation in interscholastic, intercollegiate, or professional sports, including practices and conditioning, play or travel or arising from scuba diving, hang gliding, parachuting or bungee jumping.
18. Services normally provided without charge by the Seminary's Health Service, Infirmary or Hospital, or by health care providers employed by St. John's Seminary / Blessed John XXIII National Seminary.
19. Expense incurred for: vasectomy; breast reduction; sexual reassignment surgery; submucous resection

- and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; and circumcision and learning disabilities or disorders or Attention Deficit Disorder.
20. Routine physicals, preventive medicines, serums, vaccines, allergy testing, vitamins, or anti-toxins as prescribed.
 21. Services and charges that are determined to be Experimental/Investigational in nature.

CLAIM PROCEDURES

1. Notify the Claims Administrator, Consolidated Health Plans, within 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) 437-6448, or by accessing their website at www.chpstudent.com.
3. The completed claim form should be mailed within 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.
4. Itemized medical bills 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.***

Remember that each Injury or Sickness is a separate condition and separate claim form is required for each condition.

Within 45 days following receipt of the appropriate documentation, we will either (1) make payment for the services provided, (2) notify the provider or claimant in writing of the reason or reasons for nonpayment, or (3) notify the provider or claimant in writing of what additional information or documentation is necessary to complete the claim filing. If we fail to comply, We are required to pay, in addition to any reimbursement for health care services provided, interest on the benefits beginning 45 days after receipt of the properly documented claim at the rate of 1.5 percent per month, not to exceed 18 percent per year. These provisions do not apply

to claims that a carrier is investigating because of suspected fraud.

There is no utilization review performed on this policy.

CLAIM APPEAL

To appeal a claim, send a letter stating the issues of the appeal to Consolidated Health Plan's 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 Consolidated Health Plans.

Translation services are available to assist You, upon request, related to administrative services. This is a brief description of the Plan Benefits. The exact provisions governing this insurance are contained in the Policy issued to Saint John's Seminary and Blessed John XXIII National Seminary.

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:

NATIONWIDE LIFE INSURANCE COMPANY
Policy Number: 302-069-2005

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

www.chpstudent.com

Claims Administrator:

Consolidated Health Plans
195 Stafford Street
Springfield, Massachusetts 01104-3503
(800) 633-7867
www.chpstudent.com

Servicing Broker:

University Health Plans, Inc.
One Batterymarch Park
Quincy, MA 02169-7454
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@univhealthplans.com

Servicing Agent:
 J. Barry Driscoll Insurance Agency, Inc.
 600 Longwater Drive
 P.O. Box 9120
 Norwell, MA 02061
 (781) 681-6656

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.

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.cmv.com or call 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.