

Student Accident and Sickness Insurance Plan

Designed for the
Students of
WORCESTER ACADEMY
Worcester, Massachusetts
2012-2013

NATIONWIDE LIFE INSURANCE COMPANY

Columbus, Ohio

Policy Number: 302-107-2010

Effective August 1, 2012 to August 1, 2013

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.



This health plan satisfies **Minimum Creditable Coverage standards** and **will satisfy** the individual mandate that you have health insurance. Please see page 2 for additional information.

MASSACHUSETTS REQUIREMENT TO PURCHASE HEALTH INSURANCE:

As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website (www.mahealthconnector.org).

This health plan satisfies **Minimum Creditable Coverage** standards that are effective during the term of coverage as part of the Massachusetts Health Care Reform Law. If you purchase this plan, you **will satisfy** the statutory requirements that you have health insurance meeting these standards.

THIS DOCUMENT IS FOR MINIMUM CREDITABLE COVERAGE STANDARDS THAT ARE EFFECTIVE JANUARY 1, 2009. BECAUSE THESE STANDARDS MAY CHANGE, REVIEW YOUR PLAN MATERIAL EACH YEAR TO DETERMINE WHETHER YOUR PLAN MEETS THE LATEST STANDARDS.

If you have questions about this notice, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at www.mass.gov/doi.

ELIGIBILITY and EFFECTIVE DATE

All Students attending Worcester Academy are eligible for coverage. Worcester Academy foreign exchange students are required to enroll in the Student Health Insurance Plan. Coverage for insured students enrolled will become effective at 12:01 a.m. on **August 01, 2012**, and will terminate at 12:01 a.m. on **August 01, 2013**.

PREMIUM

Annual: \$998

REFUND OF PREMIUM

Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first thirty-one (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 thirty-one (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 ninety (90) days of withdrawal from school. Refunds for any other reason are not available.

TERMINATION OF COVERAGE

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.

No Covered persons were involuntarily disenrolled within the past two (2) years.

DEFINITIONS

Accident: 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.

Autism Spectrum Disorder means any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including autistic disorder, Asperger's disorder and pervasive developmental disorders not otherwise specified.

Actual Charge: The billed charge made for a covered service by the provider that furnishes it.

Aggregate Maximum: The maximum benefit that will be paid under the Policy for all Covered Medical Expenses incurred by a Covered Person that accumulate during the initial Policy Year and all subsequent Policy Years.

Biologically-Based Mental Disorders: 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, eating disorders, post traumatic stress disorder, substance abuse disorders, autism 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.

Coinurance: The percentage of Covered Medical Expenses payable by Nationwide under the Accident and Sickness Insurance Plan.

Covered Medical Expenses: Those charges for any treatment, service, or supplies performed or given under the direction of a Doctor for the treatment of an Injury or Sickness pursuant to the terms of the Policy which are: a) not in excess of the Reasonable Charges, or b) not in excess of the charges that would have been made in the absence of this coverage, and c) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits provision.

Covered Person: A covered student whose coverage is in effect under the Policy.

Creditable Coverage: 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 contracted 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.

Deductible: A specific amount of Covered Medical Expenses that must be incurred and paid for by the Covered Person before benefits are payable under the Plan. Deductible amounts are the responsibility of the Covered Person.

Doctor: 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, but is not limited to, podiatrists, dentists, chiropractors, certified registered nurse anesthetist, nurse practitioner and certified nurse midwife.

Elective Treatment: Medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Covered Person's effective date of coverage. Elective treatment

includes, but is not limited to: tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis, treatment for weight reduction, learning disabilities, temporomandibular joint (TMJ) dysfunction, immunization, vaccines, and routine physical examinations.

Emergency Medical Condition: 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 lay person 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, or, with respect to a pregnant woman, serious jeopardy to the fetus.

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 lay person 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 they have 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 the Covered Person required confinement in a hospital or in a skilled nursing facility.

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

Licensed Mental Health Professional: 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.

Mental Illness: Either 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: 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.

Pre-Existing Condition: A condition that manifested itself during the six (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.

Diagnosis, care or treatment shall not include any prior diagnosis of or prior treatment for infertility.

Prescription: An order of a prescriber for a Prescription Drug. If it is an oral order, it must be promptly put in writing by the Pharmacy.

Reasonable Charge: Only that part of a charge which is reasonable is covered. The Reasonable Charge for a service or supply is the lowest of:

- The provider's usual charge for furnishing it; and
- The charge Nationwide determines to be appropriate; based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made; and
- The charge Fair Health, Inc. determines to be the prevailing charge level made for it in the geographic area where it is furnished.

Sickness (Sick): Means illness of disease which begins or for which expense is incurred while coverage is in force under the Policy. Sickness includes normal pregnancy and complication of pregnancy. All related conditions and recurring symptoms of a Sickness will be considered one (1) Sickness.

We, Our, or Us: Means Nationwide Life Insurance Company.

You, Your, Yours: Means the insured student.

YOUR STUDENT INSURANCE BENEFITS SUMMARY

The following is a brief Summary of Benefits provided under a blanket Accident and Sickness Policy issued to Worcester Academy. You should refer to the Master Policy for a full description of terms, exclusions, and limitations applicable to the Plan. The benefits are subject to the imposition of Policy limitations and exclusions. All coverage is based on Reasonable Charge allowance unless otherwise specified Any charges in excess of the Reasonable Charge allowance are not covered under the Plan.

All Deductibles, the balance of any Coinsurance Amount, and any medical expenses not covered are the responsibility of the Covered Person.

This Plan always pays benefits in accordance with any applicable Commonwealth of Massachusetts Insurance Law(s).

Benefit Period	8/1/12-8/1/13
Aggregate Maximum	\$2,000,000
Policy Period Maximum	\$ 500,000

The prescription drug benefit includes hormone replacement therapy and contraceptive outpatient prescription drugs or devices approved by the U.S. Food and Drug

Administration. Coverage for a prescription drug will not be excluded for the treatment of cancer or HIV/AIDS 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 47L 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.

MANDATES

Mental Illness treatment for Biologically Based Mental Disorders; rape-related mental or emotional disorders; and Non-Biologically 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 the 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 twelve (12) month period for a minimum of sixty (60) days inpatient treatment and twenty-four (24) outpatient visits.

Psychopharmacological Services and Neuropsychological assessment services expense.

Diagnosis and treatment of Autism Spectrum Disorder (ASD) to residents of MA, including the following medically necessary care prescribed, provided or ordered for an individual diagnosed with ASD by a licensed physician or licensed psychologist: “Habilitative or rehabilitative care”, professional, counseling and guidance services and treatment programs, including, but not limited to, applied behavior analysis supervised by a board certified behavior analyst, that are necessary to develop, maintain and restore, to the maximum extent practicable, the functioning of an individual.

“Pharmacy Care”, medications prescribed by a licensed physician and health-related services deemed medically necessary to determine the need or effectiveness of the medications, to the same extent that pharmacy care is provided by the policy for other medical conditions.

“Psychiatric care”, direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.

“Psychological care”, direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.

“Therapeutic care”, services provided by licensed or certified speech therapists, occupational therapists, physical therapists or social workers.

Benefits for the diagnosis and treatment of Autism Spectrum Disorder may be subject to annual, lifetime dollar, or unit of service limitation but such limitations will not be less than those imposed for other comparable Sickness under this Policy.

Benefits that otherwise available to an individual under a health insurance policy will not be limited by us.

Coverage under this section shall not be subject to a limit on the number of visits a covered Person may make to an autism services provider.

Cytological Screening and Mammogram benefits will be provided for: one (1) cytological (Pap smear) screening for ages eighteen (18) and over; one (1) baseline mammogram for ages thirty-five (35) through thirty-nine (39); and one (1) mammogram every year for women age forty (40) and over.

Early intervention services delivered by certified early intervention specialists for children from birth until their third (3rd) birthday.

Home Health Care Services.

Hospice Care Services of a licensed hospice care agencies 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.

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 twenty-six (26) weeks after the diagnosis of the disease.

Bone Marrow Transplant for treatment of metastatic breast cancer.

Non-prescription Enteral Formulas Coverage for nonprescription enteral formulas ordered by a Doctor for home use 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. Coverage for inherited diseases of amino acids and organic acids shall include food products modified to be low protein in an amount not to exceed \$5,000 annually for any insured individual.

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.

Diagnosis and Treatment of Infertility, payable the same as any other Sickness. Infertility is a condition of a presumably healthy individual who is unable to conceive or produce conception during a period of one (1) year. Benefit includes expense incurred for the following non-experimental infertility procedures: artificial insemination; in-vitro fertilization and embryo placement; gamete intra-fallopian transfer; zygote intra-fallopian transfer; intracytoplasmic sperm injection for the treatment of male factor infertility; and sperm, egg and/or inseminated egg procurement and processing, and banking of sperm or inseminated eggs, to the extent such costs are not covered by the donor's insurer, if any. Coverage is not limited to sperm provided by the Covered Person's spouse.

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.

Maternity expense to include expenses for prenatal care, childbirth and postpartum care (including well baby care) on the same basis as any other Sickness. Benefit includes hospital inpatient care for forty-eight (48) hours following vaginal delivery and ninety-six (96) hours following a cesarean section. Any decision to shorten maternity stays shall be made by the attending Doctor in consultation with the mother, in accordance with regulations promulgated by the Department of Public Health. The Covered Person is entitled to one (1) home visit should they elect to participate in an early discharge.

Special Medical Formulas for treatment of phenylketonuria, tyrosinemia, homocystinuria, maple syrup urine disease, propionic acidemia, or methylmalonic acidemia in infants and children or to protect the unborn fetuses of pregnant women with phenylketonuria.

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.

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.

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 and Magnetic Resonance Imaging, and Laser treatments are payable at 100% of the Reasonable charge to the Policy Year maximum.

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.

Breast Reconstruction Incident to Mastectomy reconstruction of the breast on which the mastectomy has been performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and physical complications of all stages of mastectomy including lymphedemas; in a manner determined in consultation with the attending Doctor and patient.

Hormone Replacement Therapy for pre- and postmenopausal women.

Outpatient Contraceptive Services, including consultations, examinations, procedures and medical services related to contraceptive methods to prevent pregnancy approved by the U.S. Food and Drug Administration under the same terms and conditions for other outpatient services.

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

Prosthetic devices and repairs: payable the same as any other durable medical equipment as defined in M.G.L. c. 175 §47Z(a).

NON-DUPLICATION OF BENEFITS

This provision applies if a Covered Person is a) covered by any other group or blanket health care plan; and b) would, as a result, receive medical expense or service benefits in excess of the actual expenses incurred. In this case, the medical expense benefits that the Plan would pay will be reduced by such excess.

EXCESS BENEFITS

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

PRE-EXISTING CONDITIONS LIMITATION

Pre-existing Conditions are not covered for the first six (6) months following the Covered Person's effective date of coverage under the Policy. Pregnancy and infertility shall not be considered a Pre-existing Condition. 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 six (6) consecutive months. Prior Creditable Coverage of less than six (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 sixty-three (63) days of termination of his or her prior coverage. The Covered Person must provide us proof of prior Creditable Coverage.

EXCLUSIONS

The Plan neither covers nor provides benefits for the following:

1. Expenses incurred as a result of dental treatment, except for: a) Injury to sound, natural teeth; or b) extraction of impacted wisdom teeth as provided elsewhere in the Policy.
2. Expenses incurred for services normally provided without charge by the Policyholder's health service, infirmary, hospital, or by health care providers employed by the Policyholder.
3. Expenses incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision or hearing aids, or prescriptions or examinations except as required for repair caused by a covered Injury.
4. Expenses incurred as a result of Injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way, including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense, so long as they are not taken against persons who are trying to restore law and order.
5. Expenses incurred as a result of an Accident occurring in consequence of 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 scheduled airline maintaining regular, published schedules on a regularly established route.
6. Expenses incurred as a result of an Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
7. Expenses incurred as a result of Injury sustained or Sickness contracted while in the service of the armed forces of any country. Upon the Covered Person entering the armed forces of any country, the unearned pro-rata premium will be refunded to the Policyholder.
8. Expenses incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
9. Expenses incurred for plastic surgery, reconstructive surgery, cosmetic surgery, or other services and supplies, which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to:

- a. Improve the function of a part of the body that is not a tooth or structure that supports the teeth, and is malformed as a result of a severe birth defect (including cleft lip and webbed fingers or toes), or as a direct result of disease, or surgery performed to treat a Sickness or Injury.
- b. Repair an Injury (including reconstructive surgery for a prosthetic device for a Covered Person who has undergone a mastectomy), which occurs while the Covered Person is covered under the Plan. Surgery must be performed in the Policy Year of the Accident that causes the Injury or in the next Policy Year.
10. Expenses for Injuries sustained as a result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
11. Expenses incurred for blood or blood plasma, except charges by a hospital for the processing or administration of blood.
12. Expenses incurred by a Covered Person who is not a United States Citizen for services performed within the Covered Person's home country.
13. Expenses incurred for the treatment of temporomandibular joint (TMJ) dysfunction and associated myofascial pain unless otherwise provided in the Policy.
14. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
15. Expenses incurred for which no member of the Covered Person's immediate family has any legal obligation for payment.
16. Expenses incurred for custodial care. Custodial care means services and supplies furnished to a person mainly to help them in the activities of daily life. This includes room and board and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to: by whom they are prescribed, or by whom they are recommended, or by whom or by which they are performed.
17. Expenses incurred after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits provision.
18. Expenses covered by any other valid and collectible medical, health, or accident insurance to the extent that benefits are payable under other valid and collectible

insurance whether or not a claim is made for such benefits.

19. Expenses incurred as a result of commission of a felony.
20. Services and charges that are determined to be Experimental/Investigational in nature.
21. Expenses for treatment of Injury or Sickness to the extent payment is made, as a judgment or settlement, by any person deemed responsible for the Injury or Sickness (or their insurers).
22. Expenses incurred for or related to services, treatment, education testing, or training related to learning disabilities or developmental delays.
23. Expenses incurred for or related to sex change surgery or to any treatment of gender identity disorders.
24. Expenses incurred for routine physical exams, routine vision exams, routine dental exams, routine hearing exams, immunizations, or other preventive services and supplies, except to the extent coverage for such exams, immunizations, services, or supplies is specifically provided in the Policy.
25. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.
26. Expenses incurred for breast reduction, mammoplasty, unless specifically provided in the Policy.
27. Expenses incurred for gynecomastia (male breasts).
28. Expenses incurred for sinus surgery, except for acute purulent sinusitis.
29. Expenses for charges that are not Reasonable Charges, as determined through data provided by Fair Health, Inc.
30. Expenses for treatment of Covered Students who specialize in the mental health care field, and who receive treatment as part of their training in that field.
31. Expense for: a) care of flat feet; b) supportive devices for the foot; c) care of corns, bunions, or calluses; d) care of toenails; and e) care of fallen arches; weak feet; or chronic foot strain; except that c) and d) are not excluded when medically necessary because the Covered Person is diabetic or suffers from circulatory problems.
32. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Policy and performed while the Policy is in effect.
33. Expenses incurred for Pre-Existing Conditions.
34. Organ or Tissue Transplant.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage, except as specifically stated.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

This insurance coverage provides Accidental Death and Dismemberment coverage.

Benefits are payable for the Accidental Death and Dismemberment of the eligible insureds of up to a maximum of \$10,000. (Exclusions and limitations may apply. For definitions of eligibility and a complete loss schedule, detailing the benefits received for accidental death, dismemberment, loss of sight, speech or hearing, please refer to your Master Policy available at your school). To file a claim for Accidental Death and Dismemberment, please contact the **Administrator, Consolidated Health Plans, Inc.** for the appropriate claim forms.

REPATRIATION EXPENSE

This benefit will cover all insured International Students and domestic students on authorized study abroad programs, and their insured dependents. In the event of death of an Insured and when approved by the Company, payment will be made to prepare and ship the deceased's body to his/her home country, up to \$7,500.

MEDICAL EVACUATION EXPENSE

This benefit will cover all insured International Students and domestic students on authorized study abroad programs, and their insured dependents. When an Insured is hospitalized for Injury or Sickness for five (5) days in a row, payment will be made to evacuate that person to his/her home country or another facility, if medically necessary, up to \$10,000. The attending physician and the Company must approve the evacuation. With respect to International students, all coverage ends under the Policy once the evacuation takes place.

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

FrontierMEDEX ACCESS services is a comprehensive program providing You with 24/7 emergency medical and travel assistance services including emergency security or political evacuation, repatriation services and other travel assistance services when you are outside Your home country or 100 or more miles away from your permanent residence. FrontierMEDEX is your key to travel security.

For general inquiries regarding the travel access assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867.

If you have a medical, security, or travel problem, simply call FrontierMEDEX 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: 1-800-527-0218 or if you are in a foreign country, call collect at: 1-410-453-6330.

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. FrontierMEDEX will then take the appropriate action to assist You and monitor Your care until the situation is resolved.

This Brochure is intended only as a summary of the services available through the Policy. A complete listing and description of all benefits, limitations, and exclusions may be found in the Master Policy issued to Worcester Academy. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

The Plan will always pay benefits in accordance with any applicable Commonwealth of Massachusetts Insurance Law(s).

CLAIMS PROCEDURES

1. Itemized bills must be submitted within ninety (90) days from the date of treatment. The Covered Person's name and identification number need to be included.
2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.

Within forty-five (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 forty-five (45) days after receipt of the properly documented claim at the rate of 1.5 percent (1.5%) per month, not to exceed eighteen percent (18%) 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. Include your name, phone number, address, school attended and email address, if available.

Claims will be reviewed and responded to within sixty (60) days by Consolidated Health Plans.

You have the right to appeal to the Office of Patient Protection at 1-800-436-7757, fax: 1-617-624-5046 or visit www.state.ma.us/dph/opp.

Translation services are available to assist insured(s), upon request, related to administrative services.

This Brochure is a brief description of the Plan Benefits. The exact provisions governing the insurance are contained in the Policy issued to Worcester Academy. The Plan is underwritten by Nationwide Life Insurance Company. The exact provisions governing the insurance are contained in the Master Policy issued to the School, and may be viewed at the School's Health Services during normal business hours. Any discrepancy between this brochure and the Master Policy will be governed by the Master Policy.

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: 302-107-2010

For a copy of the Company's privacy notice to go:
www.consolidatedhealthplan.com/about/hipaa

Claims Administrator:
Consolidated Health Plans
2077 Roosevelt Avenue
Springfield, MA 01104
(800) 633-7867
www.chpstudent.com

Please visit our website to check claims status and eligibility.

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

VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:

www.chpstudent.com

YOUR STUDENT INSURANCE BENEFITS
SCHEDULE OF MEDICAL EXPENSE BENEFITS

The following is a brief Summary of Benefits provided under a blanket Accident and Sickness Policy issued to **Worcester Academy**. You should refer to the Master Policy for a full description of terms, exclusions, and limitations applicable to the Plan. The benefits are subject to the imposition of Policy limitations and exclusions. All coverage is based on Reasonable Charge allowance unless otherwise specified. Any charges in excess of the Reasonable Charge allowance are not covered under the Plan. All Deductibles, the balance of any Coinsurance Amount, and any medical expenses not covered are the responsibility of the Covered Person.

Benefit Period 8/01/12 to 08/01/13

Policy Period Maximum \$ 500,000

Aggregate Maximum \$2,000,000

INPATIENT – HOSPITAL / FACILITY BENEFITS

Room allowance, and general nursing services for illness, Injury, or pregnancy-related conditions	100% of Reasonable Charge
--	---------------------------

Ancillaries (operating room, treatment and recovery room, drugs and medications, anesthesia, lab, and X-ray)	100% of Reasonable Charge
---	---------------------------

Surgical, Surgical Assistant, Obstetrical, Anesthesia, and Consultative Services for Inpatient Care of illness and Injury	100% of Reasonable Charge
--	---------------------------

Inpatient Mental Nervous - Benefits are not limited for treatment of biologically based mental health conditions or for rape related mental or emotional disorders. Benefits are limited to a maximum of 60 days per Policy Year for treatment of non-biologically based mental conditions.	100% of Reasonable Charge
--	---------------------------

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

Emergency Room Care	100% of Reasonable Charge
----------------------------	---------------------------

Hospital Outpatient Care for Illness and Accidental Injury	100% of Reasonable Charge
---	---------------------------

Surgery	100% of Reasonable Charge
----------------	---------------------------

Outpatient Diagnostic Services, Radiology, Ultrasound and Nuclear Medicine, Laboratory and Pathology, EKG, EEG, and Other Electronic Diagnostic Procedures	100% of Reasonable Charge
---	---------------------------

Surgical, Surgical Assistant, Anesthesia, and Consultative Services	100% of Reasonable Charge
--	---------------------------

Physician Outpatient Care for Injury or Sickness	100% of Reasonable Charge
---	---------------------------

Preventive Health Care (Charges in excess of the Maximum Benefit Payable are not a Covered Medical Expense.) The maximum benefit does not apply to mandated benefits.	100% of Reasonable Charge (Maximum Benefit of \$100 per Policy Year)
--	--

Outpatient Mental Nervous – Benefits are not limited for treatment of a biologically based mental health condition or for rape related mental and emotional disorders. Treatment of a non-biologically based mental health condition is subject to a maximum of 24 visits per Policy Year.	100% of Reasonable Charge
---	---------------------------

Chiropractic Services	100% of Reasonable Charge
------------------------------	---------------------------

OTHER HEALTH CARE BENEFITS

Prescription Contraceptive Medical Expenses - Covered Medical Expenses also include any expenses incurred for office visits in conjunction with the administration of a covered prescription contraceptive. Coverage of oral contraceptives, Lunelle, Depo-Provera, contraceptive Patch and contraceptive Ring are provided under the separate Prescription Drug Benefit portion of the Plan.	Payable on the same basis as any expense.
--	---

Prescription Drug Benefit Expenses - Covered Medical Expenses for outpatient Prescription Drugs associated with a covered Sickness or covered Accident which occurs during the Policy Year. Medications not covered by this benefit include, but are not limited to: allergy sera, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables. Covered medications include oral contraceptives, Lunelle, Depo-Provera, Patch and Ring. Expenses incurred for office visits in conjunction with the administration of a covered prescription contraceptive are provided under the Medical portion of the Plan. 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.	100% of the Reasonable Charge
---	-------------------------------

Allergy Injections	100% of Reasonable Charge
---------------------------	---------------------------

Durable Medical Equipment Note: Covered Medical Expenses includes scalp hair prosthesis worn for hair loss suffered as the result of any form of cancer or leukemia.	100% of Reasonable Charge
---	---------------------------

Prosthetic Appliances and Medical Supplies	100% of Reasonable Charge
---	---------------------------

Home Health Care and Hospice Services	100% of Reasonable Charge
--	---------------------------

Diabetic Equipment and Self-Management Expenses	100% of Reasonable Charge
--	---------------------------

Bone Marrow Transplants For Breast Cancer (as required by Law)	100% of Reasonable Charge
---	---------------------------

Speech or Hearing Therapy Benefit - Covered Medical Expenses include expenses incurred for the diagnosis or treatment by a Physician for acute speech, hearing, and language disorders, but only if the charges are made for: Diagnostic services rendered to find out if and to what extent the Covered Person's ability to speak or hear is lost or impaired. Rehabilitative services rendered that are expected to restore or improve a Covered Person's ability to speak or hear.	100% of Reasonable Charge.
--	----------------------------

Arabic/عربي

إشعار بشأن خدمات الترجمة والترجمة الفورية

إننا نقدم، تلبية لطلب الراغبين، خدمات الترجمة والترجمة الفورية المتعلقة بالإجراءات الإدارية وتسيير المطالبات. ويمكنك الحصول على هذه الخدمة عن طريق الاتصال بقسم خدمة الزبائن Customer Service Department على الرقم: 1-800-633-7867

Cambodian(Khmer)/ ភាសាខ្មែរ

ការប្រកាស ស្តីពីការបំរើផ្នែកបកប្រែភាសាផ្ទាល់មាត់ និងភាសាសរសេរ

យើងផ្តល់ជូន ការបំរើផ្នែកបកប្រែភាសាផ្ទាល់មាត់ និងភាសាសរសេរ ប្រសិនបើអ្នកត្រូវការ នៅក្នុងទំរង់ការ ផ្នែកចាត់ចែង និងទំរង់ការធ្វើបណ្តឹង។ បើអ្នកត្រូវការ សូមទាក់ទងតាមទូរស័ព្ទ មកការិយាល័យ បំរើអតិថិជនយើង តាមលេខ ១៨០០-៦៣៣-៧៨៦៧។

Chinese(Mandarin)/ 國語

翻譯及傳譯服務通知

如果您提出要求，我們可以為您提供與行政手續和索賠申請有關的翻譯及傳譯服務。請與我們的客戶服務部聯絡，電話是1-800-633-7867（1-800-MED-STOP）。

English/English

Notice Regarding Translator and Interpretation Services

We provide, upon request, interpreter and translation services related to administrative procedures and claims processing. This service is available to you when you contact our Customer Service Department at 1-800-MED-STOP.

French/Français

Avis sur les services de translation et d'interprétation

Nous fournissons, sur demande, des services d'interprétation et de translation relatifs aux procédures administratives et au traitement des réclamations. Ce service est à votre disposition quand vous contactez notre service après-vente (Customer Service Department) à 1-800-MED-STOP.

Greek/Ελληνικά

Ειδοποίηση σχετικά με τις υπηρεσίες μετάφρασης και διερμηνείας

Παρέχουμε, κατ' απαίτηση, υπηρεσίες μετάφρασης και διερμηνείας σχετικά με τις διοικητικές διαδικασίες και τις διεργασίες αιτήσεων. Η υπηρεσία αυτή είναι διαθέσιμη σε εσάς όταν εσείς επικοινωνείτε με το τμήμα εξυπηρέτησης πελατών στο τηλεφωνικό αριθμό 1-800-MED-STOP.

Haitian Creole/Kreyòl

Avi sou sèvis tradiksyon ak entèpretasyon

Nou bay, lè ou mande li, sèvis tradiksyon ak entèpretasyon pou keksyon administratif ak reklamasyon. Pou jwen sèvis sa, rele Depatman Kliyan sou nimewo 1-800-MED-STOP.

Italian/Italiano

Avviso Riguardante Servizi di Traduzione ed Interpretazione.

Forniamo, su richiesta, servizi di interpretazione e traduzione relativi a procedure amministrative e procedimenti per reclami. Questo servizio è disponibile contattando il Servizio Assistenza Clienti al 1-800 MED-STOP.

Laotian/ ລາວ

ປະກາດກ່ຽວກັບການບໍລິການແປພາສາແບບປາກເປົ່າແລະແບບຂີດຂຽນ

ຕາມຄໍາຂໍ້, ພວກເຮົາຈະໃຫ້ການບໍລິການດ້ານການແປພາສາແບບປາກເປົ່າ ແລະແບບຂີດຂຽນ ຊຶ່ງກ່ຽວກັບການປະຕິບັດດ້ານການບໍລິຫານ ແລະການດໍາເນີນການທຸກໆເອົາການຊ່ວຍເຫຼືອຕ່າງໆ. ການບໍລິການນີ້ ຈະມີໃຫ້ເມື່ອທ່ານຕິດຕໍ່ ໄປຫາຝ່າຍປະຊາສໍາພັນຂອງພວກເຮົາ ທີ່ເບີໂທ 1-800-MED-STOP (633-7867).

Portuguese/Português

Informação sobre serviços de Tradução e Interpretação

Nós fornecemos, mediante solicitação, serviços de tradução e interpretação relacionados a procedimentos administrativos e processamento de reclamações. Este serviço encontra-se à sua disposição quando Você contatar o nosso Departamento de Atendimento ao Consumidor: 1-800-MED-STOP.

Russian/Русский

Объявление: услуги устных и письменных переводчиков

По требованию клиентов мы предоставляем услуги устных и письменных переводчиков для оказания помощи в вопросах, связанных с административными процедурами и обработкой заявлений. Для того, чтобы воспользоваться услугами переводчика, обратитесь в Отдел обслуживания клиентов по телефону 1-800-MED-STOP.

Spanish/Español

Aviso sobre servicios de interpretación y traducción

Nosotros podemos ofrecerle, si usted lo solicita, servicios de traducción relacionados con procedimientos administrativos y procesamiento de reclamos. Este servicio se encuentra disponible cuando usted habla con el departamento del servicio al consumidor al 1-800-MED-STOP.