

# Student Accident and Sickness Insurance Program

Designed for the Students of



BECKER COLLEGE

BECKER COLLEGE  
2010-2011

Underwritten By:  
Security Mutual Life Insurance Company  
of New York

Policy Number: 2010I5A51  
Effective August 15, 2010 to August 14, 2011

## IMPORTANT NOTICE

This brochure / certificate provides a brief description of the important features of the Policy. Terms and conditions of the coverage are set forth in the Policy on file at the college. Please keep this certificate with your important papers.



This health plan satisfies **Minimum Creditable Coverage standards** and **satisfies** the individual mandate that you have health insurance. Please see page 4 for additional information.

## Becker College Student Accident and Sickness Insurance Plan

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## BECKER COLLEGE STUDENT HEALTH SERVICES

The Becker College Student Health Services is located on the first floor of the Student Center on the Leicester Campus. The hours are Monday through Thursday 9:00 A.M. 4:00 P.M. and Friday 9:00 A.M. 2:00 P.M. A physician is available by appointment on Tuesdays between the hours of 1:00 P.M. and 4:00 P.M.

Student Health Services at Becker College offers a multidisciplinary model of health care. A variety of services beneficial to the student are available. These services include educational support, which promotes optimal health and wellness.

### Eligibility

The services performed at Health Services are provided FREE to Becker College Students, regardless of insurance. In order to receive treatment, the student must have a complete medical record on file and be compliant with state mandated requirements.

If you did not complete or receive a Student Health Record form it can be downloaded from the Health Services section of the Becker College website ([www.becker.edu](http://www.becker.edu)) under the Student Life tab.

### Services

The services listed below are available at **NO CHARGE** to Becker College Students. At times, when the services recommended are beyond the scope of those available at Health Services, a student will receive a referral to an outside provider or lab facility. When receiving services from a provider outside of Health Services, the student will be responsible for all charges and will, therefore, need to use their personal insurance benefits. Please have your insurance card with you on campus.

Services provided at Health Services:

- Free over the counter medication (limited)
- On-site medical treatment for most minor illnesses
- Immunizations
- Tuberculosis testing
- Blood pressure screening
- Blood glucose screening
- Pregnancy testing
- Strep testing
- Wellness promotion
- Sport physicals (upper classmen only)

## BECKER COLLEGE SCHEDULE OF MEDICAL EXPENSE BENEFITS

When waiver Accident and Sickness Coverage is selected, this Plan provides benefits for the charges incurred by an Insured person for Loss due to a Covered Accident up to an additional \$25,000 or for a Covered Sickness up to a \$50,000 aggregate maximum, unless otherwise stated, for each Accident or Sickness. Benefits will be paid for each service as scheduled below:

<b>Maximum Benefit per Covered Accident or Covered Sickness per Plan Year</b>	\$50,000
<b>INPATIENT CARE EXPENSE</b>	
<b>Hospital Room and Board Expense:</b> semi-private room rate, general nursing care and intensive care unit	80% of U&C
<b>Hospital Miscellaneous Expense:</b> operating room, laboratory tests, x-ray examinations, anesthesia, physiotherapy services, and other necessary treatment when prescribed by a physician	80% of U&C
<b>Surgeon Expense:</b> No more than one (1) surgical procedure will be covered when multiple procedures are performed through the same incision or immediate succession. Reimbursement based on the current Nationally Recognized Payment System	80% of U&C up to a combined maximum of \$5,000
<b>Assistant Surgeon</b>	80% of U&C up to a combined maximum of \$1,500. Included in Surgeon Expense
<b>Anesthetist Expense</b>	80% of U&C up to a combined maximum of \$1,500. Included in Surgeon Expense
<b>Physician Visit, (non-surgical visit)</b> limited to one (1) visit per day	80% of U&C
<b>Second Surgical Opinion Expense</b>	100% of U&C up to a maximum of \$50 per surgery
<b>Pre-Admission Testing Expense</b>	Paid under Hospital Miscellaneous Expense
<b>OUTPATIENT CARE EXPENSE</b>	
<b>Surgeon Expense:</b> No more than one (1) surgical procedure will be covered when multiple procedures are performed through the same incision or immediate succession. Reimbursement based on the current Nationally Recognized Payment System	80% of U&C up to a combined maximum of \$5,000
<b>Assistant Surgeon</b>	80% of U&C up to a combined maximum of \$1,500. Included in Surgeon Expense
<b>Anesthetist Expense</b>	80% of U&C up to a combined maximum of \$1,500. Included in Surgeon Expense
<b>Second Surgical Opinion Expense</b>	100% of U&C up to a maximum of \$50 per surgery
<b>Day Surgery Miscellaneous Expense</b> (outpatient Hospital services for surgery)	80% of U&C up to a combined maximum of \$5,000
<b>Outpatient Miscellaneous Expense</b> includes: physician/consultant visit, chiropractic care, emergency room, laboratory tests, diagnostic x-ray, physiotherapy and hospital outpatient department services.	80% of U&C, up to a maximum of \$1,500 per Accident or Sickness
<b>High Cost Outpatient Procedures Expense</b> , in excess of \$200 up to \$2,000, includes CT scan, MRI, and Laser Treatment	80% of U&C
<b>MENTAL HEALTH EXPENSE BENEFIT</b>	
Non-Biologically Based Mental Illness Confinement Benefits – Up to 60 days for mental illness in 12 month period Outpatient Benefits – Up to 24 visits in a 12 month period Intermediate Services Benefit, including Level III community base detoxification; acute residential treatment; day treatments; crisis stabilization	Paid the same as any other Covered Sickness Paid the same as any other Covered Sickness  Same as for any other Covered Sickness
Biologically Based Mental Illness, including inpatient, outpatient, intermediate services and prescription drugs	Same as any other Covered Sickness. Any limitations for non-biologically based mental illness do not apply.
Rape Related Mental or Emotional Disorders	Same as any other Covered Sickness when expenses exceed the maximum compensation awarded under MA State Law.
Treatments for Children and Adolescents under the age of 19 for the diagnosis and treatment of non-biologically based mental, behavioral or emotional disorders	Same as any other Covered Sickness.
Psychopharmacological Services	Paid the same as any other Covered Sickness
<b>ADDITIONAL BENEFITS</b>	
<b>Prescription Drug Expense</b> , including contraceptive drugs and devices, through Express Scripts.	\$5 for a 30-day supply of a generic drug or \$20 for a 30-day supply of a brand name drug up to \$500 Per Policy Year
<b>Ambulance Expense</b> (ground ambulance only)	\$300 Maximum after a \$25 Deductible
<b>Dental Accident Expense</b>	80% of U&C up to a maximum of \$1,500
<b>Durable Medical Equipment:</b> braces (non-replacement) and non-dental prosthetic devices	100% of U&C to a maximum of \$500
<b>Club Sport Expense</b>	Same as any other Covered Injury
<b>Voluntary Termination of Pregnancy Expense:</b> this benefit is paid in lieu of all other Inpatient or Outpatient benefits	Same as any other Covered Sickness
<b>Routine Physical Examination Expenses</b>	\$100 per Plan year, limited to one (1) exam

See brochure pages 12-15 for a description of the benefits mandated in the state of Massachusetts.

- Health education through presentations, workshops and health brochures
- Consultations with medical professionals as needed
- Maintenance of medical records in a secured, locked facility

**Contact Information**

Phone: (774) 354-0464

Fax: (508) 892-9917

**STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN**

Massachusetts Law requires that your insurance be equivalent to or better than the State's minimum standards. Becker College's Student Accident and Sickness Insurance Plan exceeds the minimum standards and is designed to meet Students needs while on campus and throughout the policy year. This brochure is a brief description of the Student Accident and Sickness Insurance Plan made available through Becker College. If you currently have coverage, it is your responsibility to determine that it meets or exceeds the coverage available through Becker College's Student Accident and Sickness Insurance Plan.

Often, a student covered by a Health Maintenance Organization (HMO) or a managed care policy at home has limited or no benefits while at College, other parts of the U.S. or in a foreign country. When reviewing your current policy, make sure that it will cover you while you are a student at Becker College. It must also provide access to care in the Becker College area, and provide comprehensive coverage beyond just emergency care, to include physician and hospital services, and prescription drug coverage.

This Plan is underwritten by Security Mutual Life Insurance Company of New York and serviced by University Health Plans.

CERTIFICATE OF BLANKET STUDENT HEALTH INSURANCE  
(Non-Participating)

Issued by:

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

Home office – 100 Court Street  
Binghamton, New York 13902-1625  
School Plans Service Office – 70 Genesee Street  
Utica, New York 13502

In this certificate an Insured Person will be referred to as "You" or "Your". Security Mutual Life Insurance Company of New York will be referred to as "We", "Us", or "Our". Other important words and terms are defined in the section on Definitions.

We have issued a Blanket Student Health Insurance Policy to Becker College. This certificate establishes that You and certain Dependents, if Dependent coverage is available and selected, are covered by the described insurance, subject to the terms and conditions of the Master Policy.

This certificate describes the benefits, important provisions, exclusions and limitations to the Master Policy. This certificate is not the insurance contract. Only the actual provisions of the Master Blanket Policy will control. Insurance under the Master Policy is effective only if You become and remain insured.

The Master Policy has been issued and delivered to Becker College.

All periods of insurance will begin at 12:01 A.M. on August 15, 2010 and will end at 11:59 P.M. on August 14, 2011, local time, at the address of the Policyholder.

**STUDENT ELIGIBILITY AND ENROLLMENT**

Massachusetts Law mandates that all full-time and three quarter (3/4) time students have health insurance coverage. To ensure compliance with the law, Becker College students will automatically be enrolled in and billed for the Student Accident and Sickness Insurance Plan, unless the Waiver Section of the Online Form is completed. Part time students with less than 3 credits per semester are eligible to enroll if the student participates in a degree-granting program.

**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](http://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.

**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](http://www.mass.gov/doi).**

**ONLINE STUDENT WAIVER PROCESS**

Students who do not want to enroll in the Student Accident and Sickness Insurance Plan can waive coverage if they can document proof of comparable coverage in another health insurance plan that will be in effect through 11:59 P.M. on August 14, 2011. Recognizing that health insurance situations may change, each year students will be asked to provide proof of comparable coverage in order to waive participation in the Student Accident and Sickness Insurance Plan. To document proof of comparable coverage, students need to complete the online Waiver Form and submit it by the deadline.

To submit the online Waiver Form:

- Go to [www.universityhealthplans.com](http://www.universityhealthplans.com);
- Click on Becker College;
- Select your student type;
- Read the "Before You Begin Your Waiver Form" information;
- Click the "Waive" link;
- Fill in all required fields;
- Click on "Apply"; and
- Print confirmation page.

The online Waiver process is the only accepted process for making your insurance selection. The deadline for processing the online waiver is October 1, 2010 for students enrolling in the fall and February 18, 2011 for students newly enrolling in the spring term. **Students who do not submit the online Waiver Form by the deadline will be automatically enrolled in the Student Accident and Sickness Insurance Plan and the fee will remain on their student account bill.**

**DEPENDENT ELIGIBILITY AND ENROLLMENT**

Insured Students who are enrolled in the Student Accident and Sickness Insurance Plan may also enroll their dependents. An Eligible dependent is a spouse residing with the Insured Student or an unmarried child to age 26 or two (2) years after loss of dependent status under Internal Revenue Code whichever occurs first. Dependent eligibility expires concurrently with that of the Insured Student.

To enroll a dependent, the Insured Student must complete the online form and submit payment for the additional premium by the deadline of September 19, 2010 for the students enrolling in the fall and January 30, 2011 for students newly enrolling in the spring term. Go to: [www.universityhealthplans.com](http://www.universityhealthplans.com), select Becker College and then type your student type.

The Dependent Enrollment Form link will appear on the left. Payment for dependent coverage is in addition to the fee for your individual student coverage. Coverage is not effective until the start date shown in the Plan Costs and Period Coverage section.

Students may also enroll their dependents within 31 days of an eligible qualifying event. Eligible qualifying events for a dependent are defined as birth or marriage (to the Insured Student). Students interested in enrolling their dependents because of a qualifying event should contact University Health Plans for an enrollment form and premium information. Coverage will be effective as of the date of the qualifying event. Enrollment requests (including payments) received by University Health Plans after the 31 days following the qualifying event will not be accepted.

**POLICY TERM AND PLAN COSTS**

The insurance under Becker College's Student Accident and Sickness Insurance Plan for the annual plan is effective from 12:01 A.M. on August 15, 2010 through 11:59 P.M. on August 14, 2011. The Spring semester is effective from 12:01 A.M. on December 20, 2010 through 11:59 P.M. on August 14, 2011. An eligible student's coverage becomes effective on that date or in the case of a qualifying event, the date the application and full premium are received by the college or University Health Plans, whichever is later.

**PLAN COSTS AND PERIOD OF COVERAGE**

<b>Basic Accident and Sickness</b>	<b>Annual 8/15/10-8/14/11</b>	<b>Spring Term 12/20/10-8/14/11</b>
Student	\$1,150	\$767
Spouse	\$2,436	\$1,626
Child(ren)	\$1,949	\$1,296

**PREMIUM REFUND POLICY**

Refunds will be provided when an Insured Person enters the Armed Forces of any country.

**DEFINITIONS**

**Accident** means a sudden, unexpected and unintended event which is identifiable and caused solely by an external physical force resulting in Injury to an Insured Person. Accident does not include a loss arising out of a health condition or health impairment.

**Co-payment** means that portion of eligible Expenses which is payable by the Insured Person. Co-payments do not apply toward the Deductible and coinsurance obligations.

**Covered Medical Expense** means Usual and Customary charges for services, supplies, or treatments which are: 1) not in excess of

the maximum benefit amount payable per service as specified in the Schedule of Benefits; 2) made for services and supplies included in the Schedule of Benefits; 3) in excess of the amount stated as a Deductible, Co-payment or Coinsurance, if any.

**Deductible** means the amount an Insured Person is required to pay as provided by the applicable coverage under the policy in the event of a Loss.

**Elective Surgery or Elective Treatment** means surgery or medical treatment that is not necessitated by a pathological or traumatic change in the function or structure of any part of the body which occurs after the Insured Person's effective date of coverage. **Elective Treatment** includes, but is not limited to, treatment for acne, warts and moles removed for cosmetic purposes, weight reduction, learning disabilities, routine physical examinations, pre-marital examinations, preventive medicines or vaccines except when required for the treatment of a Covered Injury or Sickness. **Elective Surgery** includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, submucous resection and/or other surgical correction for a deviated septum, other than for necessary treatment of acute sinusitis. Elective surgery does not include cosmetic surgery required to correct an abnormality caused by a Covered Injury or Sickness.

**Hospital** means a licensed institution including a tax supported institution of the state, which has on the premises, or prearranged access to, medical and surgical facilities. It must maintain permanent facilities for the care of overnight resident patients under the care of a Physician. It must have a Registered Nurse (R.N.) always on duty or call. Confinement in the special wing of a Hospital used primarily as nursing, rest, convalescent or extended care facility is not confinement in a hospital, unless such confinement is because of a lack of space in the hospital's full service wing.

**Covered Injury** means bodily harm caused by an accident, which occurs while this policy is in force and is the sole cause of the Loss.

**Insured Person** means an eligible student or an eligible student's Dependent Who is covered under this plan.

**Loss** means medical Expenses caused by Injury or Sickness and covered by this Plan.

**Mental Illness** means either: 1) The thirteen (13) biologically based mental disorders appearing in the most recent edition of the Diagnostic and Statistical Manual (DSM); or 2) Rape-related mental disorders for victims of a rape or victims of an assault with intent to commit rape; or 3) A non-biologically based mental,

behavioral disorder described in the DSM that substantially interfere with or substantially limit the function of a student under the age of 19; or 4) Any biologically based mental disorders appearing in the DSM that are scientifically recognized and approved by the Commissioner of the Department of Mental Health (DHM) in consultations with the Division of Insurance (DOI); or 5) All other mental disorders described in the most recent edition of the DSM.

**Physician** means a licensed doctor of medicine (MD), doctor of osteopathy (DO), chiropractor (DC), podiatrist (DPM), dentist (DDS or DMD), optometrist (OD), psychologist (PhD), licensed independent clinical social worker (LICSW), licensed nurse mental health clinical specialist, licensed mental health counselor and any other license practitioner including a nurse practitioner, physician assistant, nurse midwife, or nurse anesthetist who is required to be reimbursed by state law. A physician must be acting within the scope of their license. This definition does not include someone who is related to the Insured Person by blood, marriage, or adoption or who is normally a member of the Insured Person's household.

**Pre-existing Condition** means any condition during the 6 months immediately preceding the effective date of coverage, for which medical advice, diagnosis, care or treatment was recommended or received. A condition will not be considered Pre-existing once an Insured Person has been covered for six (6) months following the effective date of coverage.

**Covered Sickness** means disease or illness which causes a Loss while the Insured Person is covered by this policy. Sickness includes normal pregnancy and complications of pregnancy.

**Usual and Customary Expense** means an Expense which: (a) is charged for treatment, supplies or medical services necessary when recommended by the attending physician to treat the Insured Person's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies, or medical services in the locality where the Expense is incurred.

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

**You, Your or Yours** means the Insured Person.

## **MANDATORY ACCIDENT EXPENSE PLAN**

All Students are automatically enrolled in the Accident Only Plan on a Mandatory basis. The Company will pay 80% of Usual and Customary (U&C) Charges up to a maximum benefit for any one (1) Accident up to \$25,000 per policy year for covered Expenses incurred as a result of a Covered Injury sustained while coverage for the Insured Person is in force. Treatment must commence within 60 days of the date of Accident and Expense must actually be incurred within the policy term. Covered Expenses include x-ray, laboratory tests, surgery, Physician's visits, nursing care, hospital care and treatment, prescription drugs and other necessary treatment. These benefits are subject to all other terms, conditions and limitations of the plan. Please refer to the Schedule of Benefits for specific benefit limitations.

## **PRESCRIPTION DRUG BENEFIT**

The Prescription Program is available through the Express Scripts Pharmacy Network. The Express Scripts Pharmacy Network includes national pharmacy chains such as CVS, Brooks, Walgreen's, and Rite Aid, as well as local independent pharmacies. After a \$5 co-payment for a 30-day supply of a generic drug and a \$20 co-payment for a 30-day supply of a brand name drug, a prescription will be reimbursed at 100% up to a maximum of \$500 per policy year. Insured Persons will be given an ID to show to the pharmacy as proof of coverage. If a prescription needs to be filled prior to receiving the ID card, reimbursement will be made upon submitting a completed Rx claim form (claim forms can be obtained from Consolidated Health Plans.) To locate a participating Express Scripts Pharmacy, please call Consolidated Health Plans at 1-800-633-7867 or visit Express Scripts website at [www.express-scripts.com](http://www.express-scripts.com). Not all medications are covered, for example vitamins or food supplements, smoking deterrents, drugs to promote hair growth or weight loss, immunizations, and experimental drugs.

## **TRAVEL BENEFITS**

All Services or benefits provided in this policy and outlined below must be pre-approved by Us or our representative.

## **EMERGENCY MEDICAL EVACUATION**

This benefit is available to International Students or students participating in a Becker College Study Abroad Program. When as a result of a Covered Accident or Sickness, You or Your covered dependent is hospitalized for five (5) days or more, We will pay, upon the recommendation and approval of the attending Physician, for the evacuation of You or Your covered dependent to Your natural country, or to a facility operated pursuant to the law for the care and treatment of injured or ill persons, the actual U&C

expense incurred, but not to exceed \$10,000 in the aggregate. This benefit is payable in addition to any other benefit of this policy. Emergency Medical Evacuation must be approved in advance by the Company. See Policy for full benefit description.

## **REPATRIATION OF REMAINS COVERAGE**

This benefit is available to International Students or students participating in a Becker College Study Abroad Program. If You or Your covered dependent dies while insured under this policy, We will pay the actual U&C expenses incurred for preparation, including cremation and transportation to Your home country (in accordance with the applicable international requirements) the remains of the deceased's body, but not to exceed \$7,500 in the aggregate. This benefit is payable in addition to any other benefit of this policy. Repatriation of Remains must be approved in advance by the Company.

## **MENTAL HEALTH EXPENSE BENEFIT**

We will pay the expenses incurred for the treatment of a mental disorder as follows. We do not require consent to the disclosure of information regarding mental disorders only as a condition of providing coverage.

### **1. Non-Biologically Based Mental Disorders -**

- a. **Inpatient Benefits:** The Company will pay benefits for the care and treatment of a mental disease or disorder, while the Insured Person is confined on the same basis as for any other Covered Sickness. The Company will pay this benefit for up to the semi-private rate per day for up to 60 days for any one or related mental or nervous condition(s) over a 12-month period following the date of first medical treatment.
- b. **Outpatient Benefits:** The Company will pay the expenses incurred on the same basis as for any other covered Sickness. The Company will pay this benefit for up to 24 outpatient visits over a 12-month period following the date of first medical treatment for outpatient care and treatment of a mental or nervous disease or disorder.
- c. **Intermediate Service Benefit:** The Company will also pay the expenses incurred for intermediate services which include, but are not limited to, Level III community based detoxification, acute residential treatment, partial hospitalization, day treatment and crisis stabilization licensed or approved by the Department of Public Health or the Department of Mental Health.

**2. Biologically Based -** The Company will pay the expenses incurred for the diagnosis and treatment of a biologically based mental illness of an Insured Person of any age and serious emotional disturbances of a child. The Company will pay the

expenses incurred, on the same basis as for any other Covered Sickness, for outpatient, inpatient, and intermediate services, and prescription drugs. All policy benefit amounts, co-payments, co-insurance amounts and deductibles that apply to any other Covered Sickness will also apply to this benefit. Any limitations that apply to item "1" (non-biologically based mental illness) of this provision, do not apply to the treatment of a biologically based mental disorders. For the purposes of this benefit, biologically based mental disorders will include: 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; and Autism.

**3. Rape Related Mental or Emotional Disorders -** The Company will pay the expenses incurred for the diagnosis and treatment of rape-related mental or emotional disorders of an Insured Person who is a victim or a rape or an assault with intent to commit rape, whenever the costs of such diagnosis and treatment exceed the maximum compensation awarded to such victim under Massachusetts State Law.

**4. Treatment for Children and Adolescents -** The Company will pay the expenses incurred on the same basis as for any other Covered Sickness, for children and adolescents under the age of 19 for the diagnosis and treatment of non-biologically based mental, behavioral or emotional disorders, as described in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Such disorders must:

- a. Substantially interfere with or substantially limit the functioning and social interactions of an insured child or adolescent; and
- b. Provided, that the said interference or limitation is documented by and the referral of said diagnosis and treatment is made by the attending physician or pediatrician or a licensed mental health professional; or
- c. Is evidenced by conduct, including but not limited to:
  - An inability to attend school as a result of such disorder;
  - The need to hospitalize the child or adolescent as a result of such disorder, or
  - A pattern of conduct or behavior caused by such a disorder which poses a serious danger to self or others.

The company will continue to provide such benefits to any adolescent who is engaged in an ongoing course of treatment beyond his or her 19th birthday until said course of treatment, as specified in the insured adolescent's treatment plan, is completed

and while this policy remains in effect or subject to a subsequent benefits contract that becomes effective.

**5. Psychopharmacological Services and Neuro-psychological Assessment Services** - The Company will pay the expenses incurred for such services on the same basis as for any other Covered Sickness.

#### MANDATED BENEFITS

All Policy provisions, including benefit maximums, coinsurance amounts, co-payments, limitations, exclusions and general provisions apply unless specifically stated otherwise.

#### **Cytologic Screening and Mammogram Expense:**

Benefits will be provided for:

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

**Maternity Expense:** If an Insured Person or spouse is pregnant, We will pay for any expense incurred including expenses for prenatal care, childbirth and post partum care (including well-baby care on the same basis as any other Covered Sickness). Expenses for childbirth include hospital inpatient care of not less than 48 hours following a vaginal delivery or not less than 96 hours following a caesarean section, unless the attending physician, in consultation with the mother makes a decision for an earlier discharge from the hospital then post deliver care will include, but not be limited to home visits, parent education, assistance and training in breast or bottle feeding and necessary and appropriate clinical tests.

**Dependent Children's Coverage:** Coverage for a newly born infant and adoptive children, for the first 31 days after birth or adoptive placement, include the following:

- The necessary care and treatment of medically diagnosed congenital defects and birth abnormalities;
- Premature birth;
- The screening of lead poisoning;
- Newborn Hearing Screening Tests;
- Those special medical formulas that are approved by the Commissioner of Health and prescribed by a Physician as being necessary;
- Early Intervention Services including occupational; physical and speech therapy, nursing care and psychological counseling.

**Preventive and Primary Care Expense for Children:** For the first 31 days after birth or adoptive placement, We will pay 80% of the expense incurred for preventive and primary care expenses actually incurred. These are for services rendered to a dependent child of an Insured Person. These services are limited to the following: physical examinations, history, measurements, sensory screening, neuropsychiatric evaluation and development screening and assessment at the following intervals: six (6) times during the child's first year after birth, three (3) times during the next year, annually until age six (6). Such services will also include hereditary and metabolic screening at birth, appropriate immunizations, and tuberculin tests, hemotocrit, hemoglobin or other appropriate blood tests, and urinalysis as recommended by the Physician.

**Early Intervention Services Expense:** For the first 31 days after birth or adoptive placement, We will pay 80% of the expense actually incurred for Early Intervention Services. These services include occupational, physical and speech therapy, nursing care and psychological counseling. Expenses are payable for a dependent child of an Insured Person.

**Hospice Care Treatment Expense:** If an Insured Person requires the services of a Hospice, We will cover 80% of the expenses for an Insured Person who is terminally ill with a life expectancy of six (6) months or less. This must be certified in writing by the attending Physician.

**Home Health Care Expense:** When by, reason of a Covered Injury or Sickness, an Insured Person incurs Expenses for covered home health care services, We will pay, after a \$50 deductible, 80% of the Reasonable and Customary Expense up to a maximum of 40 visits within 12 months from the date of the first home health care visit.

**Cardiac Rehabilitation Expense:** If an Insured Person required Cardiac Rehabilitation treatment in connection with documented cardiovascular disease, We will pay for such treatment on the same basis as any other Covered Sickness. Such treatment shall include but is not limited to, outpatient treatment which is to be initiated within 26 weeks after the diagnosis of such disease.

**Infertility Expense:** If an Insured Person incurs expense necessary when recommended by the attending physician for diagnosis and treatment of infertility, We will pay benefits on the same basis as any other pregnancy related procedure. Covered charges include expense incurred for the following non-experimental infertility procedures: 1) artificial insemination; 2) in vitro fertilization and embryo placement; 3) sperm, egg and/or inseminated egg procurement, processing and banking to the extent such costs are not covered by the donor's insurer, if any; 4)

Garnete Intro-Fallopian Transfer; 5) Intracytoplasmic sperm injection for the treatment of male factor infertility; or 6) Zygote intrafallopian transfer.

**Non-prescription Enteral Formulas Expense:** We will pay up to \$5,000 per policy year for benefits for non-prescription enteral formulas which are necessary when recommended by the attending physician for the treatment of malabsorption caused by Chrohn's disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal psuedo-obstruction, and inherited diseases of amino acids and organic acids.

**Emergency Medical Services Expense:** If an Insured Person requires Emergency Medical Services, the Company will pay the expenses incurred by the Insured Person for the treatment of Emergency Medical Conditions, as defined.

**Mastectomy Surgery and Rehabilitation Benefit:** The surgical procedure known as a mastectomy will be covered under the Surgery Benefit of this Policy. Under this benefit, We will pay the expenses incurred for prosthetic devices or reconstructive surgery to restore and achieve symmetry for the Insured Person following a covered mastectomy.

As used in the benefit, prosthetic device means and includes the provision of initial and subsequent prosthetic devices pursuant to an order of the Insured Person's Physician and surgeon.

**Cancer Treatment Benefits:** The Company will pay the expenses incurred for the cost of:

- Bone Marrow Transplants for the Treatment of Breast Cancer;
- Leukocyte Testing;
- Scalp Hair Prostheses;
- Cancer Off-Label Drug Use;
- Cancer Clinical Trials.

**AIDS Drug Coverage – Off-Label Use:** The Company will pay the expenses incurred for the off-label use of a drug in the treatment of HIV/AIDS even if the drug has not been approved by the United State Food and Drug Administration (USFDA), provided, however, that such drug is recognized for treatment of such indication in one of the standard reference compendia or in the medical literature. Any benefit payable under this provision will be subject to any applicable Prescription Medicines Benefit deductibles and maximums.

**Diabetes Equipment, Supplies and Service:** The Company will pay a benefit for expenses incurred for equipment, supplies and services in the treatment of diabetes on the same basis as for any other Covered Sickness. Such equipment, supplies or services must be prescribed by a health care professional legally authorized to prescribe such items for the diagnosis or treatment of insulin-dependent and are described in the Policy on file at the School.

**Treatment of Speech, Hearing and Language Disorders:** Diagnosis and treatment of speech, hearing and language disorders by Individuals licensed as speech-language pathologists or audiologists, 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 Covered Sickness. Coverage shall not extend to the diagnosis or treatment of speech, hearing and language disorders in a school-based setting.

**Hormone Replacement Therapy and Contraceptive Services:** Any policy that provides for outpatient services of an Insured Person will also provide benefits for the following:

1. Hormone Replacement Therapy services for pre and post menopausal women;
2. Outpatient contraceptive services. As it pertains to this benefit, “**outpatient contraceptive services**” means consultations, examinations, procedures and medical services provided on an outpatient basis and related to the use of all contraceptive methods to prevent pregnancy that have been approved by the United States Food and Drug Administration; and
3. Outpatient prescription hormone replacement therapy and contraceptive drugs or devices. Such drugs and devices must be approved by the United States Food and Drug Administration.

Benefits for this mandated benefit will be payable under the same terms and conditions as for such other outpatient services covered under the Policy.

**Prosthetic Device** - We will pay 80% of U&C for the prosthetic device that is the most appropriate model that is medically necessary to meet the Insured Person’s medical needs. We will also provide coverage for the medically necessary repair or replacement of a prosthetic device.

**Prosthetic Device** means an artificial limb device to replace, in whole or in part, an arm or leg.

#### **CONTINUOUS COVERAGE**

In determining whether a pre-existing condition provision applies to an Insured Person, the Student Accident and Sickness Insurance Policy will credit the time the person was previously covered under a previous health insurance plan or policy or employer provided health benefit arrangement, if the previous coverage was continuous to a date not more than sixty-three (63) days prior to the effective date of the new coverage. Any waiting period prior to that previous coverage becoming effective shall also be credited. Such credit shall apply to the extent that the previous coverage meets the Policy definition of Credible Coverage.

#### **EXTENSION OF BENEFITS**

If an Insured Person is confined to a Hospital on the day his or her insurance terminates, expenses incurred after such termination date and during the continuance of that Hospital confinement shall be payable in accordance with this plan. Such expenses must be incurred during the 90-day period following such termination of insurance. The total payments per Insured person will not exceed the Maximum under this plan.

#### **EXCESS PROVISIONS**

The Company will not duplicate benefits that are paid or payable by Other Valid and Collectible Hospital medical insurance plan or to the extent that benefits are provided and paid for by or through a managed care program. This provision does NOT apply to emergencies.

#### **EXCLUSION & LIMITATIONS**

The plan does not cover not provide benefits for:

1. Expenses for dental treatment including Temporomandibular Joint Dysfunction (TMJ), except for treatment resulting from Covered Injury to natural teeth; or as specifically provided by a Sickness Dental Expense Benefit, if included in this policy;
2. Services normally provided without charge by the Policyholder’s health service, infirmary, or Hospital, or employees;
3. Routine eye exams and contacts; replacing eyeglasses or prescription therefore; routine examinations and services and services related to hearing examinations or hearing aids, or treatment for hearing defects not related to a Covered Injury or Sickness;
4. Routine physician examinations, preventive care (except as provided in the Schedule of Benefits); elective surgery and elective treatments; services solely to improve appearance, for personal hygiene; services specifically for dietary control, custodial, sanitarial or rest care;

5. Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery when results from trauma, infection or other disease of the involved body part; reconstructive surgery because of congenital deformity of a Dependent child. Cosmetic surgery due to congenital defects will be covered for Newborn children;
6. Skydiving, recreational parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind or aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
7. Injury or Sickness resulting from any declared or undeclared war;
8. Injury due to participation in a riot: commission of or attempt to commit a felony;
9. Injury or Sickness while in service of the Armed Forces of any country. When an Insured Person enters such armed forces, We will refund the unearned pro-rata premium to the Insured Person;
10. Injury or Sickness for which benefits are paid under any Workers’ Compensation or occupational disease law;
11. Treatment provided in a governmental Hospital unless the Insured Person is legally obligated to pay such charges;
12. Injury sustained while (a) participating in any intercollegiate or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition; (c) while participating in any practice or conditioning program for such sport, contest or competition;
13. Pre-existing Conditions in excess of \$1,500, as defined in “Definitions”;
14. Injury sustained by reason of a motor vehicle Accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
15. Expenses covered by any other valid and collectible medical, health or Accident insurance;
16. Expense incurred for the following are excluded under this plan: legend vitamins or food supplements; smoking deterrents; immunization agents; biological sera; blood plasma; drugs to promote or stimulate hair growth; experimental drugs; drugs dispensed in a rest home or hospital for take-home usage, except as provided under the Hospital Expense Benefit, or as mandated by the state of Massachusetts.

### CLAIM PROCEDURE

In the event of a Covered Accident or Sickness, the Insured Person should:

1. If away from Becker College, report to the nearest Physician or Hospital and follow the prescribed treatment advice.
2. A claim form is not required to submit a claim. However, an itemized bill, HCFA 1500, or UB-92 form should be used to submit Expenses. The Insured Student's name and identification number need to be included.
3. Providers should submit claims within 90 days from the date of Accident or from the date of the first medical treatment for a Covered Sickness, or as soon as reasonably possible. If a student is submitting the claim, a copy should be retained and claims should be mailed to the Claims Administrator, Consolidated Health Plans at the address listed below.
4. Direct all questions regarding claim procedures, status of submitted claims or payment of a claim, or benefit availability to the Claims Administrator.

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 insureds, upon request, related to administrative services.

### CONFORMITY WITH STATE STATUTES

Any provision of this plan which, on its effective date, is in conflict with the statutes of the state in which is issued, is hereby amended to conform to the minimum requirements of such statutes.

### QUESTIONS? NEED MORE INFORMATION?

For general information on benefits, on how to enroll, or service issues, please contact:

**University Health Plans, Inc.**  
One Batterymarch Park  
Quincy, MA 02169-7454  
(800) 437-6448  
[www.universityhealthplans.com](http://www.universityhealthplans.com)

For information on submitting claims or to check the status of a claim, please contact the **Claims Administrator:**

**Consolidated Health Plans**  
2077 Roosevelt Avenue  
Springfield, MA 01104  
(413) 733-4540 or Toll Free (800) 633-7867  
[www.chpstudent.com](http://www.chpstudent.com)

For information about the Express Scripts Prescription Drug Program, please contact: [www.express-scripts.com](http://www.express-scripts.com)

For a copy of the privacy notice you may:  
go to  
[www.chpstudent.com/hipaamain.html](http://www.chpstudent.com/hipaamain.html)

or

**Request one from the Health Office at your School**

or

**Request one from:**

Commercial Travelers Mutual Insurance Company  
C/O Privacy Officer  
70 Genesee Street  
Utica, NY 13502

**(Please indicate the school you attend  
with your written request)**

The Plan is Underwritten By:

**Security Mutual Life Insurance Company of New York**  
**Binghamton, NY**  
**Policy Form: SML-SH7 (MA) I5A51**

***Representations of this plan must be approved by  
the Company***

This Certificate of Insurance is intended only for quick reference and does not limit or amplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file at the college.

### VISION DISCOUNT PROGRAM

A Vision Discount Program is available to students enrolled in the Becker College Student Health Insurance Plan. Students will be responsible for paying for services up front but will receive a discount off retail prices. For more information please go to:

[www.consolidatedhealthplan.com/student\\_health](http://www.consolidatedhealthplan.com/student_health)

### EMERGENCY MEDICAL 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.



### DENTAL OPTION – DELTACARE

Becker College is pleased to offer our students and their dependents a Delta Dental insurance plan (**DeltaCare**) effective September 1, 2010. You may enroll in this plan on a VOLUNTARY basis, it is not required insurance. The on-line enrollment form, plan benefit highlights, and a list of network dentists can be found by linking to [www.universityhealthplans.com](http://www.universityhealthplans.com) and selecting **Becker College** and then **Dental**.

The cost for the dental insurance for the period of September 1, 2010 to August 31, 2011 is:

Student Only:	\$287
Student Plus 1:	\$539
Student Plus 2 or more:	\$811

**Students and dependents who wish to enroll MUST enroll and pay the full amount through credit card on-line by August 15, 2010 to be eligible for the September 1, 2010 start date.**

As part of the enrollment process, you (and any dependents you choose to enroll) must select a DeltaCare participating dentist as your Primary Care Dentist. Your enrollment form will not be accepted without this election. Please refer to the participating provider list on the website for a complete, up to date, list of participating providers. Should you have any questions regarding the enrollment process, please do not hesitate to contact University Health Plans via email at [info@univhealthplans.com](mailto:info@univhealthplans.com) or at 800-437-6448.

### VISION OPTION – VSP

Becker College is also pleased to offer students and their dependents a VSP vision insurance plan effective September 1, 2010. You may enroll in this plan on a VOLUNTARY basis it is not required insurance. The on-line enrollment form, plan benefit highlights, and a list of network providers can be found by linking to [www.universityhealthplans.com](http://www.universityhealthplans.com) and selecting Becker College and then VSP Vision.

The cost for the vision insurance for the period of September 1, 2010 to August 31, 2011 is:

Student Only:	\$115
Student and Family:	\$325

Student and dependents who wish to enroll MUST enroll and pay the full amount through credit card on-line by August 15, 2010 to be eligible for the September 1, 2010 start date.

Should you have any questions regarding the enrollment process, please do not hesitate to contact University Health Plans via email at [info@univhealthplans.com](mailto:info@univhealthplans.com) or 800-437-6448.