Student Accident and Sickness Insurance Program

Designed for the
Students of

Eastern Nazarene College

Quincy, Massachusetts

2010-2011

Nationwide Life Insurance Company
Columbus, Ohio

Policy Number: 302-111-2008
Effective August 15, 2010 to August 15, 2011

This health plan satisfies **Minimum Creditable Coverage standards** and **will satisfy** the individual mandate that you have health insurance. Please see page 3 for additional information.

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.

FIRST HEALTH NETWORK
PREFERRED PROVIDER NETWORK

First Health Network is the Preferred Provider Network and provides access to providers located across the United States. To determine if a provider participates in First Health, students can call (800) 226-5116 or visit www.firsthealth.com or www.universityhealthplans.com. It is important that Covered Persons verify that their providers are Preferred Providers each time they call for an appointment or at the time of service.

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

"Preferred Allowance" means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

"Network Area" means the forty (40) mile radius around the local school campus the Named Insured is attending.

"Out of Network" providers have not agreed to any prearranged fee schedules. Insureds may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are Insured's responsibility.

Regardless of the provider, each Insured is responsible for the payment of the Co-payment. The Co-payment must be paid before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

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

- For covered Doctor's office visits, including Licensed Mental Health Professionals, 80%-100% of the fees after payment of a $25 Co-payment per visit;
- For covered medical treatments other than Doctor's office visits, including Licensed Mental Health Professionals, 90%-100% coverage of the discounted fee, meaning that the 10%-20% share of the fee is also discounted.

If a Preferred Provider is not available in a particular area or specialty, the Policy will cover at the Preferred Provider level until a provider has been added.

Coverage will be provided at the Preferred Provider level for a provider who is not a Preferred Provider for the first thirty (30) days from the effective date of coverage if a Covered Person is undergoing an ongoing course of treatment or the provider is the Covered Person's primary care provider.

If the Covered Person is a female who is in her second (2nd) or third (3rd) trimester of pregnancy and whose provider in connection with her pregnancy is involuntarily disenrolled, other than disenrollment for quality-related reasons or fraud, treatment will be allowed with said provider, according to the terms of the Policy, for the period up to and including the Covered Person's first postpartum visit.

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

Continued coverage is conditioned upon the provider agreeing to:

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

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

We will provide coverage for pediatric specialty care to Covered Persons requiring such services, including mental health services, by a person with recognized expertise in specialty pediatrics.

STUDENT ELIGIBILITY AND ENROLLMENT

All registered full-time students taking three-quarter (¾) of full-time credit hours or more at Eastern Nazarene College are automatically enrolled in the Student Accident and Sickness Insurance Plan.

Students must actively attend classes for at least the first thirty-one (31) days after the date for which coverage is purchased. The Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If and whenever the Company discovers that the Policy Eligibility requirements have not been met, its only obligation is refund of premium.

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.

DEPENDENT ELIGIBILITY AND ENROLLMENT

Students who are enrolled in the Student Accident and Sickness Insurance Plan may also enroll their Dependents. Dependent coverage, if any, begins and ends with Your coverage. The term "Dependent" means: a) the Insured Student's spouse residing with the Insured Student; or b) the Insured Student's unmarried children under the age of twenty-six (26) years; or c) a child born to an Insured Student while this Plan is in force will be covered by this Plan.

A Dependent newborn child will be automatically covered under the Policy from the moment of birth until the thirty-first (31st) day following birth. During the thirty-one (31) day period, We must receive written notice of the birth and the required premium must be paid. Coverage for such newborn children will consist of coverage for Injury or Sickness including the necessary care and treatment of medically diagnosed congenital defects, birth abnormalities, or premature birth,

including the cost of a newborn hearing screening test to be performed before the newborn infant is discharged from the hospital or birthing center to the care of the parent or guardian or as provided by the regulations of the Department of Public Health. To continue coverage beyond the thirty-one (31) day period or to obtain other Dependent coverage, the Insured Student must complete and return the Dependent enrollment card with payment to University Health Plans within thirty-one (31) days of the child's birth or date of marriage.

PREMIUM

	Annual 8/15/10-8/15/11	**Fall** 8/15/10-1/26/11	**Spring** 1/12/11-8/15/11
Student	$994	$407	$587
Spouse	$2,751	$1,156	$1,498
Child(ren)	$1,263	$532	$749

PREMIUM REFUND POLICY

Except for medical withdrawal due to a Covered Injury or Sickness, any Insured Student withdrawing from the school during the first thirty-one (31) days of the period for which coverage is purchased shall not be covered under the Plan and a full refund of the premium will be made. Insured Students withdrawing after thirty-one (31) days will remain covered under the Plan for the full period for which the premium has been paid and no refund will be made available. This is true for students on leave for medical or academic reasons, graduating students, or students electing to enroll in a separate comparable plan during the Policy Year. Premiums received by the Company are fully earned upon receipt.

Coverage for an Insured Student entering the Armed Forces of any country will terminate as of the date of such entry. Those Insured Students withdrawing from the school to enter military service will be entitled to a pro rata refund of premium, if written request is received by the company within ninety (90) days of such entry. Refunds for any other reason are not available.

PERIOD OF COVERAGE

The insurance under Eastern Nazarene College Student Accident and Sickness Insurance Plan for the Annual Policy is effective 12:01 a.m. on August 15, 2010. The Annual Policy terminates at 12:01 a.m. on August 15, 2011 or at the end of the period through which the premiums are paid, whichever is earlier.

TERMINATION OF COVERAGE

Your coverage will terminate on the earliest of one (1) of the following: upon entry into the armed forces of any country; or at the end of the coverage period for which premium was paid; or the date the Policy terminates. No benefits are payable after termination, except as stated in the Extension of Benefits provision.

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

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

EXTENSION OF BENEFITS

The coverage provided under the Policy ceases on the Termination Date. However, if a Covered Person is Hospital confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed thirty (30) days after the Termination Date.

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

DEFINITIONS

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

Biologically Based Mental Disorders means those disorders described in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, referred to as "the DSM": schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder, delirium and dementia, affective disorders, 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.

Co-payment means separate charge for certain Covered Medical Expenses which is paid by the Covered Person.

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

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

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

Dependent means a person who resides with You and is Your: legal spouse; unmarried child(ren) under age twenty-six (26) who are/is financially dependent on You. The term child includes a stepchild, a foster child, an adopted child and a child legally placed with You as a prospective adoptive parent, even if the adoption has not been finalized; a child, despite attaining age twenty-six (26), who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and dependent on You for financial support.

Doctor means a licensed practitioner of the healing arts acting within the scope of his or her license. The Doctor may not be a member of the Covered Person's immediate family. Doctor includes, but is not limited to, podiatrists, dentists, chiropractors, certified registered nurse anesthetist, nurse practitioner and certified nurse midwife.

Emergency Medical Condition means a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of a Covered Person or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part, 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 layperson would require pre-hospital emergency services. No Covered Person shall in any way be discouraged from using the local pre-hospital emergency medical services system, the 911 telephone number, or the local equivalent, or be denied coverage for medical and transportation expenses incurred as a result of such emergency medical condition.

Experimental/Investigative services and charges will not be considered experimental/investigative if it has 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.

Hospice Care means Doctor services; nursing care provided by or under the supervision of a registered professional nurse; social services; volunteer services; and counseling services provided by a professional or volunteer staff under professional supervision.

Injury means bodily harm caused by an Accident, which results in Loss. All Injuries sustained in one (1) Accident, including related conditions, will be considered one (1) Injury.

Licensed Mental Health Professional means a licensed physician who specializes in the practice of psychiatry, a licensed psychologist, a licensed independent clinical social worker, a

licensed mental health counselor, or a licensed nurse mental health clinical specialist.

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

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

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

First Health Network Provider means a provider in First Health network who contracts to provide services at a discounted rate.

Pre-existing Condition means 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.

Preventive Care Services means services rendered to a Dependent child from the date of birth through the attainment

of six (6) years of age and shall include physical examination, 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 shall also include hereditary and metabolic screening at birth, appropriate immunizations, and tuberculin tests, hematocrit, hemoglobin or other appropriate blood tests, and urinalysis as recommended by the Doctor.

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

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

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

You, Your, Yours means the Insured Student.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

When, because of an Injury, the Insured Person suffers any of the following Losses within one hundred eighty (180) days from the date of the Accident, We will pay as follows:

FOR LOSS OF:	AMOUNT
Life	$5,000
Two (2) hands	$5,000
Two (2) feet	$5,000
Sight of two (2) eyes	$5,000
One (1) hand and one (1) foot	$5,000
One (1) hand and sight of one (1) eye	$5,000
One (1) foot and sight of one (1) eye	$5,000
One (1) hand or one (1) foot or one (1) eye	$2,500
Thumb and index finger of either hand	$1,250

Loss of hands and feet means the Loss at or above the wrist or ankle joints. Loss of eyes means total irrecoverable Loss of the entire sight. Loss of thumb and index finger means actual severance through or above the metacarpophalangeal joints. Only one (1) of the amounts named above will be paid for Injuries resulting from any one (1) Accident. The amount so paid shall be the largest amount that applies.

This provision does not cover the Loss if it in any way results from or is caused or contributed: 1) By physical or mental illness; medical or surgical treatment except treatment that

results directly from a surgical operation made necessary solely by an Injury covered by the Policy; 2) By an infection, unless it is caused solely and independently by a Covered Accident; 3) For Expenses for which a contributing cause was the Covered Person's commission of, or attempt to commit a felony or for which an Covered Person's engagement in an illegal occupation was the contributing cause; or 4) While the Covered Person is intoxicated (over the legal limit) or under the influence of any illegal drug or drug not taken as prescribed by a Doctor.

Benefits for the Covered Person's loss of life are payable to the first surviving class of the following: his or her spouse; his or her child or children; his or her mother or father; his or her sisters or brothers; or his or her estate. All other benefits are payable to the Covered Person.

STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

This brochure is a brief description of the Student Accident and Sickness Insurance Plan available for all students enrolled in three-quarter (¾) of full-time credit hours or more at the Eastern Nazarene College. The exact provisions governing this insurance are contained in the Master Policy underwritten by Nationwide Life Insurance Company, serviced by University Health Plans and administered by Consolidated Health Plans.

BASIC ACCIDENT AND SICKNESS EXPENSE BENEFITS

The Policy will pay 90%, except as specifically stated, of Covered Medical Expenses incurred by a Covered Person due to a covered Sickness or covered Injury, up to a maximum benefit of $50,000 per Sickness or Injury. Payments made to non-preferred providers shall be a percentage of the provider's fees, up to the usual and customary charge, and not a percentage of the amount paid to Preferred Providers. Covered Medical Expenses are considered incurred on the date the treatment or service is rendered or the supply is furnished. Covered Medical Expenses are:

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

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

Private Duty Nursing: Services of a private duty registered nurse or licensed practical nurse.

Physician's Visits: Services of a Doctor during hospital confinement, limited to one (1) visit per day. This benefit does not apply when related to surgery.

Ambulance: Use of an ambulance for an Emergency Medical Condition.

Doctor's fee for surgery: based on data provided by Ingenix.

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

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

Second Surgical Opinion: by a board certified specialist in the medical field relating to the surgical procedure to be performed. Benefit includes x-rays and diagnostic tests when elective surgery is recommended. This benefit shall not exceed 5% of the amount paid to the surgeon.

Outpatient services provided in a Doctor's office, Licensed Mental Health Professional's office, a community mental health center, home based services for Mental Illness, chiropractor visits, hospital or outpatient department or emergency room, clinical lab, radiological facility or similar facility licensed by the state, up to a maximum benefit of $8,000 for each Sickness or Injury, unless specifically stated elsewhere, subject to the following per visit Co-payments:

- Doctor's office visit - $25.

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

Prescription drugs to a maximum of $2,000 per Policy Year after a $10 Co-pay per 30-day supply of a prescription or refill of a generic drug and a $20 Co-pay per 30-day supply of a prescription or refill of a brand name drug, including 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 forty-seven L of the Massachusetts General Laws. Prescription Drug coverage shall also include medically necessary services associated with the administration of the drug. Not all medications are payable. Expenses incurred for the following are excluded under this Plan: asthma and allergy medications, acne treatments, vitamins.

Sickness Dental: Expense for services of a Doctor for removal of impacted wisdom teeth, payable at 80% up to a maximum benefit of $150 per tooth. No other benefits for impacted wisdom teeth will be paid.

Wellness Expense Benefit: Expenses incurred for preventive care services provided by a Doctor up to a maximum of $100 per Policy Year.

STATE MANDATED BENEFITS

Mental Illness treatment for Biologically Based Mental Disorders: Non-Biologically Based Mental, Behavioral or Emotional Disorders of Child 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 DMS, 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. Inpatient: 90% of the preferred allowance (in-network) or 70% of the Reasonable and Customary Charge (out-of-network provider) Outpatient: 100% of the preferred allowance after a $25 Co-payment per visit (in-network provider) or 80% of the Reasonable and Customary Charge (out-of-network) after a $25 Co-payment per visit.

Intermediate Services Expense Benefit: We will pay 90% of the preferred allowance for in-network providers or 70% of the Reasonable and Customary Expense incurred for out-of-network providers, including but 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. Where medically appropriate, a period of confinement may be calculated by substituting two (2) days of outpatient treatment at a community mental health center or other mental health clinic or psychiatric day treatment center licensed by the department of Public Health, or two (2) days of outpatient day treatment at a psychiatric hospital licensed by the department of Public Health for one (1) day of inpatient care.

Psychopharmacological Services and Neuropsychological Assessment Services Expense: Services must be treated as medical benefits and must be covered to the same extent as all other medical services. Benefits will be subject to Co-payments, coinsurance, plan maximums and other Policy provisions the same as any other Illness.

Cytological Screening and Mammogram Expense: Benefits will be provided for: one (1) cytological (pap smear) screening for ages eighteen (18) and over, or more frequently if recommended by a Doctor. Such benefit will include the examination, laboratory fee and the Doctor's interpretation of the laboratory results; a baseline mammogram for ages thirty-five (35) through thirty-nine (39); and a mammogram every year for women age forty (40) and over. We will pay 90% of the preferred allowance for in-network providers and 70% of the Reasonable and Customary Expense incurred.

Home Health Care services

Hospice Care Expense: of a licensed hospice care agency 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. We will pay 90% of the preferred allowance for in-network providers or 70% of the Reasonable and Customary Expense incurred.

Cardiac Rehabilitation Expense: 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. We will pay 90% of the preferred allowance for in-network providers and 70% of the Reasonable and Customary Expense incurred.

Bone Marrow Transplant for Treatment of Metastatic Breast Cancer: If a Covered Person has metastatic breast cancer We will pay 70% of the Covered Expenses up to the aggregate maximum for the expense of a bone marrow transplant for the treatment of 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. We will pay 70% of the covered charges for the diagnosis and treatment of 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 HbAlc 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, We will pay 90% of the Preferred Allowance for in-network providers or 70% of the Reasonable and Customary Expense incurred, up to $350 per Policy Year for scalp hair prosthesis.

Maternity Expense: to include expenses for prenatal care, childbirth and post partum 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. Elective cesarean sections are not included as Covered Expenses.

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. Covered charges will also include expenses for post-delivery care such as, but not limited to: home visits, parent education, assistance and training in breast or bottle feeding and the performance of any necessary and appropriate clinical tests. However, the first home visit must be conducted by a registered nurse, certified nurse midwife or physician and any future home visits determined to be necessary must be provided by a licensed health care provider. We will pay 90% of the Preferred allowance for in-network providers or 70% of the Reasonable and Customary Expense incurred.

Preventive Care Services: We will pay 70% of the actual expense incurred for preventive and primary care expenses. These are services rendered to a Dependent child of an Insured Person from the date of birth through the attainment of six (6) years of age. These services are limited to the following: physical examination, 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, annual until age six (6). Such services will also include hereditary and metabolic screening at birth, appropriate immunizations, and tuberculin tests, hematocrit, hemoglobin or other appropriate blood tests, and urinalysis as recommended by the Doctor.

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. Screening for lead poisoning will also be covered. We will pay 70% of the covered charges.

Early Intervention Services Expense: We will pay 70% of the Covered Charges incurred for Early Intervention services delivered by certified early intervention specialists for children from birth until their third (3rd) birthday.

Hearing Screening Test Expense: We will cover 70% of the charges for a newborn hearing-screening test to be performed before the newborn infant is discharged from the hospital or birthing center.

Emergency Services Expense: for health care items and services furnished in an emergency department and all ancillary services routinely available to an emergency

department to the extent they are required for stabilization of an Emergency Medical Condition. If a Covered Person receives emergency services and cannot reasonably reach a Preferred Provider, payment for emergency services will be at the same level and in the same manner as if the person had received treatment by a Preferred Provider.

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. We will pay 90% of the preferred allowance and 70% of the Reasonable and Customary Expense incurred.

High Cost Procedure Expense: Covered Medical Expenses for high cost procedures in excess of $200, such as, but not limited to, outpatient diagnostic C.A.T. Scans, Magnetic Resonance Imaging, and Laser treatments are payable at 100% of the negotiated charge (in-network) or 100% of Reasonable and Customary Charge (out-of-network) to a maximum of $2,000 per Accident or Sickness.

Speech, Hearing and Language Disorders: We will pay 70% of the Covered Charges for 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 post-menopausal women: We will pay 70% of the Reasonable and Customary Expense incurred up to $750 per Policy Year for outpatient hormone replacement therapy services.

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).

Services performed by Certified Registered Nurse Anesthetists and Nurse Practitioners Expense: We will pay for services by Nurse Practitioners and Certified Registered Nurse Anesthetists (CRNA) if the service performed is within the scope of the nurse practitioner's authority to practice or the CRNA's license and if the Plan currently provides benefits for identical services rendered by a health care provider licensed in Massachusetts.

EMERGENCY MEDICAL EVACUATION

In the event of a serious Injury or Sickness, the Plan will pay benefits up to $10,000 to evacuate a Covered Person if a) the Covered Person's medical condition warrants immediate transportation from the place where the Covered Person is Injured or Sick to the nearest hospital where appropriate medical treatment can be obtained; or b) after being treated at a local hospital, the Covered Person's medical condition warrants transportation to the Covered Person's home country to obtain further medical treatment to recover. Emergency medical evacuation must be approved in advance by the Company. This benefit is available for Covered Persons outside their home country.

REPATRIATION OF REMAINS BENEFITS

If a Covered Person dies, the Plan will pay the reasonable Covered Expenses to return the Covered Person's body to his/her home country, not to exceed a maximum of $7,500. Covered expenses include expenses for embalming cremation, coffins and transportation, Repatriation of remains must be approved in advance by the Company. This benefit is available for Covered Persons outside their home country.

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. 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.

Exceptions:

The Pre-existing Condition exclusion does not apply to any of the following:

1. Pregnancy, including complications, if such condition is covered under this Policy;
2. A covered newborn Dependent child who, as of the last day of the thirty (30) day period beginning with the date of birth is covered under Credible Coverage or;
3. A covered adopted dependent child under the age of eighteen (18), who as of the last day of the thirty (30) day period beginning on the date of adoption or placement for adoption, is covered under Credible Coverage (except this shall not apply to coverage the adopted child may have had before such adoption or placement).

EXCESS COVERAGE

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.

REIMBURSEMENT AND SUBROGATION

If We pay Covered Expenses for an Accident or Injury You incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the expenses paid. We may also take subrogation action directly against the third party. Our reimbursement rights are limited by the amount You recover. Our reimbursement and subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our rights.

EXCLUSIONS AND LIMITATIONS

1. Services normally provided without charge by this Policyholder's health service, infirmary, or Hospital, or by Health Care Providers employed by this Policyholder;
2. Preventive medicine, serum, immunizations, or vaccine, except as specifically provided;
3. Human organ transplant, except as specifically provided.
4. Pre-existing Conditions as defined in this Policy;

5. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Insured Person;
6. Illness, accident, treatment or medical condition arising out of the play or practice of professional sports;
7. Injury resulting from motor vehicle accidents to the extent that benefits are payable under any automobile medical expense insurance or automobile no-fault plans;
8. Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Covered Person. This exclusion shall also not apply to cosmetic surgery, which is reconstructive surgery when such service in incidental to or follows surgery resulting from trauma. Infection or other disease of the involved body part and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect;
9. Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit if incurred in the Policy. This exclusion does not apply to treatment resulting from Injury to sound natural teeth;
10. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
11. For expenses as a result of participation in a felony;
12. Injury due to participation in a riot;
13. Foot care only to improve comfort or appearance such as care for flat feet, subluxation, corns, calluses, routine care of toenails, and the like, except for treatment of bunions, capsular, or bone surgery, and infected and impacted toenails;
14. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity;
15. Expense incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, and contact lenses (except when required after cataract surgery), other vision or hearing aids, except as required for repair caused by a covered Injury;
16. Routine periodical physical examinations, except as specifically provided;
17. Expenses for allergy shots and injections, except as specifically provided;
18. An amount of a charge in excess of the Reasonable and Customary Expense;

19. Elective Treatment or elective surgery; except as specifically provided;
20. Sickness, Accident, treatment or medical condition arising out of hang gliding, skydiving, glider flying, parasailing, sail planning, bungee jumping, racing or speed contests, skin diving, or parachuting;
21. Alternative health care including (but not limited to) acupuncture, except as specifically provided, acupressure, biofeedback, reflexology, and rolfing type services;
22. 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;
23. Treatment of mental or nervous disorders except as specifically provided;
24. Treatment of alcohol and substance abuse except as specially provided;
25. Injuries incurred by the Covered Person while intoxicated or under the influence of any drug unless taken as prescribed by a Doctor;
26. Expense incurred for tubal legation, vasectomy, breast implants, breast reduction, sexual reassignment surgery, impotence (organic or otherwise), non-cystic acne, non-prescription birth control, submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis, circumcision, gynecomastia, hirsustism, and learning disabilities or disorders or Attention Deficit Disorder, except as specifically provided in the Policy;
27. Expense incurred for: topical acne treatments, 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, except as provided under the Hospital Expense Benefit;
28. Expenses incurred for drugs prescribed 1) for weight loss; 2) as smoking deterrents; 3) for cosmetic purposes;
29. Expense incurred after the date of insurance terminates for an Covered Person except as may be specially provided in the Extension of Benefits Provision;
30. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor;
31. Well baby care including routine and immunizations, except as specially provided;

32. Voluntary or elective abortions;
33. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
34. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
35. Expenses incurred for transsexual surgery or any treatment leading to or in connection with transsexual surgery.
36. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
37. Congenital defects, except as specifically provided;
38. Marriage, family or group counseling;
39. Charges for which Covered Persons have no legal obligation to pay in absence of this or like coverage;
40. Screening examinations, including X-ray examinations made without film, except as specifically provided; and
41. Expenses incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain.

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

MEDEX Assistance Corporation provides you with a comprehensive program with 24/7 emergency medical assistance including emergency evacuation and repatriation and other travel assistance services when you are 100 or more miles away from home. Your MEDEX identification card is your key to travel security.

For general inquiries regarding your international assistance coverage, please call Consolidated Health Plans at 800-633-7867.

If you have a medical or travel problem, simply call MEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 800-527-0218 or if you are in a foreign country, call collect at: 410-453-6330.

If the condition is an emergency, you should go immediately to the nearest physician or Hospital without delay and then contact the 24-hour Assistance Center.

CLAIM PROCEDURE

In the event of Covered Accident or Sickness:

1. Contact Your Student Health Services, if available. If Student Health Services is not available, determine whether a First Health Provider is located close by for treatment at reduced cost to You.
2. 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.
3. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.

All claim correspondence should be submitted to the Claims Administrator shown below:

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

Claims Administrator:
CONSOLIDATED HEALTH PLANS
2077 Roosevelt Avenue
Springfield, MA 01104
(413) 733-4540
Toll Free (800) 633-7867

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

The Plan is underwritten by:
NATIONWIDE LIFE INSURANCE COMPANY
Policy Number: 302-111-2008

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 one and one half 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 the 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 sixty (60) days by Consolidated Health Plans.
Translation services are available to assist insureds, upon request, related to administrative services.

OPTIONAL DENTAL INSURANCE PLAN

DeltaCare through Delta Dental

Dental Insurance Plan is available to all Eastern Nazarene College students on an optional basis. DeltaCare works much like a dental HMO in which the student receives all care from a network of participating dentists.
To enroll in this plan or to find out more information, please contact University Health Plans at (800) 437-6448 or on the web at www.universityhealthplans.com

VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:
www.consolidatedhealthplan.com/student_health.

SCHEDULE OF BENEFITS

The Plan provides benefits for Covered Medical Expenses incurred by a Covered Person for loss due to Accident or Sickness up to a per condition Aggregate Maximum of $50,000. Benefits will be paid for each service below. **In-Network Providers** are Physicians, Hospitals and other health care providers who have contracted to provide medical care at a Preferred Allowance. **Preferred Allowance** means the amount a Preferred Provider will accept as payment for Covered Medical Expenses. **Out-of-Network** providers have not agreed to any pre-arranged fee schedules.

BENEFIT	IN-NETWORK PROVIDER	OUT- OF-NETWORK PROVIDER
Per Condition Aggregate Maximum Benefit	**$50,000**	
HOSPITAL EXPENSE BENEFIT		
Hospital Room and Board Expense, Services include semi-private room, nursing services, special care unit.	90% of Preferred Allowance	70% of R&C Expense
Hospital Miscellaneous Expense, Services include anesthesia, operating room, diagnostic x-ray and laboratory tests, prescribed drugs and medicines, dressings, supplies, physical and occupational therapy and other necessary and prescribed hospital expenses.	90% of Preferred Allowance	70% of R&C Expense
In Hospital Doctor's Fees and Medical Expense, Services include visits by a doctor who may or may not have performed surgery.	90% of Preferred Allowance	70% of R&C Expense
Routine Well-Baby Care, Only while hospital confined, 4 days maximum.	Covered as any other Sickness	
Pre-Admission Testing Expense	Paid under Hospital Miscellaneous Expense	
SURGICAL EXPENSE BENEFITS (INPATIENT OR OUTPATIENT)		
Surgical Expense, No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	90% of Preferred Allowance, up to a maximum of $5,000 per Policy Year	70% of R&C Expense, up to a maximum of $5,000 per Policy Year
Assistant Surgeon Expense	30% of Preferred Allowance, included under Surgical Expense Benefit	
Anesthetist Expense	30% of Preferred Allowance, included under Surgical Expense Benefit	
Physician's Visits, Limited to one visit per day and does not apply when related to surgery.	90% of Preferred Allowance	70% of R&C Expense
OUTPATIENT BENEFITS		
Outpatient Miscellaneous Expense, Services include Diagnostic tests and procedures, X-ray and Laboratory, Hospital Emergency Room, Hospital Outpatient Department, Doctor Services, and Radiation Therapy/Chemotherapy, limited to one visit per day.	90% of Preferred Allowance, up to a maximum of $8,000 per Policy Year	70% of R&C Expense, up to a maximum of $8,000 per Policy Year
CAT Scan/MRI Expense (Outpatient Only).	100% of R&C up to a maximum of $2,000 per Policy Year	
Physical Therapy Expense, One visit per day and treatment is for a condition that requires surgery or hospital confinement.	Covered Under Outpatient Miscellaneous Benefit	
Doctor's Office Visit Expense, Limited to one visit per day and does not apply when related to surgery or physiotherapy.	$25 Co-payment per visit and paid under Outpatient Miscellaneous	
Consultant Physician Fees, When requested and approved by the attending Physician.	80% of R&C, up to a maximum of $250 per Injury or Sickness	
Wellness Expense Benefit, preventive care services provided by a Doctor	90% of Preferred Allowance, up to $100 per Policy Year	70% of R&C Expense, up to $100 per Policy Year
MENTAL ILLNESS EXPENSE BENEFIT		
Inpatient and Outpatient Mental Illness Expense for Biologically based Conditions	Covered as any other Sickness	
Inpatient Mental Illness Expense for Non-Biologically based Conditions, Up to 60 days per Policy Year.	90% of Preferred Allowance	70% of R&C Expense,
Outpatient Mental Illness Expense for Non-Biologically based Conditions, Up to 24 visits per Policy Year.	After a $25 Co-payment per office visit, covered at 100% of Preferred Allowance	After a $25 Co-payment per office visit, covered at 80% of R&C Expense
Medication Management Expense	After a $25 Co-payment per visit, Covered under Outpatient Miscellaneous Expense	After a $25 Co-payment per visit, Covered under Outpatient Miscellaneous Expense
ADDITIONAL BENEFITS		
Accidental Dental Expense, Injury to sound, natural teeth.	90% of Preferred Allowance	70% of R&C Expense
Sickness Dental Expense, Removal of impacted wisdom teeth.	80% of R&C Expense, up to $150 per tooth	
Prescription Drug Expense, per 30 day supply, per prescription or refill.	Reimbursed at 100% after a $10 Co-payment for generic or $20 Co-payment for a brand name up to $2,000 per Policy Year.	
Intercollegiate Sports Accident Expense	Covered as any other Injury	
Braces and Appliances Expense, Must be accompanied by a written prescription. Replacements are not covered.	90% of Preferred Allowance, up to a maximum of $200, covered under Outpatient Miscellaneous Expense	70% of R&C Expense, up to a maximum of $200, covered under Outpatient Miscellaneous Expense
Ambulance Expense, Ground transportation.	100% of Preferred Allowance	100% of R&C Expense
Injections, Including routine immunizations when administered in Physician's office.	Covered under Outpatient Miscellaneous Expense	
Chiropractic Expense	Covered as any other Sickness	