

# Student Accident and Sickness Insurance Program

Designed for the Students of

(INSERT NEW LOGO)

GORDON COLLEGE  
2010-2011

Security Mutual Life Insurance Company  
of New York

Policy Number: 2010I5A20  
Effective August 20, 2010 to August 20, 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 5 for additional information.

## Gordon College Student Accident and Sickness Insurance Plan

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## GORDON COLLEGE STUDENT HEALTH SERVICES

The College Health Service provides on-campus health care for students. Any emergency that cannot be provided for is referred to any one of several local hospitals. A registered nurse is on duty during these hours. In addition a Physician is available at the following days and times, please see chart below:

### Student Health Service Hours

Monday	8:00 a.m. to 4:30 p.m.
Tuesday	8:00 a.m. to 4:30 p.m.
Wednesday	8:00 a.m. to 8:30 p.m.
Thursday	8:00 a.m. to 4:30 p.m.
Friday	8:00 a.m. to 4:30 p.m.

### Physician's Hours

Monday	7:45 a.m. to 9:15 a.m.
Tuesday	7:45 a.m. to 9:15 a.m.
Wednesday	7:00 p.m. to 8:30 p.m.
Thursday	7:45 a.m. to 9:15 a.m.
Friday	7:45 a.m. to 9:15 a.m.

The following health services are provided:

- Health counseling
- Routine medical care
- Allergy injections
- A limited number of medication provided "free-of-charge"
- Referral to specialists, as needed
- X-ray and laboratory testing arranged through the Health Center

### STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

Massachusetts Law requires that your insurance be equivalent to or better than the State's minimum standards. Gordon 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 Gordon College. If you currently have coverage, it is your responsibility to determine that it meets or exceeds the coverage available through Gordon 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 Gordon College. It must also provide access to care in the Gordon 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 Gordon 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 Gordon College.

All periods of insurance will begin and end at 12:01 AM, 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, Gordon College students will be enrolled in the Student Accident and Sickness Insurance Plan, unless the Waiver Section of the Online Form is completed.

**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.

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

**ONLINE ENROLLMENT / 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 until August 20, 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 Waiver Section of the Online Enrollment/Waiver Form and submit it by the deadline. Go to [www.universityhealthplans.com](http://www.universityhealthplans.com) and click on Gordon College, select Gordon College student health plan, under the menu select the Online Enrollment/Waiver Form. Fill in all required fields and submit the form. If all required information is entered successfully, you will receive a confirmation that your form has been successfully submitted. Print this confirmation for your record.

The online Waiver process is the only accepted process for making your insurance selection. The deadline for processing the online waiver is September 6, 2010 for students enrolling in the fall for Annual Coverage, and January 19, 2011 for students who are

newly enrolled for the spring term. Students who do not submit the Online Enrollment/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 and is not self-supporting. Dependent eligibility expires concurrently with that of the Insured Student. To enroll a dependent, the Insured student must complete the dependent enrollment form and return it to University Health Plans by the deadline. Interested students should contact University Health Plans for a dependent Enrollment Form and premium information.

**POLICY TERM AND PLAN COSTS**

The insurance under Gordon College’s Student Accident and Sickness Insurance Plan for the annual plan is effective from 12:01 a.m. on August 20, 2010 through August 20, 2011. The Spring semester is effective from 12:01 a.m. on January 1, 2011 through August 20, 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**

Basic Accident and Sickness	Annual 8/20/10-8/20/11	Spring Term 1/01/11-8/20/11
Student	\$1,036	\$702
Spouse	\$2,183	\$1,443
Child(ren)	\$1,562	\$1,061

**PREMIUM REFUND POLICY**

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

**DEFINITIONS**

**Accident** means a sudden, unexpected and unintended, identifiable event caused solely by an external physical force resulting in Injury to an Insured Person. An 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 any Deductible or coinsurance amounts.

**Covered Expense** means the Usual and Customary charges for treatment, services and supplies. This means only fees and prices regularly and customarily charged for medical services, supplies and treatments that are: 1) Not in excess of the maximum benefit amount payable per service as specified in the Policy; 2) Made for services and supplies included in the Policy Benefits Section; and 3) In excess of the amount stated as a Deductible, Copayment or Coinsurance, if any.

**Deductible** means the amount an Insured 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, infertility, learning disabilities, routine physical examinations, fertility tests and 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 an institution which: 1) Is a licensed institution, including tax supported institution of the state; 2) Has on its premises, or prearranged access to, medical and surgical facilities; 3) Maintains permanent facilities for the care of overnight resident patients under the care of a Physician; 4) Has a registered nurse (RN) always on duty or call. Confinement in a special wing of a Hospital used primarily as a nursing, rest convalescent or extended care facility is not confinement in a Hospital, unless such confinement is because of lack of space in the Hospital's full service wing. A Hospital does NOT include a facility for: 1) Convalescent, custodial, educational or nursing care; 2) The aged, drug addicts or alcoholics; 3) Rehabilitation; or 4) A Hospital contracted for or operated by a national government or its agency unless the services are rendered on an emergency basis and a legal liability exists for the charges made to the individual for the services given in the absence of insurance.

**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.

**Physician** means a: 1) Doctor of Medicine (M.D.); or 2) Doctor of Osteopathy (D.O.); or 3) Doctor of Dentistry (D.M.D. or D.D.S.); or 4) Doctor of chiropractic (D.C.); or 5) Doctor of Podiatry (D.P.M.); who is licensed to practice as such by the governmental authority having jurisdiction over the licensing of such classification of Physician in the state where the service is rendered.

A Doctor of Psychology (Ph.D.) will also be considered a Physician when he or she is similarly licensed or licensed as a Health Care Provider. The services of a Doctor of Psychology must be prescribed by a Doctor of Medicine.

**Physician** will also mean any other licensed practitioner of the healing arts who We are required by law to recognize as a "Physician." This includes a licensed independent clinical social worker (LICSW), a licensed nurse mental health clinical specialist, licensed mental health counselor and any other licensed practitioner including an acupuncturist, a certified nurse-Anesthetist, a certified nurse practitioner, a certified nurse-midwife, a Physician's assistant who is required to be reimbursed by state law.

The term Physician does not mean any person who is an Immediate Family Member or who is normally a member of the Insured's household.

**Pre-existing Condition** means a: 1) Condition which originates, is diagnosed, treated or recommended for treatment within six months immediately prior to the Insured Person's Effective Date of coverage under the Policy; or 2) Pregnancy existing on the Covered Person's effective date of coverage for which care, treatment or medication was received within six months prior to the Insured Person's Effective Date.

**Covered Sickness** means disease or illness which causes a Loss while the Insured 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 to treat the Insured's condition when recommended by the attending physician; 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.

## 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, Walgreens, and Rite Aid, as well as local independent pharmacies. After a \$3 co-payment for a 30-day supply of a generic drug and a \$10 co-payment for a 30-day supply of a brand name drug, a prescription will be reimbursed at 100% up to a maximum of \$750 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.

## EMERGENCY MEDICAL EVACUATION

This benefit is available to International Students or students participating in a Gordon 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 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.

## REPATRIATION OF REMAINS COVERAGE

This benefit is available to International Students or students participating in a Gordon College Study Abroad Program. If You or Your covered dependent dies while insured under this policy, We will pay the actual expenses incurred for preparation 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.

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

The Accident Death and Dismemberment Insurance covers You for a Loss, as shown below. The Loss must result from an accident, directly and independently of all other causes. The accident must take place while You are Insured under the policy. Also, Loss must take place within 52 weeks after the accident.

For Loss of	Amount
Life .....	\$5,000
Both hands or both feet or sight of both eyes.....	\$5,000
One hand and one foot.....	\$5,000
One hand and sight of one eye .....	\$5,000
One foot and sight of one eye .....	\$5,000
One hand or one foot or sight of one eye.....	\$2,500

The most We will pay for all Losses to an Insured as the result of one accident is the Principle shown on the Schedule. Loss to hands and feet means severance at or above the wrist or ankle joints. Loss of sight means total and irrecoverable loss of sight. Benefits are payable up to a maximum of \$5,000.

**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 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 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 Doctor.

**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 Doctor.

**Home Health Care Expense:** When by, reason of 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 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 Chronn'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 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 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 of 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 a 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 Aggregate Maximum under this plan.

#### **EXCESS PROVISION**

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 except for treatment resulting from Injury to natural teeth, or as provided by the Sickness Dental Expense Benefits, 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 an Injury or Sickness;
4. Routine physician examination or 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;

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 for 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;
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 is legally obligated to pay such charges;
12. Preventative medicines, serums, or vaccines, except as mandated by the state of Massachusetts;
13. Injury resulting from the play or practice of intercollegiate sports;
14. The Expenses incurred for allergy shots and injections, except as specifically provided;
15. Services not necessary for the treatment of a covered Injury or Illness prescribed as being necessary;
16. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
17. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity;
18. Expenses incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain;
19. Expenses incurred for transsexual surgery or any treatment leading to or in connection with transsexual surgery;
20. Services or supplies primarily for educational, vocational or training purposes, except the initial visit to diagnose and determine if a medical condition is causing a learning disability;
21. 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 for take-home usage, except as provided under the Hospital Expense Benefit.

#### **PRE-EXISTING CONDITIONS LIMITATION**

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

Creditable Coverage means coverage under any of the following:

1. A group health plan;
2. A health plan, including but not limited to, a health plan issued, renewed or delivered within or without Massachusetts to a natural person who is enrolled in a qualifying student health insurance program pursuant to M.G.L. c.15A, § 18 or a qualifying student health insurance program of another state;
3. Part A or Part B of Title XVIII of Social Security Act;
4. Title XIX of the Social Security Act, other than coverage consisting solely of benefits under Section 1928;
5. 10 U.S.C., Chapter 55;
6. A medical care program of the Indian health Service or of a tribal organization;
7. A state health benefits risk pool;
8. A health plan offered under 5 U.S.C., Chapter 89;
9. A public health plan as defined in federal regulations authorized by the Public Health Service Act, Section 2701 (c)(1)(I), as amended by P.L. 104-191; or
10. A health benefit plan under the Peace Corps Act, 22 U.S.C. 2504

Creditable Coverage includes continuation or conversion coverage but does not include accident only, credit, coverage for onsite medical clinics, disability income, Medicare Supplement, long term care insurance arising out of a Workers' Compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained and any liability insurance policy or equivalent self-insurance.

### CLAIM PROCEDURE

1. Bills must be submitted within 90 days from the date of treatment.
2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.
3. Subsequent medical bills should be mailed promptly to Consolidated Health Plans.

All medical bills should be submitted to the Claims Administrator shown below:

#### Claims Administrator: CONSOLIDATED HEALTH PLANS

2077 Roosevelt Avenue  
Springfield, MA 01104  
(413) 733-4540  
Toll Free (800) 633-7867

#### Servicing Broker: UNIVERSITY HEALTH PLANS

One Batterymarch Park  
Quincy, MA 02169  
Local: (617) 472-5324  
Out of area: 800-437-6448

Please visit our website for more information regarding this plan at: [www.universityhealthplans.com](http://www.universityhealthplans.com) or email us at: [info@univhealthplans.com](mailto:info@univhealthplans.com)

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 status of the state in which it 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:

#### Consolidated Health Plans

2077 Roosevelt Avenue  
Springfield, MA 01104  
(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) I5A20**

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.

**Representations of this plan must be approved by the company.**

### ALTERNATIVE COVERAGE

If you do not meet the Eligibility requirements of the Student Accident and Sickness Insurance Plan and would like information on alternative insurance plans, please call University Health Plans at (800) 437-6448.

### 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.**

For Vision Discount Benefits please go to:

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