

STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

For Students Of

(logo here)

2008 - 2009

**THIS BROCHURE OUTLINES THE INSURED'S
COVERAGE AND SHOULD BE RETAINED**

**Security Mutual Life Insurance
Company of New York
Binghamton, NY
Policy Number: 2008I5A06**

08-I5A06 (Bro.)

SALVE REGINA UNIVERSITY

Dear Student:

Occasionally, unexpected Injury and Sickness place serious financial strain on some Salve Regina students and families. In response to this concern, the University sponsors a Student Accident and Sickness Insurance Plan designed specifically to protect students against rising medical costs. Because medical insurance is so important, it is required that all full-time students enroll in the Plan.

STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

This is a brief description of the Student Accident and Sickness Insurance Plan available for the students of Salve Regina University. Security Mutual Life Insurance Company of New York underwrites this Plan. The exact provisions governing this insurance are contained in the Master Policy issued to the University and may be viewed at the University during business hours. The Master Policy shall control in the event of any conflict between this Brochure and the Policy.

ELIGIBILITY

All undergraduate full-time students and part-time resident students of Salve Regina University are eligible to enroll in the Student Accident and Sickness Insurance Plan.

DEPENDENT COVERAGE

Students enrolled in the Student Accident and Sickness Insurance Plan may also enroll their dependent children or spouses who reside with the Insured Student. The premium for dependents is \$392 per person insured. A child born to an Insured Student or an Insured Dependent Spouse while this Plan is in force will be covered by this Plan from the moment of birth. Coverage for such newborn children will consist of coverage for sickness or accident, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth. Such coverage will continue after the date of birth until proper notice has been furnished to the Insured Student by the Company as to the amount of any additional premium for such newborn child's coverage. All liability with respect to such newborn child shall terminate at the end of 31 days after notice has been furnished to the Insured Student, unless on or before such thirty-first day, the additional premium has been paid to University Health Plans.

TERM OF COVERAGE

The insurance under Salve Regina University Student Accident and Sickness Insurance Plan for the Annual Policy is effective 12:01 a.m. on August 15, 2008. An eligible student's coverage becomes effective on that date or the date the application and full premium are received by Salve Regina

University, which ever is later. The Annual Policy terminates at 12:01 a.m. on August 15, 2009 or at the end of the period through which the premiums are paid. Coverage for new students enrolling in the second semester begins on February 1, 2009 and ends on August 15, 2009.

PREMIUM REFUND POLICY

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-rated refund of premium upon written request within 90 days of withdrawal from the University.

Premiums received by the Company are fully earned upon receipt.

DEFINITIONS

Dependent means:

1. the Insured Student's spouse residing with the Insured Student; or
2. the Insured Student's unmarried children under 19 years of age. Children must reside with the Insured Student.

The term "children" includes an Insured Student's step children, foster children, and adopted child and a child legally placed for adoption with an Insured Student who is a prospective adoptive parent, even if the adoption has not been finalized. Adopted children are covered if the Insured Student meets the continuous coverage requirement for one (1) year.

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

Covered Injury means a bodily Injury that is;

1. sustained by an Insured Person while he/she is insured under this Policy or the School's prior policies; and
2. caused by an accident directly and independently of all other causes.

Coverage under the School's policies must have remained continuously in force from the date of Injury until the date services or supplies are received for them to be considered as a Covered Medical Expense under the Policy. All Injuries sustained by one (1) person in any one (1) accident, including all related conditions and recurrent symptoms of these Injuries are considered a single Covered Injury.

Insured Person means an Insured Student or a Dependent of an Insured Student while insured under this Plan.

Physician means:

1. A Doctor of Medicine (M.D.); or
2. A Doctor of Osteopathy (D.O.); or
3. A Doctor of Dentistry (D.M.D. or D.D.S.); or
4. A Doctor of Chiropractic (D.C.); or
5. A Doctor of Optometry (O.D.); or
6. A 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 doctor 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 licensed practitioner of the healing arts who We are required by law to recognize as a "Physician." This includes an physician's assistants; certified nurse practitioners, certified mental health clinical nurse specialists, certified nurse-midwives and other providers if the services are within the provider's area of professional competence as established by education and licensure or certification and are currently reimbursed when rendered by any other licensed health care provider.

The term Physician does not mean any person who is an Immediate Family Member.

Loss means medical expense caused by an Injury or Sickness which is covered by the Policy.

Covered Sickness means Sickness, disease or trauma related disorder due to Injury which causes a loss while the Policy is in force and which results in Covered Medical Expenses. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness. Sickness includes Complications of Pregnancy. Sickness will also include normal pregnancy when conception occurs during the term coverage.

Hospital means an institution that:

1. Operates as a Hospital pursuant to law;
2. Operates primarily for the reception, care and treatment of sick or injured persons as inpatients;
3. Provides 24 hour nursing service by Registered Nurses on duty or call;
4. Has a staff of one (1) or more Physicians available at all times; and
5. Provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a prearranged basis.

Hospital does not include the following:

1. Convalescent homes or convalescent, rest or nursing facilities;
2. Facilities primarily affording custodial, educational, or rehabilitative care;
3. Facilities for the aged, drug addicts or alcoholics; or
4. A military or veterans Hospital or Hospital contracted for or operated by a national government or its agency unless;
 - a. The services are rendered on a Medical Emergency basis; and
 - b. A legal liability exists for the charges made to the individual to the services given in the absence of insurance.

Emergency Hospitalization and/or Emergency Medical Care means Hospitalization or medical care that is provided for a Covered Injury or Covered Sickness caused by:

1. The sudden, unexpected onset of a medical condition with acute symptoms of sufficient severity and pain as to require immediate medical care; and
2. That in the absence of such care one could reasonably expect that the Insured's health would be placed in serious jeopardy;
3. That there would be serious impairment of the Insured's bodily functions; and/or
4. That there would be serious dysfunction of any of the Insured's bodily organs or parts.

Pre-existing Condition means any Injury or any Sickness or condition which was contracted or which manifested itself or for which a licensed Physician was consulted or for which treatment or medication was prescribed within 12 months prior to the Insured Person's effective date of coverage under the Policy.

Medically Necessary means medical and dental services, treatments or supplies that are:

1. Recommended by a Physician;
2. Consistent with accepted medical practice for the Injury or Sickness;
3. Generally considered by Physicians in the United States of American to be appropriate for the Injury or Sickness; and
4. Accepted as safe, effective and reliable by a medical specialty or board recognized by the American Board of Medical Specialties.

A medical or dental treatment will not be deemed Medically Necessary if any service, supply or treatment used or provided in connection with the Injury or Sickness is Experimental or Investigational in nature.

If services do not meet the criteria above or are not consistent with professionally recognized standards of care with respect to quality, frequency or duration, such services will not be deemed to be Medically Necessary.

Reasonable and Customary Expenses means fees and prices generally charged within the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity.

BASIC ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFITS

If as the result of a covered Injury or Sickness, an Insured Person incurs medical expenses, We will pay the Reasonable and Customary Expense incurred, as allocated below, up to a maximum of \$1,500 per Injury or Sickness.

IMPORTANT NOTE: Outpatient benefits in the Newport area are only payable with prior approval from the University Health Services. If the on-campus University Health Service is closed or not accessible due to a Medical Emergency, Students should go to the Newport Hospital.

INPATIENT BENEFITS

After a \$100 deductible per Injury or Sickness, We will pay the following:

Hospital Room and Board Expense: If an Insured Person requires confinement in a hospital, We will pay 80% of the Reasonable and Customary Expense incurred up to the semi-private rate or the Intensive Care Unit rate.

Hospital Miscellaneous Expense: If an Insured Person incurs expenses during a hospital confinement for: anesthesia; operating room; laboratory tests; x-rays; oxygen tent; drugs; medicines; dressings; and other medically necessary non-room and board expenses, We will pay 80% of the Reasonable and Customary Expense incurred.

In Hospital Doctor's Visits Expense: If an Insured Person requires the services of a Physician, other than the surgeon, while confined to a hospital, We will pay 80% of the Reasonable and Customary Expense incurred.

Surgical Expense (Inpatient or Outpatient): We will pay 80% of the Reasonable and Customary Expense incurred up to a maximum of \$1,000 per Injury or Sickness for surgery performed by a licensed Physician for both pre and post operative care.

Anesthetist Expense: If an Insured Person requires an anesthetist during a surgical operation, We will pay up to 20% of the Expenses paid under the Surgical Expense Benefit.

Assistant Surgeon Expense: If an Insured Person requires an assistant surgeon during a surgical operation, We will pay up to 30% of the Expenses paid under the Surgical Expense Benefit.

OUTPATIENT BENEFITS

Outpatient Expense: If, by reason of a covered Injury or Sickness, an Insured Person incurs expenses in a Physician's office, hospital outpatient department, emergency room, clinical lab, radiological facility, or other similar facility licensed by the state, the Company will pay 100% of the Reasonable and Customary Expense incurred when services are received at or rendered by the Newport Hospital, or 80% of the Reasonable and Customary Expense incurred when services are received at all other providers up to a maximum of \$1,500 per Injury or Sickness. Students must receive services at the University Health Services first. This benefit is subject to the following deductibles:

Deductibles:

1. \$20 co-payment per visit, if treated in a Physician's office.
2. \$20 co-payment per visit, for all outpatient Newport Hospital visits
3. \$50 co-payment per visit, if treated at a non-Newport Hospital emergency room or an Outpatient Department visit.

NOTE: The Newport Hospital Emergency Room deductible will be waived in the case of a medical emergency, requiring Emergency Medical Care as defined.

Consultant Expense: If an Insured Person requires the service of a consultant when they are deemed necessary and ordered by an attending physician or University Health Services for the purpose of confirming or determining a diagnosis, We will pay the Reasonable and Customary Expense incurred, up to a maximum of \$65 per Injury or Sickness. Additional treatments will be covered under the Outpatient Expense.

Ambulance Expense: If an Insured Person requires the use of a professional ground ambulance for a Medical Emergency, We will pay 80% of the Reasonable and Customary Expense incurred for travel to and from the local hospital up to a \$150 maximum.

Sickness Dental Expense: If an Insured Person requires the services of a Doctor for the treatment or extraction of an unerupted or impacted wisdom tooth, We will pay the

Reasonable and Customary Expense incurred up to \$125 per tooth.

Accidental Dental Expense: We will pay the Reasonable and Customary Expenses for dental treatment as a result of accidental Injury to sound natural teeth up to a maximum of \$250 per Injury.

Physiotherapy Expense (Inpatient or Outpatient): If, by reason of Injury or Sickness, an Insured Person requires the services of a physiotherapist, when prescribed by a Doctor or the University Health Services, We will pay the Reasonable and Customary Expense incurred up to a maximum of \$250.

Inpatient Mental Illness and Substance Abuse Expense Benefit: If an Insured Person requires treatment for mental and nervous disorders during hospital confinement, We will pay for the Reasonable and Customary Expense incurred as any other Sickness.

MENTAL ILLNESS AND SUBSTANCE ABUSE EXPENSE BENEFIT

Inpatient Expense: When an Insured Person requires Hospital Confinement for treatment of a mental illness or substance abuse, We will pay the Usual and Customary Charges incurred for such Confinement on the same basis as for any other Covered Sickness.

Outpatient Expense: When the Insured Person does not require Hospital Confinement for the treatment of a Mental Illness or substance abuse, We will pay the Usual and Customary charges incurred on the same basis as for any other Covered Sickness, according to the following schedule.

1. Outpatient Mental Illness services, with the exception of outpatient medication visits will be provided for up to 30 visits in any Policy year.
2. Outpatient services for substance abuse treatment will be provided for up to 30 hours in any Policy year.
3. Community residential care services for substance abuse treatment will be provided for up to 30 days in any Policy year; and
4. Detoxification benefits will be provided for up to five (5) detoxification occurrences or 30 days in any Policy year, whichever comes first.

Outpatient services must be furnished by:

1. A comprehensive health care services organization;
2. A Hospital;
3. A Facility approved by the State Department of Mental Health which is a community mental health center, or any other mental health clinic; or
4. An independent clinical social worker or clinical specialist in psychiatric and mental health nursing

As it pertains to this benefit, Mental Illness means any mental disorder and substance abuse disorder that is listed in the most recent revised publication or the most updated volume of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICO) published by the World Health Organization. Such disorder must substantially limit the life activities of the person with the illness. However, tobacco and caffeine are hereby excluded from the definition of "substance" for the purpose of this provision.

Mental Illness does not include:

1. Mental retardation;
2. Learning disorder;
3. Motor skills disorder;
4. Communication disorders; and
5. Mental disorders classified as "V" codes.

We will pay the above benefits provided that the providers of such treatment can substantiate that initial or continued treatment is at all times Medically Necessary and appropriate.

Intercollegiate Sports Expense: Injuries as a result of practice or play of Intercollegiate Sports will be paid at 100% of the Reasonable and Customary Expense incurred up to \$1,500.

STATE MANDATED BENEFITS

State mandated benefits will be subject to all deductible, co-payment, co-insurance, limitations, or any other provision of the policy.

Pediatric Preventive Care Expense Benefit: We will pay the Reasonable and Customary Expense incurred on the same basis as any other Sickness for services recommended by The Committee On Practice and Ambulatory Medicine of the American Academy of Pediatrics when delivered, supervised, prescribed, or recommended by a Doctor and rendered to a child from birth through age nineteen (19).

Infertility Expense Benefit: We shall provide coverage to the Insured Person for medically necessary expenses incurred for tests and procedures used in the diagnosis and treatment of Infertility. Infertility means the condition of an otherwise presumably healthy married individual between the ages of 25 and 42 who is unable to conceive or sustain a pregnancy during a period of one (1) year. We will pay the Reasonable and Customary Expense incurred on the same basis as any other Sickness.

Mastectomy Surgery and Rehabilitation Benefit: The surgical procedure known as a mastectomy will be covered under the Surgery Benefit of this Section. Under this benefit The Company 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 this 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.

Diabetes Treatment Expense Benefit: We shall provide coverage to the Insured Person for equipment and supplies that are used in the treatment of insulin treated diabetes, non-insulin treated diabetes, and gestational diabetes. We will provide coverage for the following equipment and supplies if medically necessary and prescribed by a Doctor: (a) blood glucose monitors for the legally blind; (b) test strips for glucose monitors and or visual readings; (c) insulin; (d) injection aids; (e) cartridges for the legally blind; (f) syringes; (g) insulin pumps and appurtenances; (h) insulin infusion devices; (i) oral agents for controlling blood sugar; and (j) therapeutic/molded shoes for the prevention of amputation. We shall provide coverage, when medically necessary and prescribed by a Doctor for the following: 1) new or improved diabetes equipment and supplies, which have been approved by the Food and Drug Administration (FDA); 2) diabetes self-management education to ensure that the Insured Person is instructed in the self-management and treatment of their diabetes; 3) coverage for self-management education and education relating to medical nutrition therapy shall also include home visits when medically necessary.

Home Health Care Expense: The Company will pay the expenses incurred for Home Health Care Services according to a home health care plan that is formulated and supervised by the Insured Person's Physician for the treatment of a Covered Injury or Sickness. Home Health Care is a Medically Necessary program to reduce the length of a Hospital Stay or to delay or eliminate an otherwise necessary Hospital admission.

Covered services include the following services as needed: physical therapy, occupational therapy as a rehabilitative service, respiratory service, speech therapy, medical social work, nutrition counseling, the services of a home health aide, drugs and medications, medical and surgical supplies such as dressings, bandages and casts, minor medical equipment such as commodes and walkers, laboratory testing, X-rays and E.E.G. and E.K.G. evaluations.

Benefits for Home Health Care services are payable only when the services are Medically Necessary and provided in conjunction with a Physician approved Home Health Care services plan.

New Cancer Therapies Expense: The Company will pay the expense incurred for new cancer therapies still under investigation under the following circumstances:

1. Treatment is provided pursuant to a Phase II, III or IV clinical trial that has been approved by the National Institute of Health in cooperation with the National Cancer Institute, community clinical oncology programs, the Food and Drug Administration in the form of an Investigational New Drug exemption, the Department of Veterans' Affairs, or a qualified non-governmental research entity as identified in the guidelines of the National Cancer Institute Cancer Center support grants.
2. The proposed therapy has been reviewed and approved by a qualified institutional review board;
3. The facility and personnel providing the treatment are capable of doing so by virtue of their experience, training and volume of patients treated to maintain expertise;
4. The available clinical or pre-clinical data provide a reasonable expectation that the protocol treatment will be at least as effective as the non-investigational alternative.

The Company will not pay for that portion of treatment that is provided as part of a Phase II clinical trial and is otherwise funded by a national agency, such as the National Cancer Institute, and the Veterans' Administration, the Department of Defense, or funded by commercial organizations such as biotechnical and/or pharmaceutical industry or manufactures of medical devices.

Mammography Expense (Payable as a Sickness Benefit Only): The Company will pay the expenses incurred for mammography charges as follows:

1. One (1) or more mammograms a year as recommended by a Physician, for any woman at risk of breast cancer; Two (2) screening mammograms per year when recommended by a Physician for women who have been treated for breast cancer within the last five (5) years or who are at high risk of developing breast cancer due to a genetic predisposition (BRCA gene mutation or multiple first degree relatives or high risk lesion on prior biopsy (lobular carcinoma in situ or atypical duct hyperplasia);
2. One (1) baseline mammogram for any women 35 through 39 years of age, inclusive;
3. A mammogram every other year for women age 40 through 49, inclusive or more frequently upon recommendation of a physician;

4. A mammogram ever year for any woman age 50 OR over; or
5. As it pertains to this benefit, at risk means that a woman: has a personal history of breast cancer; the woman has a person history of biopsy-proven benign breast disease; or The woman's mother; sister or daughter has or has had breast cancer.

Cytological Screening Expense Benefit: If an Insured Person requires cytological screening (pap smear), We will pay the following: a cytological screening once a year or more frequently if recommended by a Doctor. Such benefits will include the examination, laboratory fee and the Doctor's interpretation of the laboratory results.

Prostate and Colorectal Cancer Screening Expense (Payable as a Sickness Benefit Only): The Company will pay the expenses incurred for prostate and colorectal examinations and laboratory tests for cancer for any nonsymptomatic person covered under this Policy, in accordance with American Cancer Society Guidelines.

Leukocyte Testing Expense: The Company will pay the expenses incurred for human leukocyte antigen testing, also referred to as histocompatibility locus antigen testing, for A, BLF, and DR antigens for utilization in bone marrow transplantation. The testing must be performed in a facility that is accredited by the American Association of Blood Banks or its successors and is licensed under the Clinical Laboratory Improvement Act. At the time of testing, the person being tested must complete and sign an informed consent form that also authorizes the results of the test to be used for participation in the National Marrow Donor Program. The Company will pay for one such test per lifetime of an Insured Person.

Postpartum Hospital Stay Expense: When Hospital confinement is as the result of pregnancy, The Company will pay the expenses incurred for a minimum of 48 hours following a vaginal birth and 96 hours following a Cesarean section for a mother and her newly born child. Any decisions to shorten these minimums will be made in accordance with the standard guidelines for perinatal care published by the American College of Obstetrics and Gynecology and the American Academy of Pediatrics. In the case of any early discharge, post-delivery care will include home visits, parent education, assistance and training in breast and bottle-feeding and the performance of any Medically Necessary and appropriate clinical tests or other tests or services with the above guidelines.

Early Intervention Services for Dependent Children:

Covered services include, but are not limited to, speech and language therapy, occupational therapy, physical therapy, evaluation, case management, nutrition, service plan development and review, nursing services, assistive technology services and devices for Dependents from birth to age 3 who are certified by the Department of Human Services as eligible for services under part C of the Individuals with Disabilities Education Act.

Hearing Aids: Benefits will be paid up to \$1500 per individual hearing aid, per ear, every three (3) years for an Insured Person under age 19. Coverage for \$700 per individual hearing aid, per ear, every three (3) years for and Insured Person over age 19. Hearing aid means any nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, but excluding batteries, cords, and other assistive listening devices, including but not limited to FM devices.

Lyme Disease Treatment: Benefits will be paid for expense incurred for diagnostic testing and long-term antibiotic treatment of chronic lyme disease when such is determined to be Medically Necessary and ordered by a Physician who is acting in accordance with Chapter 37.5 of Title 5 entitled Lyme Disease Diagnosis and Treatment, after making a thorough evaluation of the patient's symptoms, diagnostic test results and response to treatment. The Company will not deny benefits for such treatment that is otherwise payable because such treatment may be characterized as unproven, experimental or investigational in nature.

Off-Label Drug Treatments: When prescription drugs are provided as a benefit of the Policy, they will include a drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the Federal Food and Drug Administration (FDA), provided that all of the following conditions has been met: 1) The drug is approved by the FDA; 2) The drug is prescribed for the treatment of cancer and 3) The drug has been recognized for treatment of that condition by one of the following: (a) The American Medical Association Drug Evaluations; (b) The Dispensing Information, volume 1, "Drug Information for Health Care Professionals"; or (d) Two (2) articles from major peer reviewed medical journals that present data supporting the proposed off-label use or uses as generally safe and effective unless there is a clear and convincing contradictory evidence presented in a major peer reviewed medical journal. When this portion of the prescription benefit is used, it will be the responsibility of the

prescriber to submit documentation supporting compliance with these requirements.

Tobacco Cessation Treatment: Benefits will be paid for approved nicotine replacement therapy recommended and prescribed by a prescriber who holds prescriptive privileges in the state, when used in combination with annual outpatient benefits of eight (8) one half (1/2) hours sessions of smoking cessation counseling by a qualified practitioner as described in RI Title 27, Chapter 18, section 66.

Scalp Hair Prosthesis: Benefits will be paid for hair loss suffered as a result of the treatment of any form of cancer or leukemia subject to the same limitations and guidelines as other prostheses and not to exceed \$350 per covered member per year, exclusive of any deductible.

Coverage for Orthotic and Prosthetic Services - The benefits provided under this provision are the same as benefits provided under federal laws (42 U.S.C. sections 1395K, 13951 and 1395M and 42 CFR 414.202, 414.210, 414.228, and 410.100 as applicable to this section). Prior authorization may be required to receive this benefit if required for other benefits. Benefits are limited to the model that adequately meets the patient's medical needs as determined by the treating physician. Repair and replacement of an orthotic or prosthetic device is covered and subject to co-payments and deductibles, unless necessitated by misuse or loss.

SUPPLEMENTAL ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFITS

If an Insured Person satisfies the Basic Accident and Sickness Benefits of \$1,500 per Injury or Sickness, We will pay for 80% of the Reasonable and Customary Expense incurred, in excess of \$1,500 per Injury or Sickness, up to an Aggregate Maximum of \$25,000 per Injury or Sickness. Hospital Room and Board Expenses are limited to the Reasonable and Customary Expense of a semi-private room rate. Benefits under the Supplemental Accident and Sickness Medical Expense Benefits will be payable for Reasonable and Customary Expenses incurred for an Injury or Sickness. This benefit does not include any payments for Expense incurred for Sickness Dental, Accidental Dental, or Intercollegiate Sports.

EXTENSION OF BENEFITS

Coverage under the Policy ceases on the Termination Date shown in the Insurance Information Schedule. However, coverage for an Insured Person will be extended if any Insured Person is Hospital confined for a Covered Injury or Covered Sickness on the date his or her insurance terminates. The Company will continue to pay the expenses incurred for the

same Covered Injury or Sickness for up to 90 days from the Termination Date while such confinement continues.

CONTINUOUS COVERAGE

Coverage for an Insured Person will be considered continuous during consecutive periods of insurance under the Policy when premium payment is received either in Our School Plans Service Office or by Our Agent or the Plan Administrator within 30 days, regardless of any breaks in calendar days between consecutive periods of insurance.

COORDINATION OF BENEFITS PROVISION

All benefits above \$225 per Accident provided under this Plan are in excess of any other valid and collectible insurance that is in force to an Insured Person. Any charges in excess of the limits of the other insurance are covered subject to the conditions and limitations of this Plan. Sickness Expense Benefits are paid on a primary basis.

PRE-EXISTING CONDITIONS LIMITATION

Pre-existing conditions are not covered until the Insured person has been: (1) Continuously insured for a period of 12 months without a Physician being consulted or a treatment or medication prescribed; or (2) Continuously Insured in the School's Student Accident and Sickness Insurance Plan for 24 months.

As it pertains to this limitation, **Continuously Insured** means that the Insured Person has been continuously insured under this Policy or prior Qualifying Coverage without a break of more than 30 days.

EXCLUSIONS & LIMITATIONS

The Plan does not cover nor provide benefits for:

1. Expense incurred as the result of dental treatment, except as specifically provided under the Sickness Dental Expense. This exclusion does not apply to treatment resulting from Injury to sound, natural teeth.
2. Services normally provided without charge by the Salve Regina University Health Services, infirmary, or hospital, or by Health Care Providers employed by Salve Regina University.
3. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore.
4. Injury due to participation in a riot.
5. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.

6. Injury or Sickness for which benefits are paid under any Workers Compensation or Occupational Disease Law.
7. 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.
8. Treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
9. Elective treatment or elective surgery, except as specifically provided.
10. Cosmetic surgery, except as the result of an Injury occurring while this Plan is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is 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.
11. Injuries sustained as the result of a motor vehicle accident to the extent that benefits are recovered or recoverable under any other valid and collectible Insurance.
12. Treatment of mental or nervous disorders except as specifically provided.
13. Treatment of alcohol and substance abuse except as specifically provided.
14. For International Students, expenses incurred within the Insured Person's Home Country or Country of regular domicile.
15. Routine physicals, preventive medicines, serums, vaccines or oral contraceptives.
16. Expense incurred after the date insurance terminates for an Insured Person except as may be specifically provided in the Extension of Benefits Provision, when applicable.
17. 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; or expenses non-medical in nature.
18. For expenses as a result of participation in a felony.
19. Suicide, attempted suicide, or intentionally self-inflicted injury.
20. Illness, accident, treatment or medical condition arising out of the practice and play of intercollegiate sports in excess of \$1,500.
21. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain involving

the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy.

22. Loss in excess of \$225 per injury of any other valid and collectible insurance or group health insurance or group hospital or medical plan.
23. Voluntary or elective termination of pregnancy.

CLAIM PROCEDURES

In the event of an Injury or Sickness the Insured Person should:

1. If at Salve Regina University, report immediately to the University Health Services so that proper treatment can be prescribed or referral can be made and a claim form can be obtained; or
2. Notify the Claims Administrator, Consolidated Health Plans, within 30 days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
3. Complete the claim form in full, and sign it. If a student receives outpatient services at Newport Hospital, a claim form is not required. When an Insured Person uses a non-Newport Hospital provider, the Insured Person should obtain a claim form from the University Health Services or contact Consolidated Health Plans.
4. The completed claim form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to the Claims Administrator, Consolidated Health Plans.
5. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills should be mailed promptly to the Claims Administrator at the address below. No additional claim forms are needed as long as the Insured Person's/Student's name and identification number are included on the bill.
6. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to the Claims Administrator, Consolidated Health Plans.

REMEMBER THAT EACH INJURY OR SICKNESS IS A SEPARATE CONDITION AND A SEPARATE CLAIM FORM IS REQUIRED FOR EACH CONDITION.

HOW TO FILE AN APPEAL

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 180 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all requests to the Claims Administrator, Consolidated Health Plans.

UNIVERSITY HEALTH SERVICES

Mary Kay Connell, R.N.P. - Director
Jackie Parsons L.P.N. - Office Manager
William Levine, M.D.
Donald Derolf, M.D.
James Maher, M.D.
Bonnie Fischer, R.N. P.
Karen Doyle, R.N.P.

HOURS

Monday through Friday
 8:00 A.M. to 5:00 P.M.
 Extension #2904

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

The Plan is Underwritten By:

Security Mutual Life Insurance of New York
 Binghamton, NY
 As Policy Form SMLBH-260 (Rev.01) (SR)
 Policy Number: 2008I5A06

Claims Administrator:

Consolidated Health Plans
 2077 Roosevelt Avenue
 P.O. Box 1998
 Springfield, MA 01101-1998
 800-633-7867

Email: info@consolidatedhealthplan.com
www.chpstudent.com

Servicing Broker:

University Health Plans, Inc.
One Batterymarch Park
Quincy, MA 02169-7454
800-437-6448

Email: info@universityhealthplans.com
www.universityhealthplans.com

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

www.commercialtravelers.com/privacy.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)**

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

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.

For Vision Discount Benefits please go to:

www.consolidatedhealthplan.com/student_health