

**STUDENT
ACCIDENT AND SICKNESS
INSURANCE PLAN**

For Students Of

SALVE REGINA UNIVERSITY

2002 - 2003

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

**Security Mutual Life Insurance Company of New York
Binghamton, NY
Policy Number: 2002-I5A06**

02-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. This Plan is underwritten by Security Mutual Life Insurance of New York. 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 \$500.00 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 20, 2002. An eligible student's coverage becomes effective on that date or the date the application and full premium are received by Salve Regina University, whichever is later. The Annual Policy terminates at 12:01 a.m. on August 20, 2003 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, 2003 and ends on August 20, 2003.

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

Dependant 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 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 person in any one accident, including all related conditions and recurrent symptoms of these Injuries are considered a single Covered Injury.

Insured Person means an Insured Student and their covered Dependent(s) 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 a 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 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.

Medical Emergency means the sudden onset of a medical condition with acute symptoms of sufficient severity and pain to require immediate medical care in the absence of which one could reasonable expect that one or more of the following would occur:

1. The Insured Person's health could be placed in serious jeopardy;
2. There would be a serious impairment of the Insured Person's bodily functions; or
3. There would be serious dysfunction of any of the Insured person'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 which are: (1) Recommended by a Physician; (2) consistent with generally accepted medical practice for Injury or Sickness, (3) considered appropriate by Physicians in the USA; (4) accepted as safe and reliable by a recognized medical specialty or board.

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 \$1,500.00 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 \$100.00 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 Doctor, 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 \$1,000.00 per Injury or Sickness for surgery performed by a licensed Doctor 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 Doctor's office, hospital outpatient department, emergency room, outpatient prescription drug, 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 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 \$1,500.00 per Injury or Sickness. Students must receive services at the University Health Services first. This benefit is subject to the following deductibles:

Deductibles:

1. \$20.00 co-payment per visit, if treated in a Doctor's office.
2. \$20.00 co-payment per visit, for all outpatient Newport Hospital visits
3. \$50.00 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.

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 \$65.00 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 \$150.00 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 \$125.00 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 \$250.00 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 \$250.00.

Inpatient Mental and Nervous Disorders Expense: 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.

Outpatient Mental and Nervous Disorders Expense: When the Insured Person is not hospital confined, We will pay the Reasonable and Customary Expense for outpatient services, up to \$50.00 per visit, up to a maximum of \$500.00 per policy year.

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 \$1,500.00.

STATE MANDATED BENEFITS

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).

Inpatient Serious Mental Illness Expense Benefit: When the Insured Person requires hospital confinement for treatment of a Serious Mental Illness, We will pay the Reasonable and Customary Expense incurred for such hospital confinement on the same basis as any other Sickness up to 90 consecutive days where continuous hospitalization is medically necessary.

Outpatient Serious Mental Illness Expense Benefit: When the Insured Person is not so hospital confined, We will pay the Reasonable and Customary Expense incurred on the same basis as any other Sickness. Outpatient Services are services furnished: (a) by a comprehensive health care service organization; (b) by a hospital; or (c) by a facility approved by the State Department of Mental Health which is a community mental health center; or any other mental health clinic; or an independent clinical social worker; or clinical specialist in psychiatric and mental health nursing.

Serious Mental Illness (for both Inpatient and Outpatient) means any mental disorder that current medical science affirms is caused by a biological disorder of the brain and that substantially limits the life activities of the person with the illness. The term includes, but is not limited to: (1) schizophrenia; (2) schizoaffective disorder; (3) delusional disorder; (4) bipolar affective disorders; (5) major depression; (6) obsessive compulsive disorder.

Alcoholism and Substance Abuse Treatment Expense (Payable as a Sickness Benefit Only) –

- a. **Inpatient:** The Company will pay the expenses incurred for the treatment of alcohol and substance abuse if the Insured Person is Confined:
- (1) as an inpatient in a Hospital;
 - (2) in a department of health licensed community residential facility for alcohol and substance abuse treatment as defined in Chapter 24 of Title 40.1.

Benefits include Medically Necessary treatment for substance dependency and substance abuse that is ordered by any court in the State of Rhode Island.

- b. **Outpatient:** The Company will pay the expenses incurred for Outpatient treatment of alcohol and substance abuse furnished by a Hospital or any public or private facility providing services especially for the rehabilitation of intoxicated persons or alcoholics that is licensed by the Department of Public Health for those purposes.

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

Mastectomy Expense – 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:

- a. 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.
- b. The proposed therapy has been reviewed and approved by a qualified institutional review board;
- c. 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;
- d. 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 bio-technical and/or pharmaceutical industry or manufactures of medical devices.

Mammography Examination Expense Benefit: If an Insured Person requires a mammography exam, We will pay for the following: (a) one or more mammograms a year, as recommended by a Doctor, for any woman who is at risk for breast cancer. For purposes of this benefit, "at risk" means: the woman has a personal history of breast cancer; the woman has a personal history of biopsy-proven benign breast disease; or the woman's mother, sister, or daughter has or has had breast cancer (b) one baseline mammogram for any woman thirty-five through thirty-nine years of age; inclusive; (c) a mammogram every other year for any woman forty through forty-nine years of age, inclusive, or more frequently upon recommendation of a Doctor; or (d) a mammogram every year for any woman fifty years of age or older.

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.

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 \$15,000 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

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, but only while they are incurred during the 90 day period following such termination of insurance.

CONTINUOUSLY INSURED

Continuously Insured means the Covered Person has been continuously insured under the Policy or prior Qualifying Coverage, as defined in the Policy, without a break of more than 30 days.

COORDINATION OF BENEFITS PROVISION

All benefits above \$225.00 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.

PREEXISTING CONDITIONS LIMITATION

Preexisting 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.

EXCLUSIONS

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, unless prescribed by a Doctor for treatment of an Injury or Sickness covered under this Plan.
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 \$1,500.00.
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 \$225.00 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, at the address listed on page 13.
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, at the address below.

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

VISION BENEFITS

The Vision One discount program is available to participants in the Student Health Insurance Plan through Cole Vision® at no additional cost. This program may help you save on many eye care products, including eyeglasses and contact lenses, nonprescription sunglasses, contact lens solutions and accessories.

The Vision One program is available at many optical centers nationwide – such as **Sears, JC Penney, Target**, most **Pearle Vision Centers** and others – as well as through selected independent optometrist and ophthalmologist offices.

When you visit a Vision One location, show your Student Health Insurance card, and any applicable services or merchandise you receive will be discounted right at the point of purchase. There are no claim forms to complete and no waiting for reimbursement.

Here is an example of some of the discounts you are eligible for:

Frames	Vision One Cost	Typical Savings
Up to \$60 retail	\$25	58%
\$60 to \$80 retail	\$35	56%
\$80 to \$100 retail	\$45	55%
Over \$100 retail		35% off retail
<u>Exams - Spectacle</u>		\$5 discount
<u>Lenses</u>		
Single Vision	\$30	46%
Bifocal	\$50	42%
Trifocal	\$60	45%
Lens Options	Additional	
Standard Progressive (no-line bifocal)	\$50	33%
Polycarbonate	\$30	40%
Scratch Resistant Coating	\$12	40%
Ultraviolet Coating	\$12	40%
Anti-Reflective Coating	\$35	30%
Photochromic	\$30	25%
Solid or Gradient Tint	\$ 8	33%
<u>Contact Lenses</u>		
Non-Disposable Contacts		20%
Disposable Contacts		10%
<u>Exams – Contacts</u>		\$10 discount

To find the nearest Vision One location log on to the Cole Managed Vision website at www.cmv.com or call 1-800-424-1155, weekdays from 9 a.m. to 9 p.m. ET and Saturdays from 9 a.m. to 5 p.m. ET to speak to a representative.

Cole Managed Vision Plan #47034.

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 45 days by the Underwriting Company and 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.
Doreen Strilkaukas, 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
Policy Number: 2002-I5A06

Claims Administrator:

Consolidated Health Plans
195 Stafford Street
Springfield, MA 01104-3503
Tel: (800) 633-7867
Email: info@consolidatedhealthplan.com
www.consolidatedhealthplan.com

Servicing Broker:

University Health Plans, Inc.
One Batterymarch Park
Quincy, MA 02169-7454
Tel: (800) 437-6448
Email: info@universityhealthplans.com
www.universityhealthplan.com

Representations of this plan must be approved by the Company.