

**SALVE REGINA UNIVERSITY STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN**

Underwritten by Security Mutual Life Insurance Company of NY

Policy No. 201015A07

**2010-11 SUMMARY OF BENEFITS CHART**

This is a schedule of benefits available through the Salve Regina University 2010-11 Student Accident and Sickness Insurance Plan. This summary should be used in conjunction with the full plan description, including plan provisions, limitations and exclusions. You can obtain a copy of the full plan certificate at the School's Health Center, by calling University Health Plans at (800) 437-6448 or at [www.universityhealthplans.com](http://www.universityhealthplans.com).

**BASIC ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFITS<sup>1</sup>**

If as the result of a covered Injury or Sickness, an Insured Person incurs medical expenses, We will pay 100% of the Reasonable and Customary Expense incurred, as allocated below, up to a maximum of \$5,000 per Injury or Sickness after a \$100 deductible per Covered Accident or Sickness applicable to inpatient benefits only. The following benefits are subject to the imposition of Policy limits and exclusions. All coverage is based on Reasonable and Customary Expenses unless otherwise specified.

**Inpatient Hospitalization Benefits, after a \$100 Deductible**

<b>Hospital Room and Board</b>	100% of R&C, up to the semi-private rate or ICU rate
<b>Miscellaneous Hospital Expense</b> , covered medical expenses include, but are not limited to, anesthesia, operating room, laboratory tests, x-rays, oxygen tent, drugs, medicines, dressings, and other medically necessary non-room and board expenses.	100% of R&C
<b>In Hospital Doctor's Visits Expense</b>	100% of R&C

**Surgical Benefits (Inpatient and Outpatient)**

<b>Surgical Expense</b> , covered medical expenses for charges for surgical services performed by a licensed Physician.	100% of R&C, up to a maximum of \$5,000 per Injury or Sickness
<b>Anesthetist Expense</b> , covered medical expenses for charges of an anesthetist during a surgical procedure.	20% of Expenses paid under Surgical Expense Benefit
<b>Assistant Surgeon Expense</b> , covered medical expenses for charges of an assistant surgeon during a surgical procedure.	30% of Expenses paid under Surgical Expense Benefit

**Outpatient Benefits**

<b>Outpatient Expense</b> , covered medical expenses include treatment at, but are not limited to, physician's office, hospital outpatient department, day surgery center, emergency room, clinical lab, radiological facility, or other similar facility licensed by the state.	<p>Students should receive services at the University Health Services first.</p> <p>100% of R&amp;C</p> <p>Subject to the following co-pays:            \$20 co-pay per visit, if treated in a Physician's office            \$20 co-pay per visit, for all outpatient Newport Hospital visits*            \$100 co-pay per visit, if treated at a non-Newport Hospital Emergency Room or for a Non-Newport Hospital Outpatient Department visit</p> <p>*NOTE: The Newport Hospital Emergency Room co-payment will be waived in the case of a medical emergency, requiring Emergency Medical Care.</p>
<b>Ambulance Expense</b>	90% of R&C, up to a \$500 maximum per Injury or Sickness
<b>Sickness Dental Expense</b>	100% of R&C, up to \$125 maximum per tooth
<b>Accidental Dental Expense</b>	100% of R&C, up to a \$250 maximum per Injury
<b>Physiotherapy Expense (Inpatient or Outpatient)</b>	100% of R&C, up to a \$250 maximum per Injury or Sickness
<b>Consultant Expense</b>	100% of R&C, up to \$65 per Injury or Sickness

**Mental Health and Substance Abuse Benefits**

<b>Inpatient Expense</b>	R&C charges incurred for Hospital Confinement for treatment of a mental illness or substance abuse, will be paid on the same basis as for any other Sickness.
<b>Outpatient Expense</b>	<p>R&amp;C charges incurred for a Person who does not require Hospital Confinement for the treatment of a mental illness or substance abuse, will be paid on the same basis as for any other Covered Sickness, according to the following schedule:</p> <ol style="list-style-type: none"> <li>1. Outpatient Mental Illness services, with the exception of outpatient medication visits will be provided for up to thirty (30) visits in any Policy Year.</li> <li>2. Outpatient services for substance abuse treatment will be provided for up to thirty (30) hours in any Policy Year.</li> <li>3. Community residential care services for substance abuse treatment will be provided for up to thirty (30) days in any Policy Year; and</li> <li>4. Detoxification benefits will be provided for up to five (5) detoxification occurrences or thirty (30) days in any Policy Year, whichever comes first.</li> </ol>

**Additional Benefits**

<b>Prescription Drug Expense</b> . Prescriptions must be filled at an Express Scripts Participating Pharmacy	\$10 co-pay for generic drug/\$20 co-pay for brand name drug up to \$300 maximum for all conditions per Policy Year
<b>Intercollegiate Sports</b>	100% of R&C, up to \$1,500 maximum

## SUPPLEMENTAL ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFITS<sup>1</sup>

If an Insured Person satisfies the Basic Accident and Sickness Benefits of \$5,000 per Injury or Sickness, We will pay for 80% of the Reasonable and Customary Expense incurred in excess of \$5,000 per Injury or Sickness, up to an Aggregate Maximum of \$50,000 per Injury or Sickness. (Maximum \$5,000 for Surgical Expense only). 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, Prescription Drugs or Intercollegiate Sports.

**1 - Refer to Plan detail for additional benefits, state mandated benefits, limitations, exclusions, and definitions. The complete Plan certificate is available at the School's Health Center, by calling University Health Plans at (800) 437-6448 or at [www.universityhealthplans.com](http://www.universityhealthplans.com).**

### 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 twelve (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 twenty-four (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 thirty (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.

### WHERE TO FIND HELP

For questions about:	Please contact:
Enrollment Waiver of mandatory insurance charge Insurance Benefits	<b>University Health Plans</b> One Batterymarch Park, Quincy, MA 02169-7454 Local: (617) 472-5324 - Out of area: (800) 437-6448 - <a href="http://www.universityhealthplans.com">www.universityhealthplans.com</a>
Insurance Benefits Claims Processing ID Cards	<b>Consolidated Health Plans</b> 2077 Roosevelt Avenue, Springfield, MA 01104 Local: (413) 733-4540 - Out of area: (800) 633-7867 - <a href="http://www.chpstudent.com">www.chpstudent.com</a>