

SALVE REGINA UNIVERSITY STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

Underwritten by Companion Life Insurance Company, Columbia, SC

Policy No. 201115A06

2011-2012 SUMMARY OF BENEFITS CHART

This is a schedule of benefits available through the Salve Regina University 2011-2012 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.

BASIC ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFITS¹

If as the result of a covered Injury or Sickness, an Insured Person incurs medical expenses, We will pay 100% of the Usual 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 Usual and Customary Expenses unless otherwise specified.

Inpatient Hospitalization Benefits, after a \$100 Deductible

Hospital Room and Board	100% of U&C, up to the semi-private rate or ICU rate
Hospital Miscellaneous Expense , 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 U&C
In Hospital Doctor's Visits Expense	100% of U&C

Surgical Benefits (Inpatient and Outpatient)

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

Outpatient Benefits

Outpatient Expense , 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 U&C, 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 co-payment will be waived in the following situations:</p> <ol style="list-style-type: none"> 1) The Newport Hospital Emergency Room co-payment will be waived in the case of a medical emergency requiring Emergency Medical Care. 2) The Newport Hospital outpatient co-payment will be waived for diagnostic work ordered by University Health Services.
Wellness Expense Benefit , expenses incurred for preventive care services provided by a Doctor, including routine physical exam and STD testing.	100% of U&C
Ambulance Expense	100% of U&C, after a \$50 co-pay
Sickness Dental Expense	100% of U&C, up to \$125 maximum per tooth
Accidental Dental Expense	100% of U&C, up to a \$250 maximum per Injury
Physiotherapy Expense (Inpatient or Outpatient)	100% of U&C, up to a \$250 maximum per Injury or Sickness
Consultant Expense	100% of U&C, up to \$65 per Injury or Sickness

Mental Health and Substance Abuse Benefits

Inpatient Expense	U&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.
Outpatient Expense	<p>U&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"> 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. 2. Outpatient services for substance abuse treatment will be provided for up to thirty (30) hours in any Policy Year. 3. Community residential care services for substance abuse treatment will be provided for up to thirty (30) days in any Policy Year; and 4. Detoxification benefits will be provided for up to five (5) detoxification occurrences or thirty (30) days in any Policy Year, whichever comes first.

Additional Benefits	
Prescription Drug Expense. 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 \$1,000 maximum for all conditions per Policy Year
Intercollegiate Sports	100% of U&C, up to \$1,500 maximum
SUPPLEMENTAL ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFITS¹	
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 Usual and Customary Expense incurred in excess of \$5,000 per Injury or Sickness, up to an Aggregate Maximum of \$100,000 per Injury or Sickness. (Maximum \$5,000 for Surgical Expense only). Hospital Room and Board Expenses are limited to the Usual and Customary Expense of a semi-private room rate. Benefits under the Supplemental Accident and Sickness Medical Expense Benefits will be payable for Usual 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.

COORDINATION OF BENEFITS PROVISION

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

PRE-EXISTING CONDITIONS LIMITATION

The Policy does not provide coverage for a Pre-Existing Condition until the Covered Person's coverage has been in force for a period of not less than 12 months. This limitation will not apply to pregnancy or coverage provided to newborn or adopted children.

The Pre-existing Conditions Limitations will be waived if: 1) the Covered Person was insured under Creditable Coverage; and 2) Such coverage was continuous to a date not more than 63 days prior to the effective date of coverage under this Policy; and 3) the Covered Person previously met the pre-existing conditions limitation of such policy.

EXCLUSIONS & LIMITATIONS

The Plan does not provide coverage for loss caused by or resulting from:

1. Charges that are not Medically Necessary or in excess of the Usual and Customary charge.
2. Suicide or any attempt thereat or self-inflicted Injuries while sane.
3. Expenses in connection with services and prescriptions for eye examinations, eye refractions, eye glasses or contact lenses, or the fitting of eyeglasses or contact lenses, radial keratotomy or laser surgery for vision correction or the treatment of visual defects or problems.
4. Skeletal irregularities of one or both jaws including Temporomandibular Joint Dysfunction (TMJ); orthognathia and mandibular retrognathia; nasal or sinus surgery;
5. Expenses in connection with cosmetic treatment or cosmetic surgery, except as a result of: a) a covered Injury that occurred while the Covered Person was insured; b) a covered child's congenital defect or anomaly; or c) as specifically provided for in the Policy.
6. Injuries arising out of playing or participating in an intercollegiate sport, contest or competition, traveling to or from such sport contest or competition as a participant; or participation in any practice or conditioning program for such sport, contest, or competition in excess of \$1,500.
7. War, or any act of war, whether declared or undeclared; service in the Armed Forces of any country.
8. Loss which occurs during or as a result of committing or attempting to commit an assault, felony, or participation in a riot or insurrection, engaging in an illegal occupation.
9. Expenses incurred for Injury or Sickness for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation.
10. Treatment, services, supplies in a Veteran's Administration or Hospital owned or operated by a national government or its agencies unless there is a legal obligation for the Covered Person to pay for the treatment.
11. Expenses incurred for dental care or treatment of the teeth, gums or structures directly supporting the teeth, including surgical extractions of teeth. This exclusion does not apply to the repair of Injuries to sound natural teeth caused by a covered Injury, and specifically provided in the hospitalization and Anesthesia for Dental Procedures expense benefit.
12. Elective Surgery or Elective Treatment (including termination of pregnancy) as defined by the Policy.
13. Immunizations, except as specifically provided in the Policy; preventive medicines or vaccines, except when required for treatment of a covered Injury or as specifically provided in the Policy.
14. Routine physical examination and routine testing; preventive testing or treatment; screening exams or testing in the absence of any Injury or Sickness, except as specifically provided by the Policy.

WHERE TO FIND HELP

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