

WELLESLEY COLLEGE
Wellesley, MA 02481

**HEALTH SERVICE
AND
STUDENT ACCIDENT
AND SICKNESS
INSURANCE PROGRAM**

2005 - 2006

Underwritten by:
Security Mutual Life
Insurance Company
Of New York

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Underwritten By:

**SECURITY MUTUAL LIFE INSURANCE COMPANY
OF NEW YORK**

WELLESLEY COLLEGE HEALTH SERVICE

This brochure briefly describes the health services and the accident and sickness insurance available to Wellesley College Students. At the heart of the program is the Wellesley College Health Service, available, as summarized below, to **ALL** students enrolled at Wellesley College. Students who enroll in the College sponsored student accident and sickness insurance policy (referred to below as "the Policy"), underwritten by Security Mutual Life Insurance Company of New York, also receive benefits for a covered Accident or Sickness as explained below for eligible medical care for which the student incurs charges, on or off campus, during the policy term for which premium has been paid. **This policy is required for students who do not already have comparable coverage and is strongly advised for all students, particularly for students whose home address is more than 200 miles away from campus.**

Who may use the Health Service

ALL WELLESLEY COLLEGE STUDENTS, INCLUDING DAVIS SCHOLARS AND EXCHANGE STUDENTS, ARE ELIGIBLE FOR CARE. The HEALTH SERVICE does not provide services for College guests, dependents, campus visitors or college employees.

What the Health Service Provides

The services provided by the Health Service are those which are usually available at a primary care facility, including gynecology. The Health Service consists of an outpatient clinic, a state-licensed infirmary, a clinical laboratory, and a Health Education Resource Room. While College is in session, a nurse is on duty 24 hours/day; physicians and nurse practitioners provide clinical services.

Confidentiality

The Health Service is very sensitive to the importance of confidentiality in the provider-patient relationship. Information is not released to College authorities, other colleges or agencies, or parents without the student's written authorization, except as required for insurance reimbursement or as required by law.

Charges

There is no charge to any eligible student for routine outpatient care by a Health Service staff member. The student is responsible for charges resulting from laboratory tests, inpatient care, certain drugs and appliances, most procedures, and referral for X-ray and other consultations. College insurance covers most of the costs of these including allergy injections; however, most immunizations and some prescription medications are not covered under the Policy.

A student who incurs charges for treatment not covered by College insurance will be sent a bill and may elect to pay the bill herself or send it to her other insurance (i.e. parent's or spouse's medical insurance). If not paid within 30 days charges are forwarded to the Student Financial Services Office, posted to the student's tuition account and mailed to the student.

Insurance

For students enrolled in the Wellesley College Accident and Sickness Insurance plan, use of the Student Health Center and services (except immunizations) is prepaid and there is no billing or paperwork to complete.

ELIGIBILITY

All registered degree students, and all registered non-degree students in on-campus attendance and taking at least 3 units per semester as well as students enrolled in the winter session between semester classes, are eligible for coverage. Insured students may also cover their eligible dependents (spouse residing with the student and unmarried children under age 19 who are not self-supporting and reside with the student) for the same coverage by paying the additional costs. Employees/Students of Wellesley College who are eligible to purchase its Employee Health Insurance are NOT eligible to purchase this Student Health Insurance.

ENROLLMENT

"All eligible students will be automatically included in this Plan unless they certify that they have comparable coverage by completing the Waiver Form found at www.universityhealthplans.com before 9/9/05 for the Fall Semester and, for new students, 2/3/06 for the Spring Semester."

All eligible Insured Students electing dependent coverage must enroll dependents by 9/23/05 for the Fall Semester, and by 2/23/06 (new student) for the Spring Semester. To enroll dependents, complete the dependent enrollment form attached to the last page of this brochure and mail it, together with the premium payment (check or money order payable to Security Mutual Life Insurance Company of New York), to: University Health Plans, Inc., One Batterymarch Park, Quincy, MA 02169-7454. Dependent coverage is only available to dependents of students insured under this plan.

Students who wish to purchase coverage other than on 8/23/05 or 1/23/06 (new student) must provide evidence of a change in their personal insurance status and pay the full

fall (8/23/05) or spring (1/23/06) semester premiums.

EFFECTIVE AND TERMINATION DATES

Effective Dates - All eligible students will be automatically enrolled for coverage under the Policy. Coverage for a student will become effective on the later of:

1. The Policy Effective Date 8/23/05, if the student is officially enrolled as a student of the Policyholder on that date and has paid his/her premium; or
2. The date specified in the Policy Schedule for the Spring Semester 1/23/06, if he or she is a new student for that semester; or
3. The date he or she does become officially enrolled as a student of the Policy Effective Date or the date specified for the Spring Semester.

The insurance of persons to be insured under the Voluntary Participation Basis becomes effective on the later of:

1. The date that individual's required enrollment form and premium payment are received by the Company or its authorized agent; or
2. For dependents, the same date the insured student's coverage becomes effective.

Termination Dates – Insurance of all Insured Persons terminates on the earlier of:

1. The policy termination date 8/23/06; or
2. The end of the period of coverage for which premium has been paid; or
3. The date the Insured Student enters the armed forces of any country. A pro-rata portion of premiums will be returned as indicated.

If an insured student or insured dependent spouse gives birth to a child while coverage is in effect for such student or spouse, coverage for that child will be provided for injury, sickness or congenital defects for 31 days from the moment of birth. This coverage will cease at the end of the 31 day period if enrollment and "due" premium payment for the child have not been received.

Except for medical withdrawal due to a covered injury or sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which premium has been paid and no refund will

be allowed.

Insured persons or their covered dependents entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such persons upon written request received by the Company within 90 days of withdrawal from school.

REFUND OF PREMIUM

Premiums received by the Company are fully earned upon receipt. Refund of premium will be considered only as specifically provided in the case of withdrawal from school or entry in the armed forces. No other refund will be allowed.

DESCRIPTION OF BASIC ACCIDENT AND SICKNESS BENEFITS

When hospital or medical care is required for a covered injury or sickness, payment will be made as allocated below for covered medical expenses (up to the Reasonable and Customary charges) incurred while insured under the plan up to a Maximum Benefit of \$25,000 for each accident or sickness. Covered medical expenses for pre-existing conditions* (see Definitions) are payable, up to \$3,000 for any one accident or sickness for the first six months of coverage.

**Pre-existing only applies if you are not continuously insured.*

INPATIENT HOSPITALIZATION BENEFITS:

The following benefits are payable for each covered accident or sickness when confined in a hospital as a bed patient:

Room & Board: 80% of semi-private room or intensive care unit charges.

Miscellaneous Hospital Expense: 80% of the Reasonable and Customary expenses incurred in the hospital for X-ray examinations, laboratory tests, anesthetics, use of operating room, medicines, and for other necessary hospital treatment (except personal services).

Physician Services: 80% of the Reasonable and Customary expenses for visits by a physician for non-surgical services, limited to one visit per day.

Ambulance Services: 80% of the Reasonable and Customary expenses incurred for use of a local ground ambulance to or from a hospital, when required due to the emergency nature of a covered sickness.

Nurse Services: 80% of the Reasonable and Customary expenses for the private duty services of a licensed registered or practical nurse when required.

SURGICAL BENEFITS:

The following benefits are payable for a covered accident or sickness for surgery performed in or out of the hospital:

Surgical Operations: 80% of the Reasonable and Customary covered expense for a surgical procedure.

Dental Expense: \$75 per tooth for the removal of unerupted impacted wisdom teeth.

Assistant Surgeon: 80% of the Reasonable and Customary covered expense for the services of an Assistant Surgeon, not to exceed 30% of the amount paid for the surgical expense benefit.

Anesthetist: 80% of the Reasonable and Customary covered expense for the services of an anesthetist not to exceed 30% of the amount paid for the surgical expense benefit.

Second Surgical Opinion: 80% of the Reasonable and Customary expense paid for a second opinion consultation by a Board-Certified specialist in the medical field relating to the surgery to be performed, not to exceed 5% of the amount payable for the surgical operation. The expense shall include X-rays and diagnostic tests when elective surgery is recommended by your surgeon.

OUTPATIENT BENEFITS:

The following benefits are payable for covered expenses resulting from outpatient services shown:

High Cost Outpatient Procedures: 80% of the Reasonable and Customary expense incurred for special high-cost procedures such as CAT scans, MRI exams, laser treatments, etc., not to exceed \$2,000 for each covered accident or sickness.

Miscellaneous Outpatient Services:

- a) After satisfying the required deductible, 80% of the Reasonable and Customary covered expenses, not to exceed \$1,500 per policy year for each accident or sickness, for the following services: physician visits, chiropractor visits, X-rays, laboratory tests, treatment in the hospital outpatient department or emergency room.
- b) After satisfying the required deductible (\$0 copay for generic drugs and \$15 copay for prescription contraceptives and brand name drugs), 100% of the Reasonable and Customary covered expenses, not to exceed \$1,000 per policy year, for prescription medicines and necessary medical appliances or equipment prescribed by a physician.

The following deductibles apply for Miscellaneous Outpatient Services:

	Health Service Referral	Dependents Or No Health Service Referral
Emergency Room - (that does not result in confinement)	\$ 5	\$100
Hospital Outpatient Dept.	\$ 5	\$ 50
Physician's Office Visit	\$ 5	\$ 25

Note: The following benefit applies to students only.

For the above Miscellaneous Outpatient Services, payment will be made at 80% of covered expenses up to a maximum benefit of \$1,500 per Injury or Sickness, provided: (a) referral is made by the Health Service or the Stone Center Counseling Service on campus, or (b) emergency medical services for a life-threatening injury or sickness. Physiotherapy is included in the above Miscellaneous Outpatient Services if such physical therapy is prescribed by a licensed physician, and such prescription is for a stated number of treatments. For additional physical therapy, the referring physician must issue a new prescription following medical re-evaluation of the Insured Person's condition.

The total benefits payable under this Policy and such prior policies for any one accident or sickness shall not exceed the "specified" Aggregate Maximum Benefits amounts. The purpose and intent of this provision will apply separately to the Enhanced Supplemental Benefit.

Non-Biologically Based

MENTAL ILLNESS or SUBSTANCE ABUSE

The Company will pay the expenses incurred for the treatment of a mental illness or substance abuse as follows. The Company does not require consent to the disclosure of information regarding mental disorders only as a condition of providing coverage.

- A. **Confinement Benefits:** The Company will pay benefits for the care and treatment of a mental disease or disorder, including treatment of substance abuse, while the Insured Person is confined on the same basis as for any other Covered Sickness. The Company will pay this benefit for up to the semi-private rate per day for up to 60 days for any one or related mental or nervous condition(s) for up to 30 days for treatment of substance abuse over a 12

month period following the date of first medical treatment.

- B. **Outpatient Benefits:** The Company will pay the expenses incurred on the same basis as for any other Covered Sickness. The Company will pay this benefit for up to 24 outpatient visits over a 12 month period following the date of first medical treatment for outpatient care and treatment of a mental or nervous disease or disorder or substance abuse. Expenses incurred for the outpatient treatment of alcoholism will be payable same as any other covered condition, not to exceed \$1,500.00 over a 12-month period.

- C. **Intermediate Service Benefit:** In addition to confinement and outpatient benefits, The Company will also pay the expenses incurred for intermediate services which include, but are not limited to, Level III community based detoxification, acute residential treatment, partial Hospitalization, day treatment and crisis stabilization licensed or approved by the Department of Public Health or the Department of Mental Health.

Special Note dealing with treatment of alcoholism: Any limitations on the treatment of alcoholism in "A", "B", "C" above will not apply when such treatments are rendered in conjunction with treatment for mental disorders.

Biologically Based

MENTAL ILLNESS TREATMENT BENEFIT

Note: The following benefit applies to students only:

For Mental Health and Substance Abuse outpatient care or treatment, payment of all outpatient expenses will be made at 100% after a \$5 deductible, beginning with the first visit up to \$1,500 per policy year. These benefits are payable when you are referred by the Health Service or the Stone Center, or for emergency medical services for a life-threatening injury or sickness, provided approval of such services is obtained within 48 hours of being treated.

The Company will pay the expenses incurred for the diagnosis and treatment of a biologically based mental illness of an Insured Person of any age and serious emotional disturbances of a child. The Company will pay the expenses incurred, on the same basis as for any other Sickness, for outpatient services, inpatient Hospital services, intermediate services, and prescription drugs if a benefit is provided under the Policy for prescription drugs. All Policy lifetime maximum benefit amounts, co-payments, co-insurance amounts and deductibles that apply to any other Covered Sickness will also apply to this benefit. Any limitations that apply to item "1" (non-biologically based mental illness or substance abuse) of this provision, do

not apply to the treatment of a biologically based mental illness.

Rape Related Mental or Emotional Disorders: The Company will pay the expenses incurred for the diagnosis and treatment of rape-related mental or emotional disorders of an Insured Person who is a victim of a rape or an assault with intent to commit rape, whenever the costs of such diagnosis and treatment exceed the maximum compensation awarded to such victim under Massachusetts State Law.

Treatment for Children and Adolescents: The Company will pay the expenses incurred on the same basis as for any other Covered Sickness, for children and adolescents under the age of 19 for the diagnosis and treatment of non-biologically based mental, behavioral or emotional disorders, as described in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Such disorders must:

- a. Substantially interfere with or substantially limit the functioning and social interactions of an insured child or adolescent; and
- b. Provided, that the said interference or limitation is documented by and the referral of said diagnosis and treatment is made by the attending Physician or pediatrician or a licensed mental health professional; or
- c. Is evidenced by conduct, including but not limited to:
 - An inability to attend school as a result of such disorder;
 - The need to hospitalize the child or adolescent as a result of such disorder, or
 - A pattern of conduct or behavior caused by such a disorder which poses a serious danger to self or others.

The Company will continue to provide such benefits to any adolescent who is engaged in an ongoing course of treatment beyond his or her 19th birthday until said course of treatment, as specified in the Insured adolescent's treatment plan, is completed and while this policy remains in effect or subject to a subsequent benefits contract that becomes effective.

Psychopharmacological Services and Neuropsychological Assessment Services: The Company will pay the expenses incurred for such services on the same basis as for any other Covered Sickness.

MANDATED BENEFITS

Cytologic Screening and Mammogram Expense:

Benefits will be provided for:

- One annual cytologic (pap smear) screening for ages 18 and over
- A baseline mammogram for ages 35 through 39
- A mammogram every year for women age 40 and over

Maternity Expense: If an Insured Person or spouse is pregnant, We will pay for any expense incurred including expenses for prenatal care, childbirth and post partum care (including well-baby care on the same basis as any other Sickness). Expenses for childbirth include hospital inpatient care of not less than 48 hours following a vaginal delivery or not less than 96 hours following a cesarean section, unless the attending physician, in consultation with the mother makes a decision for an earlier discharge from the hospital then post delivery care will include, but not be limited to home visits, parent education, assistance and training in breast or bottle feeding and necessary and appropriate clinical tests.

Dependent Children's Coverage: Coverage for a newly born infant and adoptive children include the following:

- The necessary care and treatment of medically diagnosed congenital defects and birth abnormalities;
- Premature birth;
- Those special medical formulas that are approved by the Commissioner of Health and prescribed by a Physician as being necessary;
- The screening of lead poisoning;
- Newborn Hearing Screening Tests;
- Early Intervention Services including occupational; physical and speech therapy, nursing care and psychological counseling.

Preventive and Primary Care Expense for Children: We will pay 80% of the expense incurred for preventive and primary care expenses actually incurred. These are for services rendered to a dependent child of an Insured Person from the date of birth through the attainment of six years of age. These services are limited to the following: physical examinations, history, measurements, sensory screening, neuropsychiatric evaluation and development screening, and assessment at the following intervals: six times during the child's first year after birth, three times during the next year,

annually until age six. Such services will also include hereditary and metabolic screening at birth, appropriate immunizations, and tuberculin tests, hematocrit, hemoglobin or other appropriate blood tests, and urinalysis as recommended by the Doctor.

Early Intervention Services Expense: We will pay 80% of the expense actually incurred up to a maximum of \$5,200 per policy year and \$15,600 over the total enrollment for Early Intervention Services. These services include occupational, physical and speech therapy, nursing care and psychological counseling. Expenses are payable for a dependent child of an Insured Person from birth until the child's third birthday.

Hospice Care Treatment Expense: If an Insured Person requires the services of a Hospice, We will cover 80% of the expenses for an Insured Person who is terminally ill with a life expectancy of six months or less. This must be certified in writing by the attending Doctor.

Home Health Care: When, by reason of Injury or Sickness, an Insured Person incurs Expenses for covered home health care services, We will pay, after a \$50.00 deductible, 80% of the Reasonable and Customary Expense up to a maximum of 40 visits within 12 months from the date of the first home health care visit.

Cardiac Rehabilitation Expense: If an Insured Person requires Cardiac Rehabilitation treatment in connection with documented cardiovascular disease, We will pay for such treatment on the same basis as any other Sickness. Such treatment shall include, but is not limited to, outpatient treatment which is to be initiated within 26 weeks after the diagnosis of such disease.

Infertility Expense: If an Insured Person incurs medically necessary expenses for diagnosis and treatment of infertility, We will pay benefits on the same basis as any other pregnancy related procedure. Covered charges include expense incurred for the following non-experimental infertility procedures: (1) artificial insemination; (2) in vitro fertilization and embryo placement; (3) sperm, egg and/or inseminated egg procurement, processing and banking to the extent such costs are not covered by the donor's insurer, if any; and (4) Gamete Intra-Fallopian Transfer. (5) Intracytoplasmic sperm injection for the treatment of male factor infertility; or (6) Zygote intrafallopian transfer.

Non-prescription Enteral Formulas Expense: We will pay up to \$2,500.00 per policy year for benefits for non-prescription enteral formulas when prescribed by a Physician for the treatment of malabsorption caused by Crohn's disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal

psuedo-obstruction, and inherited diseases of amino acids and organic acids.

Emergency Medical Services: If an Insured Person requires Emergency Medical Services, the Company will pay the expenses incurred by the Insured for the treatment of Emergency Medical Conditions, as defined.

Mastectomy Surgery and Rehabilitation Benefit: The surgical procedure known as a mastectomy will be covered under the Surgery Benefit of this Policy. Under this benefit, We will pay the expenses incurred for prosthetic devices or reconstructive surgery to restore and achieve symmetry for the Insured Person following a covered mastectomy.

As used in 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.

Cancer Treatment Benefits: The Company will pay the expenses incurred for the cost of:

- Bone Marrow Transplants for the Treatment of Breast Cancer;
- Bone Marrow Transplants for other types of cancer;
- Leukocyte Testing;
- Scalp Hair Prostheses;
- Cancer Off-Label Drug Use.

AIDS Drug Coverage – Off-label Use: The Company will pay the expenses incurred for the off-label use of a drug in the treatment of HIV/AIDS even if the drug has not been approved by the United States Food and Drug Administration (USFDA), provided, however, that such drug is recognized for treatment of such indication in one of the standard reference compendia or in the medical literature. Any benefit payable under this provision will be subject to any applicable Prescription Medicines Benefit deductibles and maximums.

Diabetes Equipment, Supplies and Service – The Company will pay a benefit for expenses incurred for equipment, supplies and services in the treatment of diabetes on the same basis as for any other Covered Sickness. Such equipment, supplies or service must be prescribed by a health care professional legally authorized to prescribe such items for the diagnosis or treatment of insulin-dependent, insulin-using, gestational and non-insulin dependent diabetes and are described in the Policy on file at the School.

Treatment of Speech, Hearing and Language Disorders:

Diagnosis and treatment of speech, hearing and language disorders by individuals licensed as speech-language pathologists or audiologists under the provisions of chapter 112, if such services are rendered within the lawful scope of practice for such speech-language pathologists or audiologists regardless of whether the services are provided in a Hospital, clinic or private office, payable the same as any other Sickness. Coverage shall not extend to the diagnosis or treatment of speech, hearing and language disorders in a school-based setting.

Hormone Replacement Therapy and Contraceptive Services: Any policy that provides for outpatient services of an Insured Person will also provide benefits for the following:

1. Hormone Replacement Therapy services for peri and post menopausal women;
2. Outpatient contraceptive services. As it pertains to this benefit, “**outpatient contraceptive services**” means consultations, examinations, procedures and medical services provided on an outpatient basis and related to the use of all contraceptive methods to prevent pregnancy that have been approved by the United States Food and Drug Administration; and
3. Outpatient prescription hormone replacement therapy and contraceptive drugs or devices. Such drugs and devices must be approved by the United States Food and Drug Administration.

Benefits for this mandated benefit will be payable under the same terms and conditions as for such other outpatient services covered under the Policy.

Qualified Clinical Trials: We will pay the expenses incurred for the patient care service furnished in connection with a qualified clinical trial to the same extent as they would be covered and reimbursed if the insured did not receive care in a qualified clinical trial.

ENHANCED SUPPLEMENTAL BENEFIT

An Enhanced Supplemental Benefit is available under the plan for an additional premium, subject to the enrollment conditions shown below.

When this optional benefit is purchased, payment will be made for 100% of Eligible Medical Expenses incurred for covered injury or sickness. Expenses must be incurred while insured under this plan and in excess of \$25,000 for any one accident or sickness. The Supplemental Benefit will pay expenses incurred up to an additional Maximum Aggregate Benefit of \$225,000. Covered Medical Expenses are those expenses for physicians, surgeons, hospital

confinement up to the semi-private room rate, X-rays, laboratory and tests, nurses, prescribed drugs, casts, surgical dressings, use of an ambulance and other Reasonable and Customary medical expenses incurred for the care and treatment of a covered injury or sickness, subject to the Exclusions section. This optional benefit begins on the date the Basic Benefits begin, or the date premium is received, if later, and ends on the date the Basic Benefits end. The general terms and conditions of the Policy will apply to this optional benefit.

Only students insured for the Basic Benefits may purchase this optional benefit. Purchase must be made by 9/23/05 for the Fall Semester and by 2/23/06 (new student) for the Spring Semester. Students purchasing this optional benefit must also enroll any dependents who are insured for the Basic Benefits. Dependents may not be enrolled for this optional benefit without the student being enrolled or without being insured for the Basic Benefits.

DEFINITIONS

Covered Injury means bodily harm caused by an accident which occurs while the Policy is in force as to the Insured Person. All injuries sustained in any one Accident, including related conditions will be considered one Injury.

Covered Sickness means illness or disease which causes loss while insurance under the Policy is in force as to the Insured Person. Sickness includes normal pregnancy and Complications of Pregnancy. All related conditions and recurring symptoms of a Sickness will be considered one Sickness.

Pre-existing Conditions: means a sickness, injury or condition for which the Insured Person received medical treatment, consultation or advice, or which was diagnosed in the six (6) months preceding the Insured Person's original effective date of continuous coverage in the student health insurance program. If the Insured Person is continuously covered under the student health insurance program from one year to the next, a sickness or injury that manifests itself during a prior year's coverage will not be considered a preexisting condition.

Reasonable and Customary (R&C): means the usual amount charged by Provider for a service or supply, regardless of insurance coverage, but not more than the amount charged by most providers in the same area for a similar service.

Hospital means an institution which is operated pursuant to law, is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis, is under the supervision of a staff of doctors, provides 24-hour nursing service by or under the supervision of a graduate registered nurse (RN), has medical diagnostic and treatment facilities, with major surgical facilities on its

premises or available to it on a prearranged basis.

A hospital does not include a facility for: convalescent, custodial, educational or nursing care; the aged, drug addicts or alcoholics; rehabilitation; a hospital contracted for or operated by a national government or its agency unless the services are rendered on an emergency basis and a legal liability exists for the charges made to the individual for the services given in the absence of insurance.

CONTINUOUSLY INSURED

Continuously Insured means that the Insured Person has maintained continuous coverage under the Policy and/or prior student health insurance policies issued to the Policyholder. Previously Insured Persons who reenroll for coverage within 63 days following expiration of coverage under a preceding student health insurance plan or policy will have maintained continuous insurance. An Insured Person who does not reenroll within this time frame will have a break in continuous insurance. Any injury sustained or any Sickness originating before or during such break will be considered a Pre-existing Condition.

OTHER INSURANCE

Excess Insurance

The Company will not duplicate benefits that are paid or payable by Other Valid and Collectible Hospital medical insurance plan or to the extent that benefits are provided and paid for by or through a managed care program. This provision does NOT apply to emergencies.

EXCLUSIONS

This Policy will not provide benefits for a loss resulting from:

1. Treatment, services or supplies that:
 - a. Are not prescribed by a Physician as necessary to treat a Covered Injury or Sickness;
 - b. Are received without charge or legal obligation to pay;
 - c. Charges that the Insured Person would have to pay if he or she did not have insurance;
 - d. Are Received from an Immediate Family Member;
2. Expenses for daily Hospital room and board higher than the usual semi-private room charge or higher than the usual charge for the intensive care unit, if applicable;
3. An Insured Person's commission of or attempt to commit a felony;

4. An Insured Person's participation in a riot or insurrection;
5. Declared or undeclared war or terrorism;
6. An Accident that occurs or Sickness contracted while the Insured Person is on full-time active duty in any armed forces. Upon receipt of proof of military service, We will refund any premium paid for this time. This does not include Reserve or National Guard duty for training unless it extends beyond 31 days;
7. Flight in an aircraft, except as a fare-paying passenger on a regularly scheduled commercial airline flight;
8. Flight in an ultra light aircraft, hang-gliding, parachuting or bungy-cord jumping;
9. Any loss for which benefits are paid under any workers' compensation, employers' liability or occupational disease law;
10. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal liability to pay;
11. Services and supplies furnished by the school infirmary, its employees, or Physicians who work for the school;
12. Charges that are in excess of Reasonable and Customary charges;
13. That part of medical expenses payable by the automobile insurance policy without regard to fault;
14. Eyeglasses, contact lenses, hearing aids, braces, appliances or examinations or prescriptions therefore;
15. Cosmetic surgery, except for:
 - a. Reconstructive surgery on a diseased or injured part of the body; or
 - b. Congenital disease or abnormality of a covered Dependent which causes a functional defect;
16. Elective treatment or surgery, health treatment or examination where no Injury or Sickness is involved;
17. Preventive medicines, serum or vaccines unless specified otherwise in this Policy;
18. Contraceptive methods, devices or aids; elective sterilization or its reversal; artificial insemination or in-vitro fertilization, except as mandated by law or provided for under this Policy;
19. Routine medical care, except annual cytologic screening (PAP tests) and mammographic examinations;
20. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges

or abutments or the installation, maintenance or removal of orthodontics or occlusal appliances and equilibration therapy; or

21. **For International Students Only**, expenses incurred within the Insured Person's home country or regular country of domicile.

SUBROGATION

In the event that an Insured Person suffers an Injury or Sickness for which another party may be responsible, such as someone injuring an Insured Person in an accident, and the Company pays benefits as the result of that Injury or Sickness, We will be subrogated and succeed to the Insured Person's right of recovery against the party responsible for the Insured Person's Injury or Sickness to the extent of the benefits We have paid. This means that the Company has the right, independently of the Insured Person, to proceed against the party responsible for the Injury or Sickness to recover benefits that the Company has paid.

TERMINATION OF INSURANCE

Benefits are payable under this Policy only for those covered expenses incurred while the Policy is in effect as to the Insured Person. No benefits are payable for expenses incurred after the date the insurance terminates, except as may be provided under the Extension of Benefits provision shown below.

EXTENSION OF BENEFITS

If a Covered Person is confined to a Hospital on the date his/her insurance terminates, benefits under the Plan will continue, for up to 90 days, so long as the Insured Person continues to be hospitalized.

CERTIFICATE OF CREDITABLE COVERAGE

Your coverage under this health plan is "creditable coverage" under Federal law. When your coverage terminates, you can request a Certificate of Creditable coverage, which is evidence of your coverage under this health plan. You may need such a certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions you have before you enroll, this Certificate may be used to reduce or eliminate those exclusions or limitations. In order to obtain a Certificate of Creditable Coverage, please contact Consolidated Health Plans, 195 Stafford St., Springfield, MA 01104-3503, 1-800-633-7867.

NON-DUPLICATION OF COVERAGE UNDER THE POLICY

If the benefits above are payable under more than one provision in this policy, then benefits will be provided only under the provision providing the greater benefit.

CLAIM PROCEDURES

1. The Company must be notified of a loss within 30 days of such loss. The completed claim form and all hospital and medical bills must be submitted for payment within 90 days after the first date of treatment.
2. Claim forms are available from either the Health Service or, when school is not in session, by calling University Health Plans, Inc. at (617) 472-5324 or (800) 437-6448 or by logging onto:
www.universityhealthplans.com
3. Complete instructions for filing a claim are listed on the claim form. Send the completed form along with itemized hospital and medical bills to:

Consolidated Health Plans
195 Stafford St.
Springfield, MA 01104-3503
800-633-7867

NOTE: Only one claim form is required per condition

Any provision of the Policy or the Brochure which is in conflict with the statutes of the state in which the Policy is issued, will be administered to conform with the requirements of the state statutes.

INSURANCE AFTER POLICY TERMINATION

Students insured under this Accident and Sickness Insurance plan whose eligibility ends due to graduation or otherwise leaving school may purchase other insurance by calling University Health Plans at (617) 472-5324 or (800) 437-6448 by 8/23/06.

*** IMPORTANT ***

Detach and retain the following temporary insurance identification card for your records **ONLY** if you have purchased the Wellesley College Student Accident & Sickness Insurance program. **NOTE:** This identification card alone does not prove to a health care provider that you are insured by Security Mutual Life Insurance Company of New York, *however*, it provides the information necessary for the provider to confirm with the Company that you are eligible for insurance benefits under this program.

Please keep this brochure as a general summary of the insurance. The Policy on file at the College contains all of

the provisions, exclusions, and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between brochure and Policy, the Policy will govern and control the payment of benefits.

Representations of this plan must be approved by the Company.

TEMPORARY INSURANCE IDENTIFICATION CARD
WELLESLEY COLLEGE
2005 - 2006
STUDENT INSURANCE PLAN

(Insured Student- Print Name)

If premium has been paid, the Student whose name appears above has been insured under a policy issued to Wellesley College.

Underwritten by
SECURITY MUTUAL LIFE
INSURANCE COMPANY
OF NEW YORK
Policy Number: 2005I5A03

Complete instructions for filing a claim are listed on the claim form. Send the completed claim form, along with itemized hospital and medical bills, to:

Consolidated Health Plans
195 Stafford Street
Springfield, MA 01104-3503
www.consolidatedhealthplan.com

WELLESLEY COLLEGE
 ENROLLMENT FORM FOR DEPENDENT'S COVERAGE
 AND/OR ENHANCED SUPPLEMENTAL BENEFIT
 2005 - 2006

Only students insured for the Basic Benefits may purchase dependent's coverage and/or the Enhanced Supplemental Benefit. Purchase must be made by 9/23/05 for the Fall Semester and by 2/23/06 (new student) for the Spring Semester. Students purchasing the Enhanced Supplemental Benefit must also enroll any dependents who are insured for the Basic Benefits. Dependents may not be enrolled for the Enhanced Supplemental Benefit without the student being enrolled or without being insured for the Basic Benefits. (Please print the following information.)

Student's Last Name	First	Initial
Street - Permanent Mailing Address		
City	State	Zip
Students Social Security Number		

Please identify the dependents you are insuring on the reverse side of this form. Dependent coverage is only available if the Student is also enrolled.

1. Please check the appropriate box(es) for the type of enrollment and coverage desired.

<input type="checkbox"/>	FALL ENROLLMENT 8/23/05 - 8/23/06	Dependent <u>Coverage Benefit</u>	Enhanced Supplemental <u>Benefit</u>
	Student	N/A	<input type="checkbox"/> \$270.00
	Spouse	<input type="checkbox"/> \$ 1,775.00	<input type="checkbox"/> \$270.00
	Child(ren)	<input type="checkbox"/> \$ 1,380.00	<input type="checkbox"/> \$270.00*
<input type="checkbox"/>	SPRING ENROLLMENT 1/23/06 - 8/23/06		
	Student	N/A	<input type="checkbox"/> \$270.00
	Spouse	<input type="checkbox"/> \$ 1,154.00	<input type="checkbox"/> \$270.00
	Child(ren)	<input type="checkbox"/> \$ 897.00	<input type="checkbox"/> \$270.00*

* per each child

2. Make your check or money order for the applicable premium payable to **Security Mutual Life Insurance Company of New York.**

3. Mail this form with your check or money order to:

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

Underwritten By:

**SECURITY MUTUAL LIFE INSURANCE COMPANY
 OF NEW YORK**

As policy form SML – SH01 (MA)

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

www.commercialtravelers.com/privacy.html

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. 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.

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, JCPenney, 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
Exams - Spectacle		\$5 discount
Lenses		
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%
Contact Lenses		
Non-Disposable Contacts		20%
Disposable Contacts		10%
Exams – Contacts		\$10 discount

To find the nearest Vision One location log on to the Cole Managed Vision website at www.cmvc.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.

Dependent's Name	Relationship	Date of Birth	Gender
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____