

Student Accident and Sickness Insurance Program

Designed for the Students of



RHODE ISLAND COLLEGE

2005-2006

Underwritten by:

Security Mutual Life Insurance Company of New York

As form SMLBH-260(Rev.05)(RI)

Policy Number: 200515A22

Effective August 15, 2005 to August 15, 2006

IMPORTANT NOTICE

This brochure provides a brief description of the important features of the Policy. It is not a Policy. Terms and conditions of the coverage are set forth in the Policy. We will notify Covered Persons of all material changes to the Policy. Please keep this material with your important papers.

NONDISCRIMINATORY

Health care services and any other benefits to which a Covered Person is entitled are provided on a nondiscriminatory basis, including benefits mandated by state and federal law.

RHODE ISLAND COLLEGE

Dear Student,

The expense of unanticipated medical care as a result of an Injury or Sickness can jeopardize the ability of a student to continue her/his education. Insurance is a suitable means for protection against unplanned medical expenses. Rhode Island College is pleased to offer the Student Health and Accident Insurance Program described in this brochure. A committee composed of students and staff recommended this program for the 2005-2006 academic year.

All full-time undergraduate degree students are automatically enrolled in this plan and the cost of the insurance will be included on your tuition bill. Students who become fulltime after the initial fall or spring tuition billing will not be assessed for the Insurance coverage. They may add the coverage by enrolling online at:

www.universityhealthplans.com

If you are currently insured under another policy and do not wish to have coverage under the college plan, you may waive out of the program and receive a refund. To waive out, students are required to access the Broker's website at www.universityhealthplans.com, and click on Rhode Island College to access the waiver link, and follow instructions carefully. The deadline to waive for the fall semester is September 16, 2005. For the spring semester, the deadline to waive out is February 17, 2006. If you do not waive by the deadline, you will not be eligible for a refund.

All international students are required to carry insurance and are automatically enrolled in the College's Insurance Plan.

Part-time, non-degree, and graduate students, carrying a minimum of six (6) credit hours are encouraged to enroll in the Rhode Island College Insurance Plan. You may enroll on-line at www.universityhealthplans.com. Please note that the enrollment deadline dates are September 16, 2005 for the Fall Semester and February 17, 2006 for the Spring Semester.

Please examine this brochure carefully. If you need more specific information or answers to questions regarding the Insurance program, please contact the Servicing Broker at 1-800-437-6448 or contact a member of the staff in the College Health Services Office.

Best wishes for a successful and happy academic year.

Sincerely,

Gary M. Penfield

Vice President for Student Affairs and Dean of Students

RHODE ISLAND COLLEGE HEALTH SERVICES

401-456-8055

HOURS

Monday through Thursday 7:30 a.m. to 9:00 p.m.
Friday 7:30 a.m. to 8:00 p.m.
Saturday and Sunday 10:00 a.m. to 6:00 p.m.

SUMMER SESSION

Monday through Friday 7:30 a.m. to 4:00 p.m.

Rhode Island College Health Services, located in the Browne Residence Hall, is an integral part of Student Services. The Health Services provides medical care to all students whether they are full-time, part-time or graduate students. The services provided by the College Health Services are not in any way connected with or underwritten by the Insurance Company.

STUDENT HEALTH SERVICES (SHS) REFERRAL REQUIRED – STUDENTS ONLY

The Insured must use the resources of the College's Student Health Center when first seeking medical treatment. Treatment will either be administered at the Student Health Center or a referral to another facility will be given. Expenses incurred for medical treatment received outside the Student Health Center without prior approval or referral, are excluded from coverage.

Student Health Center referral will not be required under the following conditions:

1. A Medical Emergency. However, the student must return to the Student Health Center for any needed follow-up care;
2. When the Student Health Center is closed;
3. When service is rendered at another facility during school break or vacation periods;
4. When Necessary Medical service is received and the Insured is more than 50 miles from campus;
5. When Necessary Medical care is obtained and the Insured is no longer able to use the Student Health Center due to change in student status;
6. Maternity care.

PREFERRED PROVIDER INFORMATION

You will receive maximum coverage for eligible services when you visit doctors, hospitals and other providers who belong to the PHCS Preferred Provider Network. Many primary care physicians (general practitioners, internists, family physicians and pediatricians) are members of the network and accept the PHCS allowance as full payment minus any applicable Co-payments subject to the provisions and limitations in the Policy.

The PHCS Preferred Provider Network Directory will guide you to physicians and other health care providers who belong to the Network. If you receive services from a non-network provider in the service area, you are responsible for the full charge and for filing claims. Non-participating providers may charge more than our allowance. All percentages are based on PHCS Preferred Provider Network Allowance, not actual charges.

You may call the provider network at (866) 559-7427 toll free or you may visit the PHCS website at www.PHCS.com. The participation of individual providers is subject to change without notice; it is the responsibility of the insured to verify participation of a provider at the time services are rendered.

ELIGIBILITY

Rhode Island College requires that all full-time undergraduate students participate in the school-sponsored Student Health Insurance Plan unless they provide proof that they participate in a health insurance program that provides comparable coverage. Coverage is mandatory for International Students. Part-Time, non-degree and Graduate Students may enroll in the plan on a voluntary basis. Rhode Island College's student Accident and Sickness Plan is designed to meet student needs by providing coverage twenty-four hours a day throughout the policy period, from August 15, 2005 to August 15, 2006. The plan is underwritten by Security Mutual Life Insurance Company of New York, and is serviced by University Health Plans, Inc. Please note that the waiver deadline dates are September 16, 2005 for the Fall Semester and February 17, 2006 for the Spring Semester.

To waive out, students will be required to complete the following steps:

1. Visit www.universityhealthplans.com
2. Click on "Rhode Island College"
3. Click on "click here to waive"
4. Fill in all the required information – if any information is missing, your waiver will NOT be accepted.
5. Submit the Waiver Form. Within a few minutes after completing the waiver process, you will receive an email response indicating whether your form was accepted or not. Print the confirmation for your records, as this is the only documentation indicating that the form was submitted.

Dependent Coverage: Students enrolling in the plan may also purchase coverage for their eligible dependents (spouse and unmarried dependent children under the age of 19, residing with the student). Benefits will be the same as for the Insured Student providing the appropriate premium has been paid. You may also

enroll on-line by visiting www.universityhealthplans.com and paying with a credit card. Please take note of the enrollment deadline dates; enrollment forms for coverage received after the enrollment dates will not be accepted.

If you wish to pay by check for your dependent(s), please print out the on-line enrollment form and mail it with the proper payment to: University Health Plans, 1 Batterymarch Park, Quincy, MA 02169. Checks should be made payable to SECURITY MUTUAL LIFE INSURANCE COMPANY.

WHY DO YOU NEED TO CONSIDER HEALTH INSURANCE?

Everyone does, including students. In today's environment, a single injury or unexpected Sickness can drain a family's financial resources. The average hospital stay can exceed thousands of dollars. Your tuition dollars should not have to compete with medical bills.

PRE-EXISTING CONDITION LIMITATIONS

No benefits above \$1,500 for any one claim will be payable for the insured's Pre-Existing Conditions. They are defined as an injury sustained or a Sickness for which the insured was medically treated or advised by a Physician within the 12 months immediately prior to his/her Effective Date of Coverage under the Policy.

This Limitation will be waived if:

1. Twelve consecutive months have elapsed during which no medical treatment or advice is given by a physician for such condition; or
2. The Insured has been insured under the Policy and the College's prior policies for twelve months; or
3. The Insured has been receiving benefits under the College's prior policies and has been continuously insured since the date of accident, Injury, or Sickness, whichever occurs first.

PLAN COSTS

Coverage for Students:

	Fall Semester 8/15/05 – 1/15/06	Spring Semester 1/15/06 – 8/15/06
Student	\$365.00*	\$365.00*
Student & Spouse	\$807.00*	\$807.00*
Student & Child(ren)	\$748.00*	\$748.00*
Student, Spouse & Child(ren)	\$1,207.00*	\$1,207.00*

* An administrative fee is included in the above premiums.

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 within the first 31 days for other than medical withdrawals or entry into the Armed Forces. No other refund will be allowed.

DESCRIPTION OF BASIC BENEFITS

Payment will be allowed as allocated below for covered medical expenses incurred for a covered Injury or Sickness while insured under the policy not to exceed the aggregate maximum benefit of \$25,000 for any one Injury or Sickness. No aggregate payment for covered services will exceed the \$25,000 lifetime maximum per condition.

HERE IS HOW YOU BENEFIT

Once the deductible has been satisfied, eligible expenses are paid as outlined in this brochure.

Enrolled students must first seek treatment at the Student Health Center, (if necessary, a referral to an outside provider will be made at that time) except for emergencies, ob-gyn care or when away from school.

DEDUCTIBLES

A \$50 deductible for each Injury or Sickness applies. Services rendered in a Physician's office setting are subject to a \$10 co-pay per visit until the overall \$50 deductible maximum has been met.

ACCIDENT BENEFITS

Eligible expenses are covered at 100% of the PPO Allowance In-Network or 100% of the Usual and Customary Charges Out-of-Network (80% of U&C for Physician's visits) up to \$1,000. Eligible Expenses in excess of \$1,000 are then covered at 80% of the PPO Allowance In-Network or 80% of the Usual and Customary Charges Out-of-Network up to the \$25,000 lifetime maximum for each covered Injury.

SICKNESS BENEFITS

Eligible expenses are covered at 100% of the PPO Allowance In-Network or 100% of the Usual and Customary Charges Out-of-Network (80% of U&C for Physician's visits) up to \$500. Eligible Expenses in excess of \$500 are then covered at 80% of the PPO Allowance In-Network or 80% of the Usual and Customary Charges Out-of-Network up to the \$25,000 lifetime maximum for each covered Sickness.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

(For Insured Students Only)

Principle Sum of Life..... \$5,000
Sum of Dismemberment \$1,000

Only one benefit will be payable under this provision, that providing the largest benefit, when more than one loss occurs as the result of any one Accident. This benefit is payable in addition to any other benefits payable under the Policy. Loss must occur within 100 days of date of Covered Injury.

COVERED MEDICAL SERVICES

1. Hospital inpatient and outpatient services.
2. Surgical and medical services provided by a Physician.
3. Services rendered by an Anesthesiologist for a covered surgery
4. Inpatient and outpatient x-rays and laboratory tests ordered by a Physician .
5. Prescription Drugs, ambulance and any other therapeutic services or supplies prescribed as required treatment by a Physician.
6. In order to be an eligible expense, charges must be Medically Necessary for the treatment of a covered Injury or Sickness. No other medical charges will be covered under this plan.

COVERAGE LIMITATIONS

1. Elective abortion will be covered to a maximum benefit of \$150.
2. Diagnosis and treatment of non-malignant neoplasm's of the skin are payable up to a maximum of \$500 per policy year. Cosmetic treatment or procedures are not covered.
3. Chiropractic and physiotherapy treatment are limited to \$25 per visit beginning with the second visit to an aggregate maximum of \$500 (for all injuries and sicknesses combined) per policy year.
4. Laboratory services (including Blood Lead Screening) are limited to \$1,000 (for all covered injuries and sicknesses combined) per person per policy year.
5. Diagnostic testing (neurological) is limited to \$2,000 per condition and limited to an aggregate maximum of \$2,000 for all covered injuries and sicknesses combined per policy year. This includes Attention Deficit Disorder and Learning Disability testing. This coverage applies to the testing only, it does not apply to treatment.
6. One annual physical exam, limited to a \$100 maximum per policy year.
7. Benefits for skin disorders, when deemed a Sickness (not an injury) are limited to \$25 per visit up to an aggregate maximum of \$500 per policy year.
8. Benefits for Pre-existing Conditions up to \$1,500 per covered Injury or Sickness and is subject to the co-payments and deductibles applicable to other conditions. This limitation does not apply if the Covered Person has been covered by the policy for more than twelve months.

DENTAL BENEFITS

The Company will pay up to \$45 per tooth not to exceed a \$200 maximum for the surgical extraction of impacted and infected wisdom teeth.

MENTAL ILLNESS AND SUBSTANCE ABUSE EXPENSE BENEFIT

Inpatient Expense "Mental Illness and Substance Abuse"

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

Outpatient Expense "Mental Illness" - When the Insured Person does not require Hospital Confinement for the treatment of a Mental Illness, We will pay the Usual and Customary charges incurred on the same basis as for any other Covered Sickness.

Outpatient Expense "Substance Abuse" - When the Insured Person does not require Hospital Confinement for the treatment of Substance Abuse, We will pay the Usual and Customary charges incurred on the same basis as any other Covered Sickness subject to the following schedule:

Outpatient Substance Abuse services, with the exception of outpatient medication visits will be provided for up to 30 visits in any Policy year.

- (1) Outpatient services for substance abuse treatment will be provided for up to 30 hours in any Policy year.
- (2) Community residential care services for substance abuse treatment will be provided for up to 30 days in any Policy year; and
- (3) Detoxification benefits will be provided for up to five (5) detoxification occurrences or 30 days in any Policy year, whichever comes first.

Outpatient services must be furnished by:

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

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

Mental Illness does not include:

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

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

PRESCRIPTION DRUG BENEFIT

Prescription Drugs: After a Copayment of \$10 for generic or \$20 for a brand name drug (per prescription or refill), the cost of prescription drugs is payable in full up to a maximum of \$1,000 for the policy year. The benefit includes asthma, allergy, diabetic supplies, and any birth control method.

Prescriptions may be filled at an "Express Scripts" Participating Pharmacy. You will be given an ID card to show the Pharmacy as proof of coverage. No claim forms need be completed once you receive this ID card. Until such card is received, you may fill prescriptions and be reimbursed by submitting a completed "Express Scripts" claim form. Claim forms can be obtained by calling Consolidated Health Plans at (800) 633-7867 or visiting their website at www.consolidatedhealthplan.com. A directory of participating pharmacies is available by calling Express Scripts directly at (800) 451-6245.

NOTE: Not all medications are covered. A complete list of exclusions may be obtained by calling Express Scripts directly at (800) 451-6245.

Please note: You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy. Refer to claim procedure for filing of claims.

NON-DUPLICATION OF BENEFITS – ACCIDENT COVERAGE

The Policy provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any Other Valid and Collectible Insurance. If the Covered Person is covered by Other Valid and Collectible Insurance, all benefits payable by such insurance in excess of \$100 will be determined before benefits will be paid by this Policy. This Policy is the secondary payor to any other insurance having primary status or non-coordination or non-duplication of benefits provision.

Benefits paid by this Policy will not exceed: (1) any applicable Policy maximums; and (2) 100% of the compensable expenses incurred when combined with benefits paid by any Other Valid and Collectible Insurance.

COORDINATION OF BENEFITS PROVISION – SICKNESS COVERAGE

All benefits above \$100.00 per Sickness 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.

STATE MANDATED BENEFITS

The plan will pay for the following mandated benefits and any other applicable mandates in accordance with Rhode Island Insurance Laws: Cancer Therapy; Dental; Home Health Care; Mammography and Pap Smear; Substance Abuse; Off-Label Drugs; Pediatric Preventive Care; Diabetes; Mastectomy Reconstruction and Length of Stay; Alcoholism; Maternity Length of Stay; Infertility Coverage; Prostate and Colorectal Cancer Screening; Leukocyte Testing Expense; Hearing Aid Coverage for Children under age 18 and New Cancer Therapies.

EFFECTIVE AND TERMINATION DATES

Coverage for the fall semester is effective at 12:01 a.m. on 8/15/05 and terminates at 12:01 a.m. on 1/15/06.

Coverage for new and returning students for the spring semester is effective at 12:01 a.m. on 1/15/06 and terminates at 12:01 a.m. on 8/15/06.

The deadline date for students to waive this coverage is 9/16/05 for the fall semester and 2/17/06 for the spring semester.

Coverage for dependents is effective on the date the student's coverage is effective and terminates on the date the student's coverage terminates.

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 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 the premium will be made for such person upon written request received by the Company within 90 days of withdrawal from school.

Any adopted child will be covered on the same basis as a newborn child from the date of placement by a licensed placement agency, in the Covered Person's home, for purposes of adoption. A foster child will be covered from the date of the filing a petition to adopt, if

the child has been residing in the Insured's home as a foster child from whom the Insured has received foster care payments.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the termination date. However, if a Covered Person is Hospital Confined on the termination date from a covered injury or Sickness for which benefits were paid before the termination date, Covered Medical Expenses for such Injury or Sickness will continue to be paid until the completion of his/her Hospital Confinement as long as the condition continues for the duration of recovery but not to exceed 90 days from the expiration date of coverage or beyond release from the Hospital for that Inpatient Confinement or the maximum policy benefit whichever occurs first.

DEFINITIONS

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.

Hospital does not include the following:

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

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.

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

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

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

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

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

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

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 normal Pregnancy and Complications of Pregnancy.

Usual and Customary Charge means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be

derived from the mean charge based on the experience in a related area of the service delivered and the Ingenix schedule of fees.

SUBROGATION

We will be fully and completely subrogated to the rights of a Covered Person against parties who may be liable to provide indemnity or make a contribution with respect to any matter that is the subject of a claim under this Policy.

The Covered Person further agrees to cooperate fully with the Company in seeking such indemnity or contribution including, where appropriate, when we are instituting proceedings at its own expense against such parties in the name of the Covered Person. The Covered Person further agrees that the Company will have lien to the extent of benefits provided. Such lien may be filed with the person whose act caused the Injury, the person's agent or a court having jurisdiction in the matter.

EXCLUSIONS AND LIMITATIONS

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 colleges' Health Services infirmary or hospital, or by Health Care Providers employed by the college.
3. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations therefore; except for repair caused by a covered injury.
4. Suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane;
5. 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;
6. Elective treatment or elective surgery, except as specifically provided;
7. 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;
8. Injury due to participation in a riot.

9. Injury or Sickness for which benefits are paid under any Worker's Compensation or Occupational Disease Law.
10. 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;
11. Treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance;
12. Injury resulting from the playing, practice, participating, or conditioning for any intercollegiate sport, contest or competition sponsored by the College, any professional sport, or injury sustained while traveling to or from such sport, contest or competition as a participant;
13. Expenses incurred in connection with weak, strained or flat feet, corns, calluses, bunions or toenails;
14. Committing or attempting to commit a felony; or fighting, except in self defense while sane or insane;
15. Injury resulting from racing or speed contests, scuba diving, or sky diving, mountaineering (where ropes or guides are customarily used), or any other hazardous sport or hobby;
16. Expenses incurred for vitamins;
17. Expenses incurred for the treatment of and supplies of weight reduction, hair growth or removal, or smoking cessation;
18. Accident sustained or Sickness contracted as a result of the use of alcohol or the misuse of drugs, medicines, or narcotics, unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician;
19. Injury 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;
20. Expenses for preventative medicines, vaccines or injections administered during an outpatient visit, except an injection given by a Physician in private practice who will certify that a Medical Emergency was required for the condition;

CLAIM PROCEDURE

1. Bills must be submitted within 90 days from the date of treatment.
2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.
3. Subsequent medical bills should be mailed promptly to Consolidated Health Plans.

All medical bills should be submitted to the Claims Administrator shown below:

Claims Administrator: CONSOLIDATED HEALTH PLANS

195 Stafford Street
Springfield, MA 01104-3503
(413) 733-4540
Toll Free (800) 633-7867

Servicing Broker: UNIVERSITY HEALTH PLANS

One Battery March Park
Quincy, MA 02169
Local: (617) 472-5324
Out of area: 800-437-6448

Please visit our website for more information regarding this plan at: www.universityhealthplans.com or email us at: info@univhealthplans.com

Within 45 days following receipt of the appropriate documentation, we will either (1) make payment for the services provided, (2) notify the provider or claimant in writing of the reason or reasons for nonpayment, or (3) notify the provider or claimant in writing of what additional information or documentation is necessary to complete the claim filing. If we fail to comply, We are required to pay, in addition to any reimbursement for health care services provided, interest on the benefits beginning 45 days after receipt of the properly documented claim at the rate of 1.5 percent per month, not to exceed 18 percent per year. These provisions do not apply to claims that a carrier is investigating because of suspected fraud.

There is no utilization review performed on this policy.

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 60 days by Consolidated Health Plans.

Translation services are available to assist insureds, upon request, related to administrative services.

Questions? Need More Information?

For general information on benefits, on how to enroll, or service issues, please contact:

University Health Plans, Inc.
One Batterymarch Park
Quincy, MA 02169-7454
(800) 437-6448
www.universityhealthplans.com

For information on submitting claims or to check the status of a claim, please contact:

Consolidated Health Plans
195 Stafford Street
Springfield, MA 01104-3503
(800) 633-7867
www.consolidatehealthplan.com

For information on PHCS provider network, please contact:
PHCS at (866) 559-7427 toll free or you may visit the PHCS website at www.PHCS.com.

The Plan is Underwritten By:

Security Mutual Life Insurance Company of New York
Policy Number: 2005I5A22

This Brochure is intended only for quick reference and does not limit or amplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file at the college.

EMERGENCY MEDICAL 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.