

BRYANT UNIVERSITY STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

Underwritten by Security Mutual Life Insurance Company of NY

Policy No. 201015A66

2010-11 SUMMARY OF BENEFITS CHART

This is a Summary of benefits available through the Bryant University Student Accident and Sickness Insurance Plan. **This summary should be used in conjunction with the full plan description, including plan provisions, limitations and exclusions.** To obtain a copy of the full plan description, please go to www.universityhealthplans.com or www.chpstudent.com. Question regarding the benefits, limitations and exclusions can be directed to University Health Plans at (800) 437-6448 or by email at info@univhealthplans.com.

BASIC ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFITS

The Plan provides benefits incurred by an Insured Person for loss due to a covered Accident or Sickness up to a Per Condition Aggregate Maximum of \$90,000. In-Network Providers are the Physicians, Hospital and other health care providers who have contracted to provide specific medical care at a Preferred Allowance. "Preferred Allowance" means the amount a Preferred Provider will accept as payment for Covered Medical Expenses. Out-of-Network Providers are providers who have not agreed to any prearranged fee schedule. When an Out-of-Network Provider is used, reduced or lower benefits will be provided. To locate a preferred provider, please visit www.firsthealth.com.

Benefits will be paid for each service as listed in the schedule below.

Per Condition Aggregate Maximum Benefit	\$90,000	
	In-Network	Out-of-Network
Deductible (Per Insured Person, Per Accident or Sickness)	N/A	\$100
INPATIENT BENEFITS		
Hospital Room and Board , Services include semi-private room, nursing services, and intensive care unit.	90% of Preferred Allowance	80% of Reasonable & Customary (R&C)
Miscellaneous Hospital 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.	90% of Preferred Allowance	80% of R&C up to maximum of \$5,000
In Hospital Doctor's Visits Expense	90% of Preferred Allowance	80% of R&C
Pre-Admission Testing	Paid under Miscellaneous Hospital Expense	
Routine Newborn Care , when hospital confined and routine newborn care provided immediately after birth	Paid the same as any other Sickness	
Physiotherapy	No Benefits	No Benefits
SURGICAL BENEFITS (Inpatient and Outpatient)		
Surgical Expense Benefit , covered medical expenses for charges for surgical services performed by a licensed Physician	90% of Preferred Allowance up to maximum of \$5,000 (Per Accident or Sickness)	80% of R&C up to maximum of \$5,000 (Per Accident or Sickness)
Anesthetist Expense , covered medical expenses for charges of an anesthetist during a surgical procedure	90% of Preferred Allowance (Included under Surgical Expense Benefit)	80% of R&C (Included under Surgical Expense Benefit)
Assistant Surgeon Expense , covered medical expenses for charges of an assistant surgeon during a surgical procedure	90% of Preferred Allowance (Included under Surgical Expense Benefit)	80% of R&C (Included under Surgical Expense Benefit)
OUTPATIENT EXPENSE BENEFITS		
Outpatient Expense , covered medical expenses include diagnostic x-ray & laboratory test and procedures, including STD testing, radiation therapy, chemotherapy, hospital outpatient department, chiropractic services, and injections when administered in a doctor's office and charged on the doctor's bill	90% of Preferred Allowance up to maximum of \$3,000 (Per Accident or Sickness)	80% of R&C up to maximum of \$3,000 (Per Accident or Sickness)
Doctor's Visits , limited to one visit per day. Benefits do not apply when related to surgery or physiotherapy	\$15 co-payment per visit, then 100% of Preferred Allowance	\$15 co-payment per visit, then 80% of R&C
Emergency Room Expense , covered medical expenses include use of the Emergency Room and supplies. Treatment must be for a Medical Emergency as defined and rendered within 72 hours from the time of Injury or onset of Sickness. Co-pay waived if admitted	\$100 co-pay per visit, then 90% of Preferred Allowance	\$100 co-pay per visit, then 80% of R&C
Day Surgery Miscellaneous , covered medical expenses in connection with Outpatient Surgery include; operating room, laboratory tests, x-ray examinations, professional fees, anesthesia, drugs or medicines, therapeutic services and supplies	90% of Preferred Allowance	80% of R&C
Physiotherapy Expenses , limited to one visit per day	\$15 co-payment per visit, then 100% of Preferred Allowance	\$15 co-payment per visit, then 80% of R&C
High Cost Procedure Expense , Services include, but are not limited to CAT scan, MRI, Ultrasound and Laser Treatment	90% of Preferred Allowance up to a combined maximum of \$3,000 per Accident or Sickness	80% of R&C up to a combined maximum of \$3,000 per Accident or Sickness
Ambulance Expense	100% of R&C up to \$150 per condition	
MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS		
Inpatient Expense	Paid the same as any other Sickness.	
Outpatient Expense	\$15 co-payment, then 100% of Preferred Allowance Up to 30 hours per Policy Year	\$15 co-payment, then 80% of R&C Up to 30 hours per Policy Year

ADDITIONAL BENEFITS	
Prescription Drug Expense , Prescriptions must be filled at an Express Scripts Participating Pharmacy	\$10 co-pay for a 30 day supply of a generic drug and a \$20 co-pay for a 30 days supply of a brand name drug, up to \$1,200 maximum for all conditions per Policy Year
Wellness Immunization Benefits , includes immunizations such as Hepatitis A&B, Diphtheria, Tetanus, Pertussis, MMR, Annual Flu Vaccine, HPV Vaccine, and Screenings, such as Cholesterol Screening and Blood Titers	80% of Covered Charges up to \$300 per Policy Year
Accident Dental Expense , Injury to sound natural teeth	R&C up to \$350 per tooth, up to a maximum of \$1,000
Sickness Dental Expense , for the removal of impacted wisdom teeth and dental abscesses	R&C up to a maximum of \$100 per tooth
Durable Medical Equipment	100% of R&C up to a maximum of \$100
Home Health Care	Paid same as any other covered expense
Consultant Expense Benefit	90% of Preferred Allowance
Maternity	80% of R&C, up to \$125
Voluntary Termination of Pregnancy	Paid the same as any other Sickness
Medical Evacuation and Repatriation of Remains	100% of Preferred Allowance
Intercollegiate Sports	80% of R&C, up to \$350
	Covered up to \$25,000
	Paid the same as any other Injury up to a maximum of \$90,000

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

Mandated benefits as required by the state of Rhode Island in which the Policy is issued include, but are not limited to: Alcoholism; Ambulance Services; Cancer Therapy; Contraceptives; Cranial Prosthetics; Diabetes; Early Intervention; Enteral Formula; Hearing Aid Coverage; Infertility Coverage; Leukocyte Testing Expense; Lyme Disease Treatment; Mammography and Pap Smear; Mastectomy Reconstruction; Maternity Length of Stay; Mental Illness; Off-Label Drugs; Orthotic and Prosthetic Services; Pediatric Preventive Care; Prostate and Colorectal Cancer Screening; Scalp Hair Prosthesis; Substance Abuse; and Tobacco Cessation Treatment.

COORDINATION OF BENEFITS PROVISION

Benefits will be coordinated with any other group medical, surgical, or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

PRE-EXISTING CONDITIONS LIMITATION

After the first \$2,000 in eligible expenses, 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 under prior Creditable Coverage for six (6) consecutive months. Prior Creditable Coverage of less than six (6) months will be credited toward satisfying the Pre-existing Condition limitation.

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. Pregnancy, including Complications of Pregnancy, maternity care and genetic disorders, shall not be considered a Pre-existing Condition under the Policy.

EXCLUSIONS & LIMITATIONS

The Plan does not cover nor provide benefits for:

1. Services normally provided without charge by the Policyholder's student health service center, infirmary, or Hospital, or by Health Care Providers employed by the Policyholder;
2. Preventive medicines, serums, immunizations or vaccines, except as specifically provided;
3. Routine physical examinations, except as specifically provided unless prescribed by a Doctor for treatment of an Injury or Sickness;
4. Organ transplants, except as specifically provided;
5. Pre-existing Conditions as defined in this Policy in excess of \$2,000;
6. Non-prescription drugs or medicines, except as specifically provided;
7. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided;
8. Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with professional sports;
9. Injury resulting from motor vehicle accident to the extent that benefits are payable under any automobile medical expense insurance or mandatory no-fault benefits insurance;
10. Hearing and speech tests, except as specifically provided;
11. Cosmetic surgery, except as the result of a covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion will 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 as resulted in a functional defect;
12. Correction of congenital defects, except as specifically provided;
13. Expenses incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit. This exclusion does not apply to treatment resulting from Injury to sound, natural teeth;
14. Expenses incurred for non-surgical treatment of TMJ dysfunction and associated myofascial pain;
15. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
16. Expenses as a result of participation in a felony;
17. Injury due to participation in a riot;
18. Injury or Sickness for which benefits are payable under Worker's Compensation or Occupational Disease Law;
19. For services or supplies rendered by a close relative of the Insured Person or by a home health aide who is a member of your household. By "close relative" We mean an Insured Person's spouse, children, parents, brothers and sisters;
20. Foot care only to improve comfort or appearance such as care for flat feet; subluxation; corns; calluses; routine care of toenails and the like, except for treatment of bunions, capsular, or bone surgery and infected and impacted toenails, which are covered when Medically Necessary;
21. Expenses incurred for transsexual surgery or any treatment leading to or in connection with transsexual surgery;
22. Services, supplies, drugs or laboratory tests related to programs designed for the purpose of weight reduction, except for surgical treatment of morbid obesity;
23. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;

24. Expenses incurred for vision therapy, radial keratotomy, eyeglasses, and contact lenses (except when required after surgery), other vision and hearing aids, except as required for repair caused by a covered Injury;
25. Elective treatment or elective surgery, except as specifically provided;
26. 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;
27. Expenses incurred for: tubal ligation; vasectomy; breast implants; breast reduction; sexual reassignment surgery; impotence (except approved services related to organic dysfunctions); non-cystic acne; non-prescription birth control; submucosa resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism; and learning disabilities or disorders or Attention Deficit Disorder;
28. Expense incurred for any service, treatment or supply for the diagnosis or treatment of sexual dysfunction (including erectile dysfunction). This includes, but is not limited, drugs except as noted, laboratory and x-ray tests, counseling, transsexual procedures or penile prostheses necessary due to any medical condition or organic disease. A penile prosthesis will be eligible for payment only after prostate surgery; Viagra or any therapeutic equivalents;
29. Expenses incurred for any experimental drug or drug combination which the Federal Food and Drug Administration (FDA) has not approved for any indication, or for any drug which the FDA has determined to be contraindicated for a particular condition;
30. Testing, treatment or services for any condition in the absence of Sickness or Injury, except as specifically provided;
31. Alternative health care, including (but not limited to) acupuncture, except as specifically provided, acupressure, biofeedback, reflexology and rolling type services;
32. Expenses incurred for services or supplies for the diagnosis and treatment of sleep disorders, including but not limited to apnea monitoring and sleep studies.

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