

Middlebury College Summer 2009 Exchange Visitor (J-1) Accident and Sickness Insurance Plan

Underwritten by Combined Insurance Company of America
Policy Number: CUH201527

ELIGIBILITY AND ENROLLMENT

All Summer Language School Employees holding J-1 and J-2 (Dependent) Visa's will automatically be enrolled into the Summer 2009 Exchange Visitor (J-1) Accident & Sickness Insurance plan. All other Summer Language School Employees and Lecturers are eligible for coverage and can enroll on a voluntary basis.

EFFECTIVE AND TERMINATION DATES

Summer Language School Employees, Lecturers and all those holding J-1 and J-2 Visa's are enrolled in the Summer 2009 Exchange Visitor (J-1) Accident & Sickness Insurance Plan for the summer period for which they are active employees at Middlebury College.

SUMMARY OF BENEFITS

When, by reason of Accident or Sickness, an Insured Person incurs expenses for hospital, surgical or medical treatment, services or supplies, payment will be made as allocated on the following Schedule of Benefits for Covered Expenses, up to a Per Condition Aggregate Maximum of \$50,000.

Schedule of Benefits	
Per Condition Aggregate Maximum Benefit	\$50,000 Per Accident or Sickness
Inpatient Hospital Expense Benefits	
Hospital Room & Board - Semi-private room charge for confinement as a resident patient	100% of Covered Charges
Hospital Miscellaneous Expense - Services while confined as a resident in a hospital	100% of Covered Charges, up to a maximum of \$750.00; then, 80% of Covered Charges
In Hospital Doctor's Fees - Services include visits by a doctor for medical treatment while confined as a resident patient on non-surgical cases	100% of Covered Charges, up to a maximum of \$40.00 per hospital visit
Licensed Nurse Expense	100% of Covered Charges, up to a maximum of \$100.00 per 24 hour shift while hospital confined
Surgical Expense Benefits	
Surgical Expense	100% up to a maximum of \$1,500
Multiple Surgical Procedures	Multiple Surgical Procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the Covered Percentage of the Covered Charge of the most expensive Surgical Procedure being performed, and with regard to the less expensive Surgical Procedure in an amount equal to 50% of the Covered Percentage of the Covered Charge for those procedures.
Assistant Surgeon Expense Anesthetist Expense	30% of Covered Charges, included under Surgical Expense Benefit
Outpatient Expense Benefits	
Emergency Room and Hospital Outpatient Department Expense	100% of Covered Charges, up to a maximum of \$250.00
Outpatient Doctor's Fees - Includes office visits beginning with the second visit for treatment of an injury or sickness when not confined in a hospital.	100% of Covered Charges, up to a maximum of \$20.00 per visit
Additional Benefits	
Consultant Expense - for diagnosis or treatment when recommended by the attending physician	100% of Covered Charges, up to a maximum of \$50.00
Ambulance Expense -ground transportation to and from the hospital	100% of Covered Charges, up to a maximum of \$100.00
Accidental Dental Expense - Injury to sound, natural teeth	100% of Covered Charges, up to a maximum of \$500.00 per policy year
Prescription Drug Expense - prescribed as a result of accidental injury or acute illness condition	80% of Covered Charges, up to a maximum of \$50.00
Medical Evacuation - On Call International must be contacted prior to making arrangements	100% of Covered Charges up to a maximum of \$10,000
Medical Repatriation of Remains - On Call International must be contacted prior to making arrangements	100% of Covered Charges up to a maximum of \$7,500

EXCLUSIONS

This 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. Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multiphasic testing, or lasix or other vision procedures except as required for repair caused by a covered Injury;
3. Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to sound natural teeth;
4. Cosmetic surgery, except as the result of covered Injury occurring while this Policy 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;
5. Injury due to participation in a riot;
6. Charges for treatment of any Injury or Sickness due to an Insured Person's participation in a felony;
7. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
8. 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;
9. Illness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungicord jumping;
10. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
11. Injury resulting from motor vehicle accident to the extent that benefits are payable under any automobile medical expense insurance or automobile no-fault plans;
12. Services not Medically Necessary;
13. For services or supplies rendered by a close relative of the Insured Person. By "close relative" We mean an Insured Person's spouse, children, parents, brothers and sisters;
14. Expense covered by any other valid and collectible medical, health or accident insurance;
15. Expense incurred after the date insurance terminates for an Insured Person except as may be specifically provided in the Extension of Benefits Provision, when applicable;
16. Services incurred prior to the Insured Person's Effective Date or during Hospital Confinement in one or more facilities, which began prior to the Insured Person's Effective Date;
17. An amount of a charge in excess of the Reasonable and Customary Expense;
18. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain;
19. 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;
20. Pre-existing Conditions as defined in this Policy;
21. 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;
22. Personal hygiene/convenience items; telephone consultations, missed appointments, photocopies or medical records, or completion of claim forms; expenses incurred for custodial care or services not needed to diagnose or treat an Injury or Sickness, including but not limited to services related to the activities of daily living;
23. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
24. Elective Treatment or elective surgery, except as specifically provided;
25. Treatment of mental or nervous disorders except;
26. Treatment of alcohol and substance abuse except;
27. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
28. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity;
29. Expenses incurred for transsexual surgery or any treatment leading to or in connection with transsexual surgery;
30. Expenses incurred for allergy treatment;
31. Preventative medicines, serums, immunizations, or vaccines, except insulin and as specifically provided;
32. Expense incurred for: tubal ligation; vasectomy; breast implants; breast reduction; sexual reassignment surgery; impotence (organic or otherwise); non-cystic acne; non-prescription birth control; submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism;
33. Expense incurred for: topical acne treatments, moles, non-malignant warts or lesions, fertility medication; legend vitamins or food supplements; smoking deterrents; immunization agents; biological sera; drugs to promote or stimulate hair growth; experimental drugs; drugs dispensed in a rest home or hospital, except as provided under the Hospital Expense Benefit;
34. Routine periodical physical examinations and routine chest x-rays, except as specifically provided.

A Master Policy is available for review at Middlebury College. In the event of any conflict between this description of services provided and the Policy, the Master Policy will control.

<i>For information on:</i>	<i>General Benefits or Service Issues</i>	<i>A Specific Claim or to Check Claims Status</i>	<i>Worldwide Emergency Assistance Services (must be contacted for Medical Evacuation and Repatriation services)</i>
Please contact the following:	Gallagher Koster 500 Victory Road Quincy MA 02171 1-800-430-0697 Email: MiddleburyStudent@Kosterins.com	Klais & Company, Inc. 1867 West Market Street Akron, OH 44313-1096 1-800-331-1096 Email: Klaisclaims@Klais.com	On Call International 1-800-850-4556 <i>(toll free within the United States)</i> 1-609-452-8570 <i>(collect, outside the United States)</i>

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