Middlebury

Student Accident and Sickness Insurance Plan

designed for

Middlebury College
2009-2010

— Read Your Certificate Carefully —

Policy Number: CUH201664
Middlebury, Vermont

Table of Contents

Student Insurance Plan 1
Student Eligibility 1
Student Enrollment 1
• Mandatory Student Accident Only Insurance Plan 1
• Student Accident Only Insurance Plan - Summer Coverage 1
• Voluntary Student Accident & Sickness Insurance Plan 1
Policy Term 1
Plan Costs 1
Premium Refund Policy 1
Middlebury College Health Service 1
Gallagher Koster Complements 2
Network Providers 2
Definitions 2
Student Medical Insurance Benefits 3
• Mandatory Student Accident Only Insurance Plan 3
• Student Accident Only Insurance Plan - Summer Coverage 3
• Voluntary Student Accident & Sickness Insurance Plan 3
24-Hour Nurse Advice Line 4
Schedule of Voluntary Student Accident & Sickness Insurance Benefits 4-5

Description of Voluntary Student Accident & Sickness Insurance Benefits 6
• Inpatient Hospital Expense Benefits 6
• Surgical Expense Benefits (inpatient or outpatient) 6
• Outpatient Expense Benefits 6
• Mental and Nervous Conditions and Alcohol & Drug Abuse Expense Benefits 6
• Additional Benefits 7
• Prescription Drug Expense Benefit 7
• State Mandated Benefits 7
Pre-Existing Condition Limitation 8
Continuous Insurance 8
Exclusions 8
Excess Provision 9
Extension of Benefits 9
Appeals Procedure 9
Reimbursement & Subrogation 9
Coordination of Benefits 9
Claims Procedures 9
HIPAA 9
Student Insurance Plan
This brochure describes the insurance coverage under the Middlebury College Student Insurance Plans. This plan is underwritten by Combined Insurance Company of America, serviced by Gallagher Koster and claims are administered by Klais & Company, Inc. The exact provisions governing this Student Accident and Sickness Plan are contained in the Master Policy which will be issued to the College.

Student Eligibility
All undergraduate and graduate students enrolled as full-time students of Middlebury College are eligible to enroll in the Student Accident & Sickness Insurance Plan.

Student Enrollment
- Mandatory Student Accident Only Insurance Plan
  All undergraduate and graduate students enrolled at Middlebury College are automatically enrolled in the Mandatory Student Accident Only Insurance Plan. The Mandatory Student Accident Only Insurance Plan provides coverage for Covered Medical Expenses incurred as a result of an Accident sustained during the academic year, 9/1/09 - 5/31/10.

- Student Accident Only Insurance Plan - Summer Coverage
  Students who are enrolled for classes during the Summer Term will be automatically enrolled in the Mandatory Student Accident Only Insurance Plan for the Summer Term, 6/1/10 - 8/31/10. Students not taking summer classes will not be automatically enrolled, and are not eligible to enroll on a voluntary basis.

- Voluntary Student Accident & Sickness Insurance Plan
  All undergraduate and graduate students enrolled in the Mandatory Student Accident Only Insurance Plan are eligible to enroll in the Student Accident & Sickness Insurance Plan on a voluntary basis. The Voluntary Student Accident & Sickness Insurance Plan combines coverage for Covered Expenses incurred as a result of a Sickness with the coverage available under the Mandatory Student Accident Only Insurance Plan. The Voluntary Accident & Sickness Insurance Plan also provides coverage for Emergency Medical Evacuation and Repatriation of Remains Students who elect to purchase this Plan will be covered by the Voluntary Student Accident & Sickness Insurance Plan for the entire policy year, 9/1/09 through 8/31/10.

Students interested in purchasing the Voluntary Accident & Sickness Insurance Plan may enroll and submit the applicable premium online through www.gallagherekoster.com. Students who do not wish to use the online enrollment option must complete an Insurance Enrollment Form and mail the premium payment for coverage directly to Gallagher Koster by September 15, 2009 for an effective date of September 1, 2010.

Policy Term
Mandatory Accident Only Insurance Plan
The Mandatory Accident Only Insurance Plan for the Academic year term is effective on September 1, 2009 and terminates on May 31, 2010. Spring term coverage is effective on February 1, 2010 and terminates on May 31, 2010. The Student Accident Only Insurance Plan - Summer Coverage is effective on June 1, 2010 and terminates on August 31, 2010.

Voluntary Accident & Sickness Insurance Plan
The Voluntary Accident & Sickness Insurance Plan is effective on September 1, 2009 and terminates on August 31, 2010 for annual coverage. Spring term coverage is effective on February 1, 2010 and terminates on August 31, 2010.

Enrollment in the Voluntary Accident & Sickness Insurance Plan extends the Mandatory Accident Only Insurance Plan through August 31, 2009.

PLAN COSTS
The following costs are for Students Only.

<table>
<thead>
<tr>
<th>Period of Coverage</th>
<th>Annual Coverage 9/1/09 - 8/31/10</th>
<th>Fall Coverage 9/1/09 - 1/31/10</th>
<th>Spring Coverage 2/1/10 - 8/31/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary Accident &amp; Sickness Plan</td>
<td>$939.00</td>
<td>$391.00</td>
<td>$548.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period of Coverage</th>
<th>Annual Coverage 9/1/09 - 5/31/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident Only Plan</td>
<td>$37.00</td>
</tr>
</tbody>
</table>

Premium Refund Policy
If an Insured Student withdraws from the university within the first 31 days of the first semester, and has not yet submitted a claim, he or she will receive a full refund of the insurance premium. If an Insured Student withdraws from the university after 31 days of the first semester, his or her coverage will remain in effect until the end of the term for which he or she was charged premium.

Those Insured Students withdrawing from school to enter military service will be entitled to a pro-rata refund of premium upon written request of the withdrawal from school, and coverage will end as of the date of such entry.

Middlebury College Health Service
Middlebury College offers a wide range of health services through the Parton Health Center and the Center for Counseling and Human Relations, most of which are included in the cost of a student's comprehensive fee (which is separate from the insurance plan cost). During the academic year The Health Center is staffed 24-hours-a-day with a Registered Nurse. Appointments are available during regular business hours with a Physician, Nurse Practitioners and Registered Nurses. The services provided at the Health Center include but are not limited to:

- acute care outpatient clinic
- inpatient/overnight care
- allergy shots
- immunizations
- men's and women's health care including contraceptive management
- sexually transmitted infection testing and sexuality counseling
- comprehensive travel clinic
- limited laboratory services
- a wide range of over-the-counter medications
- referrals to appropriate local practitioners.

The Center for Counseling and Human Relations provides psychological and nutritional counseling. Three counselors provide short-term counseling, crisis intervention, educational and mental health programs, assessments and referrals to other professional therapists in the area. Students may be expected to pay for psychiatric assessment and follow-up psychiatric treatment Zug Sports Medicine Center provides athletic training and sports medicine services to official team roster members of intercollegiate teams and club rugby and crew. For a complete list of services offered by Parton Health Center, the Center for Counseling and Human Relations and Zug Sports Medicine Center please see each web site accessed from Middlebury College's Home Page.
Health Center Charges
There is no charge for health center visits and overnight stays, visits to the Center for Counseling and Human Relations, Zug Sports Medicine Center or initial nutritionist evaluations. Students will be charged through the Health Center for certain lab tests, specifically STD and HIV testing, some vaccines and some medical supplies.

Gallagher Koster Complements
Exclusively from Gallagher Koster, enrolled students have access to the following menu of products at no additional cost. These plans are not underwritten by Combined Life Insurance Company. More information is available at www.gallagherekoster.com.

EyeMed Vision Care
The discount vision plan is available through EyeMed Vision Care. EyeMed’s provider network offers access to over 45,000 independent providers and retail stores nationwide, including LensCrafters, Sears Optical, Target Optical, JC Penney Optical, and most Pearle Vision locations. You will receive a separate EyeMed ID card. There is no waiting period; you can take advantage of the savings immediately upon receipt of your EyeMed ID card. You can purchase prescription eyeglasses, conventional contact lenses or even non-prescription sunglasses at savings between 15% and 45% off regular retail pricing. In addition, you can receive discounts from 5% to 15% off laser correction surgery at some of the nation’s most highly qualified laser correction surgeons. You can call 1-866-BEYEMED or go online to www.eyemedvisioncare.com and choose the Access network from the drop down network option.

Basix Dental Savings
Maintaining good health extends to taking care of your teeth, gums and mouth. The Basix Dental Savings Program provides a wide range of dental services. It is important to understand the Dental Savings Program is not dental insurance. Basix contracts with dentists that agree to charge a negotiated fee to students covered under your Gallagher Koster plan. You must pay for the services received at the time of service to receive the negotiated rate. Savings vary but can be as high as 50% depending upon the type of service received and the contracted dentist providing the service. To use the program, simply:
• Make an appointment with a contracted dentist. Contracted dentists and their fee schedules are listed on our website, www.basixstudent.com.
• Tell the dental office that you are an insured student and have to the Basix program. Each dentist has an administrative person to assist you with any questions. You do not need a separate identification card for the Basix program, but you will need to show your student health insurance ID card to confirm your eligibility. If the office needs to check eligibility, call Gallagher Koster at 800-457-5599.
• Remember, you must pay for the services you receive at the time of service, so make sure you understand what forms of payment (check, credit card, etc.) the dentist accepts.

Full details of the program can be viewed at the website: www.basixstudent.com. Once at the home page, select the link for your school. You may also contact us via email from our website, or by telephone at (888) 274-9961.

CampusFit
College health is all about helping students develop healthy habits for a lifetime. To support your efforts, CampusFit “digitizes” knowledge from registered dietitians and certified fitness instructors to help teach and reinforce mainstream ideas about diet, nutrition, fitness and general wellness.

• The Energy Management section of the site allows a student to easily assess how much energy they are consuming, and expending on a daily basis. It also displays the results in the context of the Food Pyramid so students can see how to improve their food choices.
• The Fitness Works section has dozens of downloadable mp3 files and written exercise routines to help students get more active. Want to run your first 5K? We’ve got a nine week, step-by-step plan to get you there.
• The Wellness Support section has downloadable mp3 files for guided imagery relaxation, and dozens of recordings to reinforce fundamental diet and nutrition ideas – we’ve even got a 20 minute discussion on the “Freshman 15”.

CampusFit is available at no cost to students. To access CampusFit, go to www.gallagherekoster.com.

Network Providers
The Middlebury College Student Insurance Plans provide access to hospitals and health care providers throughout the country through the First Health Preferred Provider Network.
The advantage to using a Network Provider is that Network Providers have agreed to accept a predetermined fee or Preferred Allowance as payment for their services. Consequently, when Insured Students use Network Providers, Out-of-Pocket expenses will be less because any applicable co-payments will be based on a Preferred Allowance. The Insured Person should be aware that Network Hospitals may be staffed by Non-Network Providers. Receiving services or care from a Non-Network Provider at a Network Hospital does not guarantee that all charges will be paid at the Network Provider level of benefits. It is important that the Insured Person verify that his or her Doctors are Network Providers when calling for an appointment or at the time of service. The most efficient and accurate way to identify Network Providers is by contacting First Health at 1-888-685-7774 or online at www.firsthealth.com.

Definitions
Accident means a specific unforeseen event, which happens while the Insured Person is covered under this Policy and which directly results in an Injury.

Coincidence means the percentage of Reasonable and Customary Expenses for which the Insured Person is responsible for a covered service.

Complications of Pregnancy means conditions, which require Hospital stays before the pregnancy ends, and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are: (a) acute nephritis or nephrosis; (b) cardiac decompensation or missed abortion; (c) similar medical and surgical conditions of comparable severity; (d) non-elective caesarean section; (e) termination of an ectopic pregnancy; (f) spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.); (g) pre-eclampsia; and (h) hyperemesis gravidarum.

Covered Charge or Expense as used herein means those charges for any treatment, services or supplies that are: (a) for Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Reasonable and Customary Expenses; (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred while this Policy is in force as to the Insured Person except with respect to any expense payable under the Extension of Benefits Provision.

Covered Percentage means that part of the Covered Charge that is payable by the Company after the Deductible or Co-payment has been met.
Deductible means the amount of Expenses for covered services and supplies, which must be incurred by the Insured Person before specified benefits become payable.

Doctor as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of residence of such practitioner, including chiropractors; or (c) a certified nurse midwife while acting within the scope of that certification.

Experimental or Investigational Care means a service or supply: (a) that We, in Our discretion, determine is not commonly and customarily recognized as being safe and effective for the particular diagnosis or treatment; or (b) which requires approval by any governmental authority and such approval has not been granted before the service or supply is furnished. We may rely upon the advice of medical consultants and commonly recognized national medical organizations in determining which services or supplies are experimental or investigational.

Hospital means a facility which meets all of these tests: (a) it provides inpatient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located. Hospital does not include a place run mainly: (a) for alcoholics or drug addicts; (b) as a convalescent home; (c) as a nursing or rest home; or (d) as a hospice facility.

Hospital Confinement means a stay of 18 or more consecutive hours as a resident bed-patient in a Hospital.

Injury means bodily injury caused by an Accident, which is the sole cause of the Loss. All injuries due to the same or a related cause are considered one Injury.

Insured Person means an Insured Student while insured under this Policy.

Insured Student means a student of the Policyholder who is eligible and insured for coverage under this Policy.

Loss means medical expense covered by this Policy as a result of Injury or Sickness as defined in this Policy.

Medical Emergency means the unexpected onset of an Injury or Sickness which requires immediate or urgent medical attention which, if not provided, could result in a Loss of life or serious permanent damage to a limb or organ or pain sufficient to warrant immediate care. A Medical Emergency does not include elective or routine care.

Medically Necessary means that a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice. A service or supply will not be considered as Medically Necessary if: (a) it is provided only as a convenience to the Insured Person or provider; (b) it is not the appropriate treatment for the Insured Person's diagnosis or symptoms; (c) it exceeds in scope, duration or intensity the level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment. The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Per Condition Aggregate Maximum means for each Insured Person, the maximum amount of benefits payable for each Accident or Sickness under the Student Health Insurance Policy each Policy Year.

Reasonable and Customary Expenses means fees and prices generally charged within the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature.

Sickness means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

We, Us and Our means the Combined Insurance Company of America.

You Your and Yours means the Policyholder.

**Student Medical Insurance Benefits**

- **Mandatory Student Accident Only Insurance Plan**
  When, by reason of Accident, an Insured Person incurs expenses for Hospital, surgical or medical treatment, services or supplies, We will pay 100% of the Covered Expenses incurred up to a Per Condition Aggregate Maximum benefit of $5,000. In addition, when an Insured Person incurs expenses for dental treatment for Injury to sound natural teeth, We will pay 100% of the Covered Charges incurred up to a maximum of $1,000 per policy year.

- **Student Accident Only Insurance Plan – Summer Coverage**
  When, by reason of Accident, and Insured Person incurs expenses for Hospital, surgical or medical treatment, services supplies. We will pay 100% of the Covered Expenses incurred up to a Per Condition Aggregate Maximum benefit of $2,000. In addition, when an Insured Person incurs expenses for dental treatment for Injury to sound natural teeth, We will pay 100% of the Covered Charges incurred up to a maximum of $1,000 per policy year.

- **Voluntary Student Accident & Sickness Insurance Plan**
  The Voluntary Student Accident & Sickness Insurance Plan maintains the coverage available through the Student Accident Only Insurance Plan and provides additional coverage for Covered Expenses incurred as a result of a Sickness. Payment will be made as allocated on the following Schedule of Medical Benefits for Covered Expenses incurred for an Accident or Sickness while insured under the Voluntary Student Accident & Sickness Insurance Plan up to the Per Condition Aggregate Maximum of $50,000.

  The Voluntary Student Accident & Sickness Insurance Plan also includes the following Plan enhancements:

- **Emergency Medical Evacuation Expense Benefit**
  This benefit applies only to Domestic Students while Studying Abroad and International Students. This benefit will pay benefits for the Covered Percentage of the Covered Expenses incurred, if any Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person.

  Emergency Medical Evacuation means: (a) the Insured Person's medical condition warrants immediate Transportation from the place where the Insured Person is injured or ill to the nearest Hospital (or home residence) where appropriate medical treatment can be obtained, or (b) for Domestic Students while Studying Abroad and International Students after being treated at a local Hospital; the Insured Person's medical condition warrants Transportation to his/her Home Country to obtain further medical treatment to recover.

  Covered Expenses are Expenses up to the maximum stated in the Plan of Insurance for: (a) Transportation, (b) medical services, and (c) medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All Transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical conveyance, and (b) approved in advance by the Company.

  Home Country means the country from which the Insured Person holds a passport. Where the Insured Person holds more than one passport, the Home Country will be the country that the Insured Person has declared with the Company.

  Transportation means any land, water or air conveyance required to transport the Insured Person during an Emergency Medical Evacuation. Expenses for special transportation must be:
(a) recommended by the attending Doctor; or
(b) required by the standard regulations of the conveyance
transporting the Insured Person. Special transportation
includes, but is not limited to: air ambulance, land ambulance,
and private motor vehicle. Expenses for medical supplies and
services must be recommended by the attending Doctor.

• **Repatriation of Body Remains Expense Benefit**

This benefit applies only to Domestic Students while Studying
Abroad and International Students. In the event of the death
of an Insured Person, We will pay the actual charges for the
Covered Expenses for the preparation and transportation of the
Insured Person’s remains to his or her Home Country or home
residence. This will be done in accord with all legal requirements
in effect at the time the body remains are to be returned to his or
her Home Country. The death must occur while the person is
insured for this benefit.

Covered Expenses include, but are not limited to, Expenses for
embalming, cremation, coffins, and transportation.

• **International Assistance Program**

The International Assistance Program (IAP) is included in the Student
Insurance Plan that provides access to a 24-hour worldwide
assistance network, On Call International, for emergency
assistance anywhere in the world. Simply call the assistance
center collect. The multilingual staff will answer your call and
immediately provide reliable, professional and thorough
assistance. The following services are included in this Plan:

1. Referral to the nearest, most appropriate medical facility,
   and/or Provider.
2. Medical monitoring by board certified emergency physicians
   in the United States.

3. Urgent message relay between family, friends, personal physician,
   school, and Insured.
4. Guarantee of payment to Provider and assistance in coordinating
   insurance benefits.
5. Arranging and coordinating emergency medical evacuations and
   repatriation of remains.
6. Emergency travel arrangements for disrupted travel as the
   consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket
   application processing.

Contact On Call International for any of these services:
Toll Free from U.S. and Canada: 1-800-850-4556
Dial Direct or Call Collect Worldwide: 1-603-898-9159 or
Fax: 1-603-898-9172
Contact our website: [www.oncallinternational.com](http://www.oncallinternational.com)

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### SCHEDULE OF VOLUNTARY STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN BENEFITS

Benefits under the Voluntary Student Accident and Sickness Insurance Plan are provided in the schedule below with the benefits available described in the appropriate column. Network Providers are the Physicians, Hospital and other health care providers who have contracted to provide specific medical care at the Preferred Allowance. Preferred Allowance means the amount a Preferred Provider will accept as payment for Covered Medical Expenses. Non-Network providers have not agreed to any prearranged fee schedules. When Insured Students use Network Providers, Out-Of-Pocket expenses will be less because applicable student insurance is based on negotiated preferred fees or the Preferred Allowance.

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>ACCIDENT</th>
<th>SICKNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Condition Aggregate Maximum Benefit*</td>
<td>$50,000 Per Injury</td>
<td>$50,000 Per Sickness</td>
</tr>
<tr>
<td><strong>INPATIENT HOSPITAL EXPENSE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Room and Board Expense, Services include semi-private room and board, special care unit</td>
<td>100% of Covered Charges, up to a maximum of $5,000; then, 80% of Covered Charges up to $350 per day</td>
<td>100% of Covered Charges for the first five days of Hospital Confined; then, 80% of Covered Charges up to $350 per day</td>
</tr>
<tr>
<td>Hospital Miscellaneous Expense, Services include anesthesia, operating room, diagnostic X-ray, laboratory tests, prescribed drugs &amp; medicines, dressings, supplies, physical &amp; occupational therapy, other necessary prescribed hospital expenses</td>
<td>100% of Covered Charges, up to a maximum of $5,000; then, 80% of Covered Charges while Hospital Confined</td>
<td>100% of Covered Charges, up to $1,000; then, 80% of Covered Charges while Hospital Confined</td>
</tr>
<tr>
<td>In Hospital Doctor’s Fees and Medical Expense, Services include visits by a doctor for medical treatment on non-surgical cases</td>
<td>100% of Covered Charges, up to a maximum of $5,000; then, 80% of Covered Charges</td>
<td>80% of Covered Charges</td>
</tr>
<tr>
<td>Licensed Nurse Expense</td>
<td>100% of Covered Charges, up to a maximum of $5,000; then, 80% of Covered Charges</td>
<td>100% of Actual Expense, up to $200.00 per 24 hour shift while Hospital Confined</td>
</tr>
<tr>
<td>Inpatient Consultant Expense</td>
<td>100% of Covered Charges, up to a maximum of $5,000; then, 80% of Covered Charges while Hospital Confined</td>
<td>100% of Actual Expense, up to $75.00 per condition, up to a maximum of 2 consultations per condition</td>
</tr>
</tbody>
</table>

*Please note: The Per Condition Aggregate Maximum Benefit is $50,000 Per Accident for the Mandatory Student Accident Only Insurance Plan, and $20,000 Per Accident for the Summer Student Accident Only Insurance Plan.*
<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>ACCIDENT</th>
<th>SICKNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SURGICAL EXPENSE BENEFITS (INPATIENT OR OUTPATIENT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Expense, Multiple Procedures Paid as Per Policy Language. See page 6 for complete description.</td>
<td>100% of Covered Charges, up to a maximum of $5,000; then, 80% of Covered Charges</td>
<td>80% of Covered Charges up to a maximum of $5,000 per condition</td>
</tr>
<tr>
<td>Assistant Surgeon Expense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthetist Expense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% of Covered Charges, up to a maximum of $5,000; then, 80% of Covered Charges</td>
<td></td>
<td>30% of Paid Surgical Expense</td>
</tr>
<tr>
<td>OUTPATIENT BENEFITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Consultant Expense, for diagnosis only when recommended by a physician or Middlebury Health Center employee</td>
<td>100% of Covered Charges, up to a maximum of $5,000; then, 80% of Covered Charges</td>
<td>100% of Actual Expense, up to $75.00 per condition, up to a maximum of 2 consultations per condition</td>
</tr>
<tr>
<td>Outpatient Expense - Services include diagnostic x-ray, laboratory tests, Doctor’s office visits, hospital outpatient department, and emergency room.</td>
<td>100% of Covered Charges, up to a maximum of $5,000; then, 80% of Covered Charges</td>
<td>100% of Actual Expense, up to a maximum of $500.00 per condition from the date of first medical treatment at Porter Medical Center in Middlebury, Vermont. 100% of Actual Expense, up to a maximum of $250.00 per condition for treatment received at an Outpatient Department or Emergency Room of a hospital, other than Porter Medical Center.</td>
</tr>
<tr>
<td>Physical Therapy Expense - Including Chiropractic care. Referral required from Health Center. Treatment by a licensed chiropractor or licensed physiotherapist.</td>
<td>100% of Covered Charges, up to a maximum of $5,000; then, 80% of Covered Charges</td>
<td>$75.00 per visit covered, up to 10 visits</td>
</tr>
<tr>
<td>MENTAL AND NERVOUS CONDITIONS AND ALCOHOL AND DRUG ABUSE EXPENSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Mental &amp; Nervous Condition and Inpatient Alcohol and Drug Expense - Semi-private hospital room and board</td>
<td>Not Applicable</td>
<td>100% of Covered Charges for the first five days of Hospital Confinement, then, 80% of Covered Charges up to $50,000 per Sickness</td>
</tr>
<tr>
<td>MENTAL AND NERVOUS CONDITIONS AND ALCOHOL AND DRUG ABUSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Mental and Nervous Condition Expense</td>
<td>Not Applicable</td>
<td>100% of Covered Charges, up to a combined maximum of $2,000</td>
</tr>
<tr>
<td>Outpatient Alcohol and Drug Abuse Expense</td>
<td>Not Applicable</td>
<td>100% of Covered Charges, up to a combined maximum of $2,000</td>
</tr>
<tr>
<td>ADDITIONAL BENEFITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accidental Dental Expense, Injury to sound, natural teeth</td>
<td>100% of Covered Charges, up to maximum of $5,000 per policy year</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Sickness Dental Expense, Expense incurred for the removal of impacted wisdom teeth</td>
<td>Not Applicable</td>
<td>100% of Covered Charges, up to $50.00 per tooth</td>
</tr>
<tr>
<td>Ambulance Expense, for use to or from the hospital</td>
<td>100% of Actual Expense up to a maximum of $200.00 per condition</td>
<td>100% of Actual Expense up to a maximum of $200.00 per condition</td>
</tr>
<tr>
<td>Prescription Drug Expense</td>
<td>$10.00 for a 30-day supply of generic drug or $20.00 for a 30-day supply of brand name drug, up to $750.00 per policy year</td>
<td>$10.00 for a 30-day supply of generic drug or $20.00 for a 30-day supply of brand name drug, up to $750.00 per policy year</td>
</tr>
<tr>
<td>Emergency Medical Evacuation Expense, must be approved by the Company</td>
<td>Covered up to $100,000 maximum</td>
<td></td>
</tr>
<tr>
<td>Repatriation of Remains Expense, must be approved by the Company</td>
<td>Covered up to $50,000 maximum</td>
<td></td>
</tr>
<tr>
<td>STATE MANDATED BENEFITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity Expense</td>
<td>Not Applicable</td>
<td>Covered as any other Sickness</td>
</tr>
<tr>
<td>Diabetes Treatment Expense</td>
<td>Not Applicable</td>
<td>Covered as any other Sickness</td>
</tr>
</tbody>
</table>
Description of Voluntary Student Accident and Sickness Insurance Benefits

Inpatient Hospital Expense Benefits

- Hospital Room and Board Expense
  When, by reason of Injury or Sickness an Insured Person requires Hospital Confinement, We will pay the Covered Percentage of Covered Charges incurred as outlined in the Schedule of Benefits. Covered Charges include: Hospital room and board for a semi-private room containing two or more beds including meals and special diets incurred for the period of such Hospital Confinement. Coverage includes a bed in a newborn nursery, special care, or intensive care unit.

- Hospital Miscellaneous Expense
  When, by reason of Injury or Sickness an Insured Person incurs expenses during a Hospital Confinement or for a Surgical Procedure performed on an Outpatient basis, We will pay the Covered Percentage of Covered Charges incurred as outlined in the Schedule of Benefits. Such Covered Charges include: anesthesia, anesthesiology supplies and services; operating, delivery and treatment rooms and equipment; diagnostic x-ray and laboratory tests; lab studies; oxygen tent; blood and blood services; prescribed drugs and medicines; medical and surgical dressings, supplies, casts and splints; radiation therapy, intravenous chemotherapy, kidney dialysis, and inhalation therapy; intravenous injections and solutions, and their administration; physical and occupational therapy; and other necessary and prescribed hospital expenses, except personal service.

- In Hospital Doctor’s Fees and Medical Expense
  When, by reason of Injury or Sickness an Insured Person who is confined as a resident bed-patient in a Hospital, requires the services of a Doctor who may or may not have performed surgery on the Insured Person, We will pay the Covered Percentage of the Covered Charges incurred for such services as outlined in the Schedule of Benefits.

  The following medical services performed by a Doctor are covered on inpatient basis: (a) one Doctor visit per day; (b) constant care and treatment while an Insured Person is confined in an intensive care unit; (c) care by two or more Doctors during one Hospital stay when the Insured Person’s condition requires the skill of separate Doctors.

- Licensed Nurse Expense
  When, by reason of Injury or Sickness an Insured Person requires service of a licensed nurse or licensed practical nurse during a Hospital Confinement, We will pay the Covered Percentage of the Covered Charge incurred for such services as outlined in the Schedule of Benefits.

- Inpatient Consultant Expense
  When, by reason of Injury or Sickness an Insured Person requires services of a Consultant or Specialist when they are deemed necessary and ordered by an attending Doctor for the purpose of confirming or determining a diagnosis, We will pay the Covered Percentage of the Covered Charge incurred for such services as outlined in the Schedule of Benefits.

Surgical Expense Benefits (Inpatient Or Outpatient)

- Surgical Expense
  When, by reason of Injury or Sickness an Insured Person requires surgery on an inpatient or outpatient basis, We will pay the Covered Percentage of Covered Charges incurred as outlined in the Schedule of Benefits.

  Surgical Expense means charges by a Doctor for: (a) a Surgical Procedure; (b) necessary preoperative treatment during a Hospital stay in connection with such procedure; and (c) usual post-operative treatment.

When Injury or Sickness requires multiple Surgical Procedures through the same incision, We will pay an amount no less than that for the most expensive procedure being performed. 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 then being performed, and with regard to the less expensive Surgical Procedure in an amount equal to 50 percent of the Covered Percentage of the Covered Charge for these procedures.

- Assistant Surgeon Expense/Anesthesiologist Expense
  When, by reason of Injury or Sickness an Insured Person requires services of an anesthesiologist and/or assistant surgeon in connection with an operation, We will pay the Covered Percentage of Covered Charges incurred as outlined in the Schedule of Benefits. Outpatient Expense Benefits

- Outpatient Consultant Expense
  When, by reason of Injury or Sickness an Insured Person requires the services of a Consultant or Specialist when they are deemed necessary and ordered by an attending Doctor for the purpose of confirming or determining a diagnosis, We will pay the Covered Percentage of Covered Charges incurred as outlined in the Schedule of Benefits.

- Outpatient Expense
  When, by reason of Injury or Sickness an Insured Person incurs expenses for outpatient services, We will pay the Covered Percentage of Covered Charges incurred as outlined in the Schedule of Benefits. The following medical services are covered on an outpatient basis: (a) a Doctor’s office visit while not Hospital Confined; (b) a Hospital outpatient department or emergency room; (c) diagnostic x-ray and laboratory testing; (d) radiological lab or other similar facility licensed by the state; (e) an Ambulatory Surgical Center for Covered Surgery; (f) blood and blood services, if provided and billed by a Hospital or other facility; (g) radiation therapy; (h) intravenous chemotherapy; (i) kidney dialysis; (j) inhalation therapy; (k) surgical dressings, splints, casts, and other devices used to correct fractures and dislocations; (l) speech therapy by a licensed speech therapist to restore speech loss or correct speech impairment after corrective surgery, or following an Injury for Sickness other than a mental or learning disorder. Speech therapy must be in keeping with a Doctor’s written order for type, frequency, and duration; (m) shots and injections when received in the Doctor’s office; (n) allergy testing.

- Physical Therapy Expense, including Chiropractic Care
  When, by reason of Injury or Sickness an Insured Person incurs expenses for Chiropractic Services and/or Physical Therapy, We will pay the Covered Percentage of the Covered Charge incurred for such services as outlined in the Schedule of Benefits.

Mental and Nervous Conditions and Alcohol and Drug Abuse Expense Benefits

- Inpatient Mental and Nervous Condition Expense
  When the Insured Person requires Hospital Confinement for treatment of a Mental or Nervous Condition, We will pay the Covered Percentage of the Covered Charges incurred for such Hospital Confinement on the same basis as any other Sickness as outlined in the Schedule of Benefits. Such confinement must be in a licensed or certified facility, including Hospitals.

- Inpatient Alcohol and Drug Abuse Expense
  When the Insured Person is confined as an inpatient in: (i) a Hospital; or (ii) a Detoxification Facility for the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or drug dependency, We will pay the Covered Percentage of the Covered Charges incurred for such Hospital Confinement on the same basis as any other Sickness
as described in the Schedule of Benefits. Such confinement must be in a licensed or certified facility, including Hospitals.

- **Outpatient Mental and Nervous Condition Expense**
  We will pay the Covered Percentage of the Covered Charges incurred as shown in the Schedule of Benefits. The Mental and Nervous Condition must, in the professional judgment of health care providers, be treatable, and the treatment must be Medically Necessary. Outpatient Treatment and Doctor services include charges made by an outpatient treatment department of a Hospital or community mental health facility or charges for services rendered in a Doctor’s office. Treatment may be provided by any properly licensed Doctor, psychologist or other provider as required by law.

- **Outpatient Alcohol and Drug Abuse Expense**
  We will pay the Covered Percentage of the Covered Charges incurred as shown in the Schedule of Benefits for the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or drug dependency. Outpatient Treatment and Doctor services include charges for services rendered in a Doctor’s office or by an outpatient treatment department of a Hospital, community mental health facility or alcoholism treatment facility, so long as the Hospital, community mental health facility or alcoholism treatment facility is approved by the Joint Commission on the Accreditation of Hospitals or certified by the Department of Health. The services must be legally performed by or under the clinical supervision of a licensed Doctor or a licensed psychologist who certifies (every three months) that the Insured Person needs to continue such treatment.

**Additional Benefits**

- **Accidental Dental Expense**
  We will pay 100% of Covered Charges incurred for dental treatment as a result of accidental Injury to sound natural teeth, up to a maximum of $1,000 per policy year.

- **Sickness Dental Expense**
  If an Insured Person requires the services of a Doctor for the removal of impacted wisdom teeth or dental abscesses, We will pay the Covered Charges incurred up to a maximum of $50.00 per tooth.

- **Ambulance Expense**
  When, by reason of Injury or Sickness, an Insured Person requires the use of a community or Hospital ambulance in a Medical Emergency, We will pay 100% of the Actual Expense up to a maximum of $200.00. Ambulance Services is transportation by a vehicle designed, equipped and used only to transport the sick and injured from home, scene of accident or Medical Emergency to a Hospital or between Hospitals. Surface trips must be to the closest local facility that can provide the covered service appropriate to the condition. If there is no such facility available, coverage is for trips to the closest facility outside the local area. Air transportation is covered when Medically Necessary because of life threatening Injury or Sickness. Air ambulance is air transportation by a vehicle designed, equipped and used only to transport the sick and injured to and from a Hospital for Inpatient care.

**Prescription Drug Expense Benefit**

The outpatient prescription drug program is available through the MEDCO Pharmacy Program. The MEDCO Pharmacy Network includes national pharmacy chains such as Brooks Pharmacy, Walgreens, Rite Aid, CVS, etc. as well as local independent pharmacies. After a $10.00 Co-payment for a 30-day supply of a generic drug and a $20.00 Co-payment for a 30-day supply of a brand name drug, a prescription will be reimbursed at 100% up to a maximum of $750.00 per policy year. Insured persons use their student health insurance ID card to show to the pharmacy as proof of coverage. If a prescription needs to be filled prior to receiving the ID card, reimbursement will be made upon submitting a completed RX claim form (claim forms can be obtained at www.gallagherkoester.com). To locate a participating Medco participating pharmacy, please call (Medco at 1-800-771-0917) or visit www.medco.com.

**Mail Service Prescription Drug Program**

Medications that are taken for a chronic condition can be filled for up to a 90-day supply using Medco Mail Service Prescription Drug Program. Using the Mail Service Prescription Drug Program, a 90-day supply of a medication can be filled with a co-payment that is twice the co-payment of a 30-day supply. When you use the Mail Service Prescription Drug Program you will need to complete a “Medco By Mail” Order Form and mail it directly to Medco along with your doctor’s signed prescription form. After submitting your initial prescription, additional prescriptions can be filled by going online to www.medco.com. A brochure describing the Mail Service Prescription Drug Program, order forms, and accompanying mailing envelope are available at www.gallagherkoester.com.

Not all medications are covered, for example vitamins or food supplements, smoking deterrents, drugs to promote hair growth or weight loss, immunizations, and experimental drugs. (See Exclusions Section).

**State Mandated Benefits**

- **Maternity Expense**
  We will pay benefits for an Insured Person’s Covered Charges for maternity care, including Hospital, surgical and medical care. We cover charges for a minimum of 48 hours of inpatient care following an uncomplicated vaginal delivery and a minimum of 96 hours of inpatient care following an uncomplicated cesarean section for a mother and her newborn child in a health care facility, unless the attending Doctor in consultation with the mother, makes a decision for an earlier discharge from the Hospital. For a mother and newborn child who remain in the Hospital for the minimum length of time stated above, We will pay for one home health care visit if prescribed by the attending Doctor. For a mother and newborn child who have a shorter Hospital stay, We will pay for one home visit scheduled within 24 hours after Hospital discharge; and an additional home visit if prescribed by an attending provider. Newborn Infant Care is covered when the infant is confined in the Hospital and has received continuous Hospital care from the moment of birth. This includes: (a) nursery charges; (b) charges for routine Doctor’s examinations and tests; and (c) charges for routine procedures. This benefit does not include circumcision. This benefit also includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities of newborn children covered from birth. Covered services may be provided by a certified nurse-midwife under qualified medical direction if he or she is affiliated with or practicing in conjunction with a licensed facility. We cover such charges the same way We treat Covered Charges for any other Sickness.

- **Diabetes Treatment Expense**
  We will pay the Covered Percentage of the Covered Charges incurred by the Insured Person for the equipment, supplies and outpatient self-management training and education, including medical nutrition therapy, for the treatment of insulin dependent diabetes, insulin using diabetes, gestational diabetes and noninsulin using diabetes if prescribed by a health care professional legally authorized to prescribe such items under law.
Diabetes outpatient self-management training and education covered by this benefit shall be provided by a certified, registered or licensed health care professional with specialized training in the education and management of diabetes.

Pre-existing Condition Limitation
Pre-existing Condition is a Sickness, Injury, or related condition which was contracted or which manifested itself, or for which a licensed Doctor was consulted; or for which treatment or medication was prescribed within six (6) months prior to the Effective Date of the Insured Person’s coverage under this Policy. If the Insured Person has a lapse in coverage, the Pre-existing Condition Waiting Period will have to be satisfied again. The Pre-existing Condition Waiting Period is six (6) months. If an Insured Person receives treatment or service for a Pre-existing Condition the Company will pay on the same basis of policy benefits and benefit limits that apply to any other condition not to exceed an aggregate maximum payment of $2,500 for any one sickness or injury.

Expenses in excess of $2,500 for an Insured Person’s Pre-existing Condition will not be covered until the Pre-existing Condition waiting period is satisfied. We will not pay any additional benefits for such condition until the day after a six (6) consecutive month period has passed from the Insured Person’s effective date.

Continuous Insurance
This Policy may be replacing a Prior Plan with another insurer. Prior Plan means the Student Health Insurance policy or policies issued to the Policyholder immediately before the current Policy. Injury or Sickness shall include an injury sustained, or a Sickness first manifesting itself, while the Insured Person is continuously insured under the Prior Plan and became insured under this Policy without a break in coverage. But no benefits shall be payable for such Injury or Sickness to the extent that such benefits are payable under the Prior Plan for the same expenses. This will apply even though the Prior Plan provided that it will not duplicate the benefits under another Policy. Also, the total amount of benefits payable for such Injury or Sickness under this Policy and the Prior Plan cannot exceed the Per Condition Aggregate Maximum. Nothing contained herein shall be held to vary, alter, waive, or extend any of the provisions, exclusions, and other terms of this Policy, except as provided above.

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, multifocal 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 bungee 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. Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports, in excess of $5,000;
13. Services not Medically Necessary;
14. 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;
15. Expense covered by any other valid and collectible medical, health or accident insurance;
16. 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;
17. 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;
18. An amount of a charge in excess of the Reasonable and Customary Expense;
19. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain;
20. 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;
21. Pre-existing Conditions as defined in this Policy;
22. 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;
23. 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;
24. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
25. Elective Treatment or elective surgery, except as specifically provided;
26. Treatment of mental or nervous disorders except as specifically provided;
27. Treatment of alcohol and substance abuse except as specifically provided;
28. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process.
29. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity.
30. Expenses incurred for transsexual surgery or any treatment leading to or in connection with transsexual surgery.
32. Preventative medicines, serums, immunizations, or vaccines, except insulin and as specifically provided.
33. 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.
34. 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.
35. Routine periodic physical examinations and routine chest x-rays, except as specifically provided.

Reimbursement and Subrogation
If we pay covered expenses for an accident or sickness you incur as a result of any act or omission of a third party, and you later obtain recovery from the third party, you are obligated to reimburse us for the expenses paid. We may also take subrogation action directly against the third party. Our Reimbursement rights are limited by the amount you recover. Our Reimbursement and Subrogation rights are subject to deduction for the pro-rata share of your costs, disbursements and reasonable attorney fees. You must cooperate with and assist us in exercising our rights under this provision and do nothing to prejudice our rights.

Coordination of Benefits
This plan is subject to the Coordination of Benefits provision outlined in the Master Policy. For a complete description, please see the Master Policy.

Claims Procedures
In the event of an injury or sickness the insured person should:
1. A claim form is not required to submit a claim. However, an itemized bill, HCPA 1500, or UB92 form should be used to submit expenses. If a referral was required, this form should accompany this submission. The insured student/person’s name and identification number need to be included.
2. Providers should submit claims within 90 days from the date of the first medical treatment for a sickness, or as soon as reasonably possible. If a student is submitting the claim, a copy should be retained and claims should be mailed to the claims administrator, Klais & Company, Inc., at the address on the back cover.
3. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the claims administrator, Klais & Company, Inc.
4. If you disagree with a claim payment decision, an insured person has the right to file an appeal. The process to file an appeal is as follows: (a) you must notify Klais & Company, Inc. within 30 days of the denial. Your claim appeal must be in writing, and clearly indicate that you are appealing the decision and requesting another review of your claim; and (b) your written appeal should provide specific documentation as to why you believe the decision to be in error, and any new medical information that will be helpful to Klais & Company, Inc. in considering the claim. Klais & Company, Inc. will respond in writing as to their decision.

Any provisions of this policy, which on its effective date, 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.

Excess Provision
No benefit under this policy is payable for any expenses incurred for injury or sickness which is paid or payable by: (1) other valid and collectible insurance; or (2) under an automobile insurance policy. Covered medical expenses exclude amounts not covered by the primary carrier due to penalties imposed on the insured person for failing to comply with policy provisions or requirements.

Extension of Benefits
If an insured person is confined to a hospital on the date his or her insurance terminates, charges incurred during the continuation of that hospital confinement shall be also included in the term expense, but only in the 90 days after the policy term for expenses incurred in or out of the hospital for covered injuries.

 Appeals Procedure
If a claim is wholly or partially denied, a written notice will be sent to the insured person containing the reason for the denial. The notice will include a reference to the provision in the plan description and a description of any additional information which might be necessary for reconsideration of the claim. The notice will also describe the right to appeal. A written appeal, along with any additional information or comments, may be sent within 6 months after notice of denial. In preparing the appeal, the insured person, or his or her representative, may review all documents related to the appeal and submit written comments and issues related to the denial. After the written notice is filed and all relevant information is presented, the claim will be reviewed, and a final decision sent within 60 days after receipt of the notice of the appeal. Under special circumstances, an extension for further review will be granted, but not for longer than 60 additional days.

HIPAA Notice of Privacy Practices for Personal Health Information
Under HIPAA’s Privacy Rule, we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with your enrollment materials. If, at anytime, you wish to request a copy of Combined Insurance Company of America’s Privacy Notice, write to 5090 Broadway, Chicago, IL 60640, Attn: HIPAA Privacy Office, call 1-800-225-5000, select HIPAA or on-line at http://www.combinedinsurance.com/customer-center/hipaa-insurance.html.
Questions? Need More Information?

For general information on benefits, enrollment/eligibility questions, ID cards or services issues, please contact:

**Gallagher Koster**
500 Victory Road
Quincy, MA 02171
1-800-450-0697
Email: MiddleburyStudent@gallagherkoster.com
www.gallagherkoster.com

If you need medical attention before the ID card is received, benefits will be payable according to the Policy. You do not need an ID card to be eligible to receive benefits. Please call Gallagher Koster to verify eligibility.

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

**Klais & Company, Inc.**
1867 West Market Street
Akron, OH
44313-6977  1-800-331-1096
Email: klaisclaims@klais.com
To review claims online, go to www.klais.com and register for StatusLink

This Plan is Underwritten by:

**COMBINED INSURANCE**

**Combined Insurance Company of America**
Policy Number: CUH201664

Please keep this brochure as a general summary of the insurance. The Master Policy on file at the College contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits some of which may not be included in this Brochure. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.