ST. PAUL'S SCHOOL

Student Accident and Sickness Insurance Plan

designed for

St. Paul's School 2013-2014

– Non-Renewable One Year Term Insurance –

Policy Number: US096439
Underwritten by: United States Fire Insurance Company

Form # CC2013

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Student Accident and Sickness Insurance Plan

This is a brief description of the Student Accident and Sickness Insurance Plan available for St. Paul's School students. The plan is underwritten by United States Fire Insurance Company and is managed by Gallagher Koster. Claims are paid by Healthsmart, formerly Klais and Company, Inc. The exact provisions governing this insurance are contained in the Policy issued to the School. The Policy may be viewed during normal business hours at the Student Health Services Office. The Policy will control in the event of any conflict with this brochure.

Additional Information for St. Paul's School Students

St. Paul's School believes that by supplementing the services available through Clark House with the insurance plan, parents will be well protected at a reasonable cost from the burden of unforeseeable expenses while school is in session. Every effort has been made to keep exclusions at a minimum. Please note there is an annual cap of $1,500 on prescription medications, and additional benefit limitations as outlined in the Schedule of Benefits. The school accordingly recommends participation in this plan.

PLEASE NOTE: The Plan is mandatory if there is no evidence of other health insurance coverage provided to the school. All non-U.S. resident students will automatically be enrolled in the plan. Your child's account will be billed unless you returned the Student Health Insurance Coverage Addendum A and the Tuition Agreement contract indicating your refusal of the plan along with the required information regarding your current medical plan and a copy of your insurance card. These items must be returned to the Business Office based on the due dates specified in the Tuition Agreement.

Eligibility

All Domestic students registered for credit courses are eligible to enroll in this insurance Plan.

All International students registered for credit courses are automatically enrolled in this insurance Plan at registration, unless proof of comparable coverage is furnished.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium. Medical withdrawal from school due to a covered Injury or Sickness which originates after the Insured's Effective Date will not void an Insured's coverage.

Refund Policy

Insured Students entering the Armed Forces of any other country will not be covered under this Plan as of the date of such entry. Those students withdrawing from the school to enter military service will be entitled to prorate refund of premium upon written request. **No other request of a refund of premium will be considered.**

Effective and Termination Dates

The Plan becomes effective at 12:01 a.m. September 1, 2013 and terminates on June 30, 2014 for a coverage period of 10 months.

The Policy issued to the School is a Non-Renewable 10-Month Term Policy. It is the Insured's responsibility to obtain coverage the following year in order to maintain continuity of coverage. Insured persons, who have not received information regarding a subsequent plan prior to the Plan's termination Date, should inquire regarding such coverage with the school or its agent.

Plan Costs and Period of Coverage

Annual (10 Month Rate)	
Coverage Period	9/1/13 – 6/30/14
Student Only	$1,433.50

Coverage Ends. An Insured's coverage ends on the earliest of the following: 1) The date the Insured ceases to be eligible for coverage; or 2) The end of the Insured's term of coverage.

Student Health Services

St. Paul's School provides health care services to students on campus during the academic year.

Health Center

Clark House

St. Pauls School
325 Pleasant Street
Concord, NH 03301
Phone: 603-229-4850
Fax: 603-229-4890
anurse@sps.edu

SCHEDULE OF BENEFITS

Benefits will be paid at 100% of Usual, Reasonable & Customary (URC) Charges incurred up to $7,500. After the Company has paid $7,500, benefits will be paid at 80% of URC for additional Covered Medical Expenses up to $50,000. After the Company has paid $50,000, benefits will be paid at 100% of URC for additional Covered Medical Expenses up to the Maximum Benefit of $250,000 for each Injury or Sickness.

Pre-Existing Conditions are not excluded, therefore the "first manifests itself after the effective date of insurance" statement in Sickness definition does not apply.

Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

INPATIENT	
Room & Board Expense Daily semi-private room rate; and general nursing care provided by the Hospital.	URC
Hospital Miscellaneous Expenses Such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	URC

SCHEDULE OF MEDICAL EXPENSE BENEFITS (Con't)

INPATIENT (Con't)	
Intensive Care	URC
Physiotherapy	URC
Surgeon's Fees If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	URC
Assistant Surgeon	30% of Surgery Allowance
Anesthetist Professional services in connection with inpatient surgery.	URC
Registered Nurse's Services Private duty nursing care.	URC
Physician's Visits Benefits are limited to one visit per day and do not apply when related to surgery.	URC
Pre-Admission Testing Payable within 3 working days prior to admission.	URC
Psychotherapy (Mental & Nervous Disorder) Benefits limited to one visit per day. Psychiatric Hospitals are not covered.	Paid as any other Sickness
Biologically Based Mental Illness	Paid according to New Hampshire mandate
OUTPATIENT	
Surgeon's Fees If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	URC
Day Surgery Miscellaneous Related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies.	URC
Assistant Surgeon Fees	30% of Surgery Allowance
Anesthetist Professional services in connection with inpatient surgery.	URC
Physician's Visits Benefits are limited to one visit per day and do not apply when related to surgery or Physiotherapy.	URC
Physiotherapy Benefits are limited to one visit per day.	URC
Medical Emergency Expenses Use of emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	URC
X-Rays & Laboratory Services	URC
Radiation Therapy & Chemotherapy	URC
Tests & Procedures Diagnostic services and medical procedures performed by a Physician, other than Physician's visits, Physiotherapy, x-rays and lab procedures.	URC
Injections When administered in the Physician's office and charged on the Physician's statement.	URC
Prescription Drugs $1,500 *maximum* (*Per Policy Year*).No Benefits outside of the Express Scripts (formerlyMEDCO) Pharmacy network. Diabetic Insulin and supplies are not subject to the $1,500 Prescription Drug Maximum.	$0 Copay, up to 31 day supply Per Prescription
Hemodialysis	URC, up to $500 maximum
Psychotherapy (Mental & Nervous Disorder), Including all related or ancillary charges incurred as a result of a Mental & Nervous Disorder. Benefits are limited to one visit per day.	Paid as any other Sickness
Biologically Based Medical Illness	Paid according to New Hampshire mandate

SCHEDULE OF MEDICAL EXPENSE BENEFITS (Con't)

OTHER	
Ambulance Services	URC
Durable Medical Equipment A written prescription must accompany the claim when submitted. Replacement equipment is not covered.	URC
Consultant Physician Fees When requested and approved by the attending Physician.	URC
Dental Treatment Made necessary by Injury to Sound, Natural Teeth.	URC
Maternity	Paid as any other Sickness
Complications of Pregnancy	Paid as any other Sickness
Interscholastic Sports	Paid as any other Injury
Alcoholism / Chemical Dependency Includes treatment for inpatient, outpatient, detox and rehab.	URC, up to $3,000 Maximum
Bone Marrow Donation Testing Benefits include Covered Medical Expenses for human leukocyte antigen testing performed in a facility accredited by American Association of Blood Banks or the College of American Pathologists or other national accrediting body with regulations equivalent to the College of American Pathologists.	URC
Eating Disorders	Paid as any other Sickness
Preventive Care	URC
Urgent Care Clinic Fee Benefits are limited to the Urgent Care Clinic fee billed by the Urgent Care Clinic/Hospital All other services rendered during the visit are payable as specified in the Schedule of Benefits.	URC
Maternity Testing This Plan does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered if all other policy provisions have been met: **Initial screening at first visit** – Pregnancy test: Urine human chorionic gonatropin (HCG), Asymptomatic bacteriuria: Urine culture, Blood type and Rh antibody, Rubella, Pregnancyassociated plasma protein-A (PAPPA) (first trimester only), Free beta human chorionic gonadotrophin (hCG) (first trimester only), Hepatitis B: HBsAg, Pap smear, Gonorrhea: Gc culture, Chlamydia: chlamydia culture, Syphilis: RPR, HIV: HIV-ab, and Coombs test; **Each visit** – Urine analysis; **Once every trimester** – Hematocrit and Hemoglobin; **Once during first trimester** – Ultrasound; **Once during second trimester** – Ultrasound (anatomy scan); Triple Alpha-fetoprotein (AFP), Estriol, hCG or Quad screen test Alpha-fetoprotein (AFP), Estriol, hCG, inhibin-a; **Once during second trimester if age 35 or over** - Amniocentesis or Chorionic villus sampling (CVS); **Once during second or third trimester** – 50g Glucola (blood glucose 1 hour postprandial); and **Once during third trimester** - Group B Strep Culture. Pre-natal vitamins are not covered.	

Definitions

Words that are in **boldface** throughout this brochure (other than captions) have a special meaning and are defined as follows:

Coinsurance means the percentage amount of **covered expenses** for which a Covered Person is responsible for any medical service or supply. The **coinsurance** is shown in the Schedule. We will pay the remaining amount of **covered expenses**, subject to the maximum amount for specific services and the maximum benefit for all services.

Complications of pregnancy means:

a. Conditions whose diagnosis is distinct from but adversely affected or caused by pregnancy and which require a **hospital stay** (when pregnancy is not terminated). Such conditions include, but are not limited to, acute nephritis; nephrosis; cardiac decompensation; missed abortion; hyperemesis gravidarum; pre eclampsia; and similar conditions of comparable severity; or

b. Non elective cesarean section; therapeutic abortion; ectopic pregnancy which is terminated; and spontaneous termination of a pregnancy during a period of gestation when a viable birth is not possible.

Complications of pregnancy do ***not*** include:

- False labor;
- Occasional spotting;
- **Doctor-**prescribed rest during pregnancy;
- Morning sickness; or
- Similar conditions associated with a difficult pregnancy that are not classified as a complication of pregnancy.

Covered expenses means charges:

a. Not in excess of **usual, reasonable and customary** charge;

b. Not in excess of the maximum benefit amount payable per service as shown in the Schedule;

c. Made for medical services and supplies not excluded under this Certificate;

d. Made for services and supplies which are **medically necessary**; and

e. Made for medical services specifically included in the Schedule.

Covered person means the Insured shown on the Schedule as the Primary Insured and such Insured's eligible **spouse** and **dependents** covered under this Plan.

Deductible means the amount of **covered expenses** paid on behalf of a **covered person** before benefits are payable under this Plan. The **deductible** amount is shown in the Schedule.

Dependent means the Primary Insured's unmarried child who:

a. Has his principal residence with the Insured;

b. Chiefly relies on the Insured for support and maintenance; and

c. Is within the following age groups unless otherwise shown in the Schedule:

   1) Under 19 years of age;

   2) 19 but less than 25 years of age and enrolled in a School as a full time student; or

   3) 19 or more years of age, and primarily supported by the Insured and incapable of self sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to us within 31 days after the date the child ceases to qualify as a **dependent** under (1) or (2) above. We may, from time to time, require proof of the continuation of such condition and dependence. After that, we may require proof no more than once a year.

"Child" can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

Doctor means a licensed practitioner of the healing arts acting within the scope of his license. **Doctor** does not include:

a. The Covered Person;

b. A Covered Person's **spouse**, **dependent**, parent, brother, or sister; or

c. A person who ordinarily resides with a Covered Person.

Group Policyholder/Policyholder means St. Paul's School to which the Group Policy is issued. The **Group Policyholder** is shown on the first page of this Brochure**.**

Hospital means an institution:

a. Operated pursuant to law;

b. Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;

c. Under the supervision of a staff of **doctors**;

d. Providing 24 hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);

e. With medical, diagnostic and treatment facilities, and with major surgical facilities;

   1) On its premises; or

   2) Available on a prearranged basis; and

f. Charging for its services.

Hospital does *not* include a clinic or facility for:

- Convalescent, custodial, educational or nursing care;
- The aged, drug addicts or alcoholics; or
- Rehabilitation.

Hospital stay means a **medically necessary** overnight confinement in a **hospital** when room and board and general nursing care are provided and a per diem charge is made by the **hospital**.

Injury means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All **injuries** to the same person sustained in one accident, including all related conditions and recurring symptoms of **injuries** will be considered one **injury**.

Insured/you means the primary **covered person** shown in the Schedule as the Primary Insured.

Intensive care and **special care units** means:

a. A specifically designated facility of the **hospital** that provides the highest level of medical care; and

b. Restricted to those patients who are critically ill or injured.

Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. It must be:

(i) Permanently equipped with special life-saving equipment for the care of the critically ill or injured; and

(ii) Under constant and continuous observation by nursing staffs assigned on a full-time basis, exclusively to the Intensive Care Unit.

Intensive care and **special care units** does *not* mean any of these step-down units:

- Progressive care;
- Sub-acute intensive care;
- Intermediate care units;
- Private monitored rooms;
- Observation units; or
- Other facilities not meeting the standards for **intensive care**.

Medical emergency means the occurrence of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect in the absence of immediate medical attention to result in:

a. Placing ones health (for a pregnant woman this includes the health of the newborn) in serious jeopardy;

b. Serious impairment to bodily functions; or

d. Serious dysfunction of any body organ or part.

Expenses incurred for **medical emergency** will be paid only for a **sickness** or **injury** fulfilling the above conditions. These expenses will not be paid for minor **sickness** or minor **injuries**.

Medically necessary means those services or supplies provided or prescribed by a **hospital** or **doctor**:

a. Essential for the symptoms and diagnosis or treatment of the **sickness** or **injury**;

b. Provided for the diagnosis, or the direct care and treatment of the **sickness** or **injury**;

c. In accordance with the standards of good medical practice;

d. Not primarily for a Covered Person's convenience or that of their **doctor**; and

e. That are the most appropriate supply or level of service that can safely be provided.

Natural teeth means natural teeth or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.

Negative X-ray means an X-ray that shows the absence of a fracture, pathology, or disease.

Nurse means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).

Physiotherapy means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a **doctor**.

Positive X-Ray means an X-ray that shows the presence of a fracture, pathology, or disease.

Prescription means any authorization, including authorized refills, issued by a **doctor** for dispensing medication for the purpose and in the amount specified.

Prescription drug means:

a. A legend drug;

b. A compound medication when at least one ingredient is a prescription legend drug;

c. Any other drug which under applicable state law may only be dispensed by **prescription,** including injectable insulin; or

d. Drugs and medications dispensed by a licensed pharmacist that are not specifically excluded by other provisions applicable to this coverage.

Sickness means illness or disease which first manifests itself or is diagnosed during the **term of coverage** for the **covered person**. **Sickness** includes **complications of pregnancy**. All related conditions and recurring symptoms of the same or a similar condition will be considered the same **sickness**.

Spouse means the Insured's lawful **spouse.**

Term of coverage means the period of coverage beginning on the Effective Date shown in the Schedule and ending upon completion of a trimester, semester or other measure of an academic session determined by the School**.**

Usual, reasonable and customary means:

a. Charges and fees for medical services or supplies that are the lesser of:
   1. The usual charge by the provider for the service or supply given; or
   2. The average charged for the service or supply in the area where service or supply is received; and

b. Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

Additional Benefits

Telemedicine Benefit

"Telemedicine," as it pertains to the delivery of health care services, means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include the use of audio-only telephone or facsimile.

Benefits are payable for the application of telemedicine for covered services provided within the scope of practice of a physician or other health care provider as a method of delivery of medical care by which an insured shall receive medical services from a health care provider without in-person contact with the provider.

We will not deny coverage on the sole basis that the coverage is provided through telemedicine if the health care service would be covered if it were provided through in-person consultation between the covered person and a health care provider.

Hearing Aid Benefit

Benefits will be payable for the professional services associated with the practice of fitting, dispensing, servicing, or sale of hearing instruments or hearing aids by a hearing instrument dispenser or other hearing care professional. Benefits include the cost of a hearing aid for each ear, as needed, as well as related services necessary to assess, select, and fit the hearing aid. The hearing aid shall be prescribed and dispensed by a licensed audiologist or hearing instrument specialist.

The maximum benefit for the hearing aid and related services of is $1,500 per hearing aid every 60 months. The insured may choose a higher price hearing aid and pay the difference in cost.

Definitions:

Hearing care professional means a person who is a licensed audiologist, a licensed hearing instrument dispenser, or a licensed doctor.

Hearing instrument or **hearing aid** means any instrument or device designed, intended, or offered for the purpose of improving a person's hearing and any parts, attachments, or accessories, including earmolds. Batteries, cords, and individual or group auditory training devices and any instrument or device used by a public utility in providing telephone or other communication services are excluded.

Hearing instrument dispenser means a person who is a hearing care professional that engages in the selling, practice of fitting, selecting, recommending, dispensing, or servicing of hearing instruments or the testing for means of hearing instrument selection or who advertises or displays a sign or represents himself or herself as a person who practices the testing, fitting, selecting, servicing, dispensing, or selling of hearing instruments.

Practice of fitting, dispensing, servicing, or sale of hearing instruments means the measurement of human hearing with an audiometer, calibrated to the current American National Standard Institute standards, for the purpose of making selections, recommendations, adoptions, services, or sales of hearing instruments including the making of earmolds as a part of the hearing instrument.

Benefits are subject to the same deductibles, coinsurance, provisions or other limitations of the Plan as for any other sickness.

Biologically-Based Mental Illness Benefit

Benefits are payable for the treatment and diagnosis of the following biologically-based mental illnesses, as defined in the most current edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders published by the American Psychiatric Association:

(a) Schizophrenia and other psychotic disorders.

(b) Schizoaffective disorder.

(c) Major depressive disorder.

(d) Bipolar disorder.

(e) Anorexia nervosa and bulimia nervosa.

(f) Obsessive-compulsive disorder.

(g) Panic disorder.

(h) Pervasive developmental disorder or autism.

(i) Chronic post-traumatic stress disorder

Benefits are subject to the same deductibles, coinsurance, provisions or other limitations of the Plan as for any other sickness.

Pervasive Developmental Disorder and Autism Benefit

Benefits are payable for the treatment of pervasive developmental disorder or autism, including:

(a) Professional services and treatment programs, including applied behavioral analysis, necessary to produce socially significant improvements in human behavior or to prevent loss of attained skill or function. To be eligible for coverage, applied behavior analysis must be provided by a person professionally certified by the national Behavior Analyst Certification Board or performed under the supervision of a person professionally certified by the national Behavior Analyst Certification Board.

(b) If prescription drugs are payable under this Plan, prescribed drugs subject to the same terms and conditions of the Plan as other prescription drugs.

(c) Direct or consultative services provided by a licensed professional including a licensed psychiatrist, licensed advanced practice registered nurse, licensed psychologist, or licensed clinical social worker; and

(d) Services provided by a licensed speech therapist, licensed occupational therapist, or licensed physical therapist.

A treatment plan is required to be submitted, including the frequency and duration of treatment, signed by the primary care provider, an appropriately credentialed treating specialist, a child psychiatrist, a pediatrician with a specialty in behavioral-developmental pediatrics,

a neurologist with a specialty in child neurology, or a licensed psychologist with training in child psychology, that the treatment is medically necessary for the patient and is consistent with nationally recognized treatment standards for the condition such as those set forth by the American Academy of Pediatrics. An updated treatment plan is required no more frequently than on a semi-annual basis. Coverage shall not be denied on the basis that services are habilitative in nature.

Coverage for applied behavior analysis is subject to a maximum benefit of $36,000 per year for children 12 years of age and less, and a maximum benefit of $27,000 per year for children from age 13 to 21 years of age. Payment for coverage unrelated to autism spectrum disorders shall not apply to the maximum benefit.

Scalp Hair Prosthesis Benefit

Which is medically necessary for hair loss suffered as a result of alopecia areata, alopecia totalis, alopecia medicamentosa resulting from the treatment of any form of cancer or leukemia or permanent loss of scalp hair due to injury. Coverage is based on a written recommendation by the treating doctor stating that the hair prosthesis is medically necessary. We will pay the benefit amount shown in the Schedule for this benefit. Scalp hair prosthesis means an artificial substitute for scalp hair that is made specifically for the covered person.

Nonprescription Enteral Formulas and Food Products Benefit

a. Covered Expenses include treatment of a covered person with impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, or motility of the gastrointestinal tract when a doctor has issued a written order stating that the enteral formula is: (a) needed to sustain life; (b) medically necessary; and (c) the least restrictive and most cost effective means for meeting the needs of the covered person.

b. Covered Expenses include nonprescription enteral formulas and food products required for covered persons with inherited diseases of the amino acids and organic acids, when a doctor has issued a written order that the enteral formula or food product is: (a) medically necessary and (b) the least restrictive and most cost effective means for meeting the needs of the covered person.

We will pay the benefit amount shown in the Schedule for this benefit.

Diabetes Benefit

For care and treatment of a covered person with diabetes, medically appropriate and necessary:

(a) Outpatient diabetic self-management training and educational services, pursuant to a written order of a doctor. This includes, but is not limited to, medical nutrition therapy for treatment of diabetes provided by a certified, registered or licensed health care professional with expertise in diabetes;

(b) Durable medical equipment, as described in this Certificate, used to treat diabetes.

Benefits are payable on the same basis as any other sickness.

Mammograms Benefit

Screening by low-dose mammography for the presence of occult breast cancer in female covered persons, according to the following standards:

(a) A baseline mammogram at 35 to 39 years of age;

(b) A mammogram every 1 to 2 years, even if no symptoms arepresent, at 40 to 49 years of age;

(c) A mammogram annually at 50 years of age and older.

Benefits are payable on the same basis as any other diagnostic x-ray.

Reconstructive Breast Surgery Benefit

Performed as a result of a covered mastectomy if the covered person elects reconstruction and in the manner chose by the covered person and her doctor. This includes all stages of reconstructive breast surgery performed on the diseased breast and on the non-diseased breast to produce a symmetrical appearance. Benefits are payable on the same basis as any other Surgery.

Dental Anesthesia Benefit

Medically necessary hospital or surgical day care facility charges and administration of general anesthesia administered by a licensed anesthesiologist or anesthetist for dental procedures performed on a covered person who:

a. Is a child under the age of 6 who is determined by a licensed dentist in conjunction with a doctor to have a dental condition of significant dental complexity which requires certain dental procedures to be performed in a surgical day care facility or hospital setting; or

b. Is a person who has exceptional medical circumstances or a developmental disability as determined by a doctor that places the covered person at serious risk.

Benefits are payable on the same basis as facility and anesthesia benefits for any other sickness.

Clinical Trials Benefit

Routine patient care costs incurred as a result of a treatment being provided to a covered person who is participating in and in accordance with a clinical trial to the extent such costs would be covered under this Plan for non-investigational treatments. Treatment must be provided or the studies conducted in a phase I, II, III or IV clinical trial for cancer or the treatment must be provided for any other life-threatening condition. Coverage for phase I or phase II clinical trials will be decided on a case-by-case basis.

We will provide coverage for routine patient care costs incurred for drugs and devices provided to the covered person during the clinical trial, which are not the subject of the clinical trial, provided that those drugs or devices have been approved for sale by the FDA, whether or not the FDA has approved the drug or device for use in treating the covered person's particular condition. This includes the reasonable and necessary services to administer the drug or use the device under evaluation in the clinical trial.

Coverage above is required if:

a. Treatment is being provided to the covered person who is a participant in the clinical trial is approved by:
   1) one of the National Institutes of Health;
   2) An NIH Cooperative Group or an NIH center;
   3) the FDA in the form of an investigational new drug application or exemption;
   4) the federal department of Veterans Affairs or Defense.

b. An institutional review board of an institution in New Hampshire that has a Multiple Project Assurance Contract approved by the Office of Protection from Research Risks of the NIH.

c. Standard treatment has been or would be ineffective, does not exist, or there is no superior non-investigational treatment alternative.

d. The facility and personnel providing the treatment are capable of doing so by virtue of their experience, training and volume of patients treated to maintain expertise.

e. The available clinical or pre-clinical data provided a reasonable expectation that the treatment will be at least as effective as the non-investigational alternative.

Routine Patient Care Costs include the cost of any medically necessary health care service that is incurred as a result of the treatment being provided to a covered person participating in the clinical trial. Routine costs are those for which this Plan regularly pays benefits.

Routine patient care costs do not include:

a. The cost of an investigational drug, device or procedure that is not approved for market for any indication by the FDA.
b. The cost of non-health care services that the covered person may be required to receive as a result of the treatment being provided for the purposes of the clinical trial.
c. The costs of services that are clearly inconsistent with widely accepted and established regional or national standards of care for a particular diagnosis.
d. Costs associated with managing the research that is associated with the clinical trial.
e. Costs that would not be covered by this Plan if non-investigational treatments were provided.

We will not pay benefits that supplant a portion of the clinical trial that is customarily paid for by the government, biotechnical, pharmaceutical or medical device industry sources.

For purposes of this benefit:

Cooperative Group means a formal network of facilities that collaborate on research projects and have an established National Institutes of Health-approved peer review program operating within the group.

FDA means the federal Food and Drug Administration.

Multiple Project Assurance Contract means a contract between an institution and the federal department of health and human services that defines the relationship of the institution to that department and sets out the responsibilities of the institution and the procedures that will be used by the institution to protect human subjects participating in clinical trials.

NIH means the National Institutes of Health.

Mental Illness and Emotional Disorders Benefit

Covered Expenses include charges for the treatment, diagnosis and evaluation of mental illness and emotional disorders, which, in the professional judgment of a provider, are subject to significant improvement through short-term therapy.

We will pay benefits on an inpatient or outpatient basis for medical services and expenses on the same basis as they would be for any other covered sickness while confined to a hospital or public mental hospital, including a psychiatric inpatient facility included under the license of such hospital. Benefits for outpatient treatment are limited as shown in the Schedule for this benefit. When medical services and expenses are received in a community mental health center or psychiatric residential program approved by the New Hampshire Department of Health and Human Services, benefits will be the same as for confinement in a hospital.

For purposes of this benefit for Mental Illness and Emotional Disorders, the following terms apply, as defined under New Hampshire law:

Mental Illness and **Emotional Disorders** means a clinically significant or psychological syndrome or pattern that occurs in a covered person that is associated with present distress, a painful symptom or disability, impairment in one or more important areas of functioning, or with a significantly increased risk of suffering death, pain, disability or an important loss of function. This includes schizophrenia and other psychotic disorders; schizoaffective disorder; major depressive disorder; bipolar disorder; anorexia nervosa and bulimia nervosa; obsessive-compulsive disorder; panic disorder; pervasive developmental disorder or autism; and chronic post-traumatic stress disorder.

Provider means:

a. Psychiatrists.
b. Psychologists.
c. Licensed pastoral psychotherapists.
d. Psychiatric/mental health advanced registered nurse practitioners.
e. Licensed clinical mental health, alcohol, and drug counselors.
f. Licensed marriage and family therapists.
g. Licensed clinical social workers

Benefits are not covered under this provision for services provided by a licensed pastoral psychotherapist to a member of his congregation in the course of the duties to which he has been called as a pastor, minister or staff person, unless such pastoral psychotherapist is serving specifically and only as a private, part-time consultant in pastoral psychotherapy to a parish under contract or otherwise for the purpose of providing services to individuals as a licensed pastoral psychotherapist.

Chemical Dependency and Alcoholism Benefit

Covered Expenses include the Medically Necessary treatment for chemical dependency, alcoholism, detoxification and rehabilitation while confined to a Hospital or Residential Facility on an inpatient basis, and on an outpatient basis. We will pay the benefits shown in the Schedule for Chemical Dependency and Alcoholism.

Bone Marrow Donation Benefit

Covered Expenses include for residents of New Hampshire, coverage for expenses arising from human leukocyte antigen testing, also referred to as histocompatibility locus antigen testing, for A, B, and DR antigens for utilization in bone marrow transplantation. The testing shall be performed in a facility that is accredited by the American Association of Blood Banks or its successors, or the College of American Pathologists, or its successors, or any other national accrediting body with requirements that are substantially equivalent to or more stringent than those of the College of American Pathologists, and is licensed under the Clinical Laboratory Improvement Act of 1967, 42 U.S.C. section 263a, as amended. At the time of the new testing, the person tested shall complete and sign an informed consent form that also authorizes the results of the test to be used for participation in the National Marrow Donor Program.

Termination of Insurance

Benefits are payable under the Plan only for that covered expense incurred while the **Plan** is in effect as to the Insured. No benefits are payable for expense incurred after the date the insurance terminates, except as may be provided under the Extension of Benefits provision.

Conformity with State Statutes

Any provision of this plan of insurance which, on its effective date, is in conflict with the statutes of the state in which it is issued; it is here by amended to conform to the minimum requirements of such statutes.

Exclusions

No benefits will be paid for loss or expense caused by or resulting from any of the following:

1. **Injury** for a Covered Person covered under any student accident insurance policy underwritten by us to the extent they are payable by the other Plan;
2. Services and supplies furnished normally without charge by the **Group Policyholder's** infirmary, its employees, or **doctors** who work for the **Group Policyholder;**

3. Services covered or provided by the student health center or any employee of the student health center.
4. Normal health checkups, preventive testing or treatment, and screening exams or tests in the absence of injury except as specifically provided in the policy;
5. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems; and hearing examinations or hearing aids, or other treatment for hearing defects and problems unless payable as a **covered expense** associated with a **sickness** or **injury** covered herein;
6. Dental treatment, except as specifically provided for in the Schedule;
7. War or any act of war, declared or undeclared, or while in the armed forces of any country;
8. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
9. **Injury** of any **covered person** sustained while:
   a. Participating in any school, professional or organized sports contest or competition, unless specifically list in the Schedule;
   b. Traveling to or from such sport, contest or competition as a participant; or
   c. During participation in any practice or conditioning program for such sport, contest or competition;
10. Treatment in, loss covered by, services and expenses:
   a. In a military or Veterans Hospital or a **hospital** contracted for or operated by a national government or its agency unless rendered on an **medical emergency** basis and a legal liability exists for the charges made on behalf of a **covered person** for the services given in the absence of insurance;
   b. Covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act.
   c. Payable by any automobile insurance policy without regard to fault.
   d. Paid or payable under other valid and collectible group insurance or medical prepayment plan.
11. **Injury** caused by, contributed to, or resulting from intoxication, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person's **doctor;**
12. Elective surgery and elective treatment, except as required to correct an **injury** for which benefits are otherwise payable herein;
13. **Prescription drugs** except when dispensed or purchased during a **hospital stay**, [dispensed at the Group Policyholder's student health center] or unless specifically covered under this Plan;
14. **Physiotherapy**, except as specifically provided for in the Schedule.
15. Expenses for the costs of braces and appliances except as specifically provided for in the Schedule, nor for the repair or replacement of existing artificial limbs and orthopedic braces or appliances, or orthotic devices, except as specifically provided for in the Schedule;
16. Expense incurred within the Covered Person's home country or country of regular domicile;
17. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column;
18. Any accidental injury where the covered person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
19. Preventive medicines, serums, vaccines except as specifically provided in the Plan;
20. Rest cures or custodial care; personal services such as television and telephone or transportation;
21. Circumcision, unless Medically Necessary;
22. Organ transplants; and expenses for experimental or investigative procedures;
23. Expenses, treatment and services for sexual reassignment and sexual reassignment surgery; and infertility, including but not limited to: fertility tests; fertilization procedures; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception. Examples of fertilization procedures are: ovulation induction procedures, in-vitro fertilization, embryo transfer or similar procedures that augment or enhance reproductive ability;
24. Services or supplies for foot care, including flat foot conditions, supportive devices for the foot, the treatment of subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain and symptomatic complaints of the feet;
25. Sleep disorders and supplies, treatment, or testing related to sleep disorders;
26. Surgical breast reduction (unless a Medical Necessity), breast augmentation, breast implants or breast prosthetic devices or gynecomastia, other than as specifically provided for in the **Reconstructive Breast Surgery** benefit;
27. Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, treatment for obesity, surgery for removal of excess skin or fat and treatment of dehydration and electrolyte imbalance associated with eating disorders unless specifically provided for herein or mandated by state law;
28. Expenses incurred for or related to services, treatment, education testing, or training related to learning disabilities or developmental delays; or
29. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; and expenses incurred for the treatment of temporomandibular joint (TMJ) dysfunction and associated myofascial pain, unless otherwise provided herein.
30. Aerial navigation, except while riding as a fare-paying passenger on a regularly scheduled flight of a commercial airline that maintains published schedules for a regularly established route;

Extension of Benefits - If a **covered person** is under the care and treatment of a **doctor**, benefits will continue to be paid for that condition for a period of up to 3 months following the end of the term of coverage, or until there has been paid the maximum benefit, whichever occurs first.

On Call International - Travel Assistance Plan

The Travel Assist Plan is designed to provide students who travel 100 miles or more from their home (or in a foreign country that is not the country of permanent residence), with worldwide, 24-hour, emergency assistance services during the term of coverage under the student accident and sickness plan. The assistance services are provided by On Call International.

Emergency Medical Transportation Services are provided up to a combined maximum limit of $50,000 for covered services. Key services include: Emergency Evacuation, Medically Necessary Repatriation, Repatriation of Remains, Family of Friend Transportation Arrangements, and Return of Minor Children. All transportation related services; coverage and payments must be arranged and pre-approved by On Call International.

Worldwide emergency medical, legal and travel assistance services are available 24 hours a day, 365 days a year.

For Assistance call:

In the U.S., toll free – 1-866-509-7715
Worldwide, collect – 1-603-328-1728

Subrogation and Reimbursement

Subrogation – When benefits are paid to or for a Covered Person under the terms of this Plan, we shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such person against any person who might acknowledge liability or found legally liable by a Court of competent jurisdiction for the sickness or injury that necessitated the hospitalization or the medical or the surgical treatment for which the benefits were paid. Such subrogation rights shall extend only to the recovery by us of the benefits we have paid for such hospitalization and treatment and we shall pay fees and costs associated with such recovery.

The Covered Person must agree to sign papers and do whatever else is necessary to transfer their rights to us. We will exercise such rights on their behalf. The Covered Person further agrees to furnish us with all relevant information and documents.

Right of Recovery – Payments made by us which exceed the covered expenses (after allowance for deductible and coinsurance clauses, if any) payable hereunder shall be recoverable by us from or among any persons, firms, or corporations to or for whom such payments were made or from any insurance organizations who are obligated in respect of any covered injury as their liability may appear.

Limited Benefits Health Insurance

The insurance evidenced in this brochure provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical, major medical insurance, Medicare supplement, long-term care insurance, nursing home insurance Only, home care insurance Only, or nursing home and home care insurance as defined by the New Hampshire State Insurance Department.

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 medical bill, HCFA 1500, or UB-92 form should be used to submit expenses. The Insured Student/Person's name and identification number need to be included.
2. The form(s) should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to the Claims Administrator, Healthsmart, formerly 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, Healthsmart, formerly Klais & Company, Inc.

Appeal Procedure

Internal Appeal

If Your claim is denied, You will be notified of the reason with a description of any additional information necessary to appeal the denial. If You would like additional information or have a complaint concerning the denial, please contact Healthsmart, formerly Klais & Company, Inc, our Third Party Administrator (TPA), at 877-349-9017. Healthsmart, formerly Klais & Company, Inc will address concerns and attempt to resolve the complaint. If Klais is unable to resolve the complaint over the phone, You may file a written internal appeal by writing to Klais. Please include Your name, social security number, home address, policy number and any other information or documentation to support the appeal. The appeal must be submitted within 60 days of the event that resulted in the complaint. Klais will acknowledge Your appeal within 10 working days of receipt or within 72 hours if the involves a life-threatening situation. A decision will be sent to You within 30 days. If there are extraordinary circumstances involved, Klais may take up to an additional 60 days before rendering a decision.

Privacy Statement

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic, and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us toll-free at 877-349-9017 or by visiting us at www.klais.com.

Questions? Need More Information?

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

Gallagher Koster
500 Victory Rd.
Quincy, MA 02171
617-769-6070 or Toll free 877-320-4347

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

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

Healthsmart, formerly Klais & Company, Inc
1867 West Market Street
Akron, OH 44313
877-349-9017
Email: Klaisclaims@klais.com
Register for StatusLink Claims Look-Up at www.klais.com

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Policy Number US096439

Please keep this Brochure as a general summary of the insurance. The Policy (form GA26932) issued to and on file at the School, contains all the provisions, exclusions and limitations of your insurance benefits, some of which may not be included in this brochure. The Policy is the contract and will govern and control the payment of benefits.