Gallagher Koster

Arthur J. Gallagher Risk Management Services, Inc.

Policy Number: CLSP0015-11
Name of Institution: Elizabethtown College

Notice:

The following revisions have been made since the printing of the 2011-2012 student insurance brochure and are reflected in the accompanying pdf. The revisions are summarized below for ease of reference.

Correction/Clarification:
The Coordination of Benefits provision has been removed. This plan will pay as the primary insurance plan.

Student Injury and Sickness Insurance Plan

designed for

Elizabethtown College 2011-2012

Elizabethtown, PA

Policy Number: CLSP0015-11

Companion Life Insurance Company Policy Form Number: BSHP-POL

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Student Eligibility and Enrollment

All full-time domestic and international students at Elizabethtown College will be automatically enrolled in and charged for the Student Injury and Sickness Insurance Plan. If you are a domestic student and currently have health insurance that is comparable to the student health insurance plan, you can waive enrollment. International students cannot waive this plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased to remain enrolled. The Insurance Company maintains its right to investigate student status and to verify that the policy eligibility requirements have been met. Recognizing that your current situation may change, each year you will be asked to provide proof of comparable coverage in order to waive participation in the Student Injury and Sickness Insurance Policy. In the event you waive coverage and then lose coverage due to a qualifying event, i.e. your parent loses coverage or you reach the maximum age limit available under a parent's plan, you have the right to petition to add coverage within 31 days of the qualifying event. If the petition is received within 31 days of the qualifying event, there will be no break in coverage; for petitions received after the 31 days, the effective date of coverage will be the date that the petition is received at Gallagher Koster. The premium will not be prorated.

Online Student Enrollment/Waiver Process

Students who do not want to enroll in the Student Injury and Sickness Insurance Plan can waive coverage if they can document proof of comparable coverage in another health insurance plan that will be in effect until August 15, 2012. However, international students cannot waive coverage. To document proof of comparable coverage, students need to complete an Online Waiver Form and submit it by the deadline.

To enroll or waive:

1. Go to www.gallagherkoster.com/etown
2. Click on 'Student Waive/Enroll'
3. Login in using your Elizabethtown email address as your username and your student ID as your password
4. Click either the Red "I want to Waive" button or Green "I want to Enroll" button. If waiving the insurance, please have your current health insurance ID card ready as you will need this information in order to complete the form. Immediately upon submitting the online Enrollment/Waiver Form, you will receive a confirmation number that the Online Enrollment/Waiver Form has been submitted. The Online Enrollment/Waiver process is the only accepted process for making your insurance selection.

Enrollment/Waiver Deadline

The deadline for processing the online enrollment/waiver form is August 15, 2011, for students enrolling in the fall and January 31, 2012, for students who are newly enrolled for the spring term. Students who do not meet these deadlines will remain enrolled in and billed for the Student Injury and Sickness Insurance Plan. Students who complete and successfully submit a Waiver Form in the fall, waive coverage for the entire policy year. Only students who are newly enrolled student at Elizabethtown for the Spring Term are allowed to waive coverage for the Spring Term.

Policy Term

Insured Students

Coverage for all Insured Students for the Annual enrollment period will become effective on August 15, 2011 and will terminate on August 15, 2012.

For new Spring Semester Insured Students, coverage will become effective on January 15, 2012 and will terminate on August 15, 2012.

Plan Costs

Term	Annual	Spring
Coverage Period	8/15/11 - 8/15/12	01/15/12 - 08/15/12
Student Only (Domestic & International)	$ 660.00	$ 398.00

Premium Refund Policy

Except for a withdrawal due to an Injury or Sickness, any Insured Student withdrawing from the school during the first 31 days of the period for which coverage is purchased shall not be covered under the Plan and a full refund of the premium will be made. Students withdrawing after 31 days will remain covered under the Plan for the full period for which the premium has been paid and no refund will be made available. This also applies to students on leave for academic reasons, graduating students, and students electing to enroll in another plan during the policy year.

Coverage for an Insured Student entering the Armed Forces of any country will terminate as of the date of such entry. Those Insured Students withdrawing from the school to enter military service will be entitled to a pro-rata refund of premium upon written request. Premiums received by the Company are fully earned upon receipt and are non-refundable except as specifically provided.

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 Companion Life Insurance Company. More information is available online at www.gallagherkoster.com/etown.

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, IC 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 a savings of 15% to 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 1-866-8EYEMED 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 dieticians 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.gallagherkoster.com.

Student Health Center

Elizabethtown College, in collaboration with Penn State Milton S. Hershey Medical Center, will provide comprehensive clinical health services for full-time students. Students receive medical care at Penn State Hershey Medical Group Elizabethtown, located near campus at One Continental Drive.

Scheduled appointments for routine care are available as well as walk-ins for acute care. Our College Health Liaison (CHL), a nurse practitioner and two physicians are ready to assist you.

Office Hours

Penn State Hershey Medical Group Elizabethtown
One Continental Drive
Elizabethtown, PA 17022
Mondays 8:00 a.m. - 7:00 p.m.
Tuesdays, Wednesdays, Fridays 8:00 a.m. – 5:00 p.m.
Thursdays 8:00 a.m. – 6:00 p.m.

After hours:

Call Campus Security (717) 361-1264 to be connected to a triage nurse. You will be able to speak to someone.

Preferred Provider Network

The Elizabethtown College Student Injury and Sickness Insurance Plan provides access to hospitals and health care providers locally and across the country through the First Health Preferred Provider Network.

You are not required to use a Preferred Providers. However, the advantage to using a Preferred Provider is that Preferred Providers have agreed to accept as payment for their services a negotiated fee or Preferred Allowance. Out of Network Providers have not agreed to a Preferred Allowance and consequently your out-of-pocket costs may be greater.

Students should be aware that Preferred Hospitals may be staffed with Out-of-Network Providers. Receiving services or care from an Out of Network at a Preferred Hospital means that those charges will not be paid at the Preferred Hospital level of benefits. It is important that the Insured Student verify that his or her Doctors are Preferred Providers when calling for an appointment or at the time of service.

The most efficient and accurate way to identify Preferred Providers is to call First Health Network toll-free at 888-685-7774 or visit their website at www.firsthealth.com.

24-hour Nurse Advice Line

Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. ON CALL INTERNATIONAL, Inc. provides Members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Members). Nurses shall not diagnose Member's ailments. Students must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the Nurse Advice program, which is sponsored by the school. This program gives Insured students access to a toll-free nurse information line 24-hours a day, 7 days a week. To access a wealth of useful health care information, contact the Nurse Advice Line at 1-800-850-4556

Definitions

Accident means a, unexpected and unintended event, which is the direct cause of an Injury. The Accident must occur while the Covered Person is insured under the Policy.

Benefit Period means a period commencing on the first date of treatment for a covered Accident or covered Sickness and continuing for a maximum period shown in the Schedule of Benefits. The term, Benefit Period; includes any Extension of Benefits shown in the Policy.

Complications of Pregnancy means conditions which require medical treatment before pregnancy ends, and whose diagnosis is distinct from, but are caused or affected by pregnancy. Such conditions are; acute nephritis or nephrosis, cardiac decompensation; missed abortion; hyperemesis gravidarum; pre-eclampsia; non-elective cesarean section; termination of ectopic pregnancy; and spontaneous termination when a live birth is not possible.

Complications of Pregnancy does not include: false labor; occasional spotting; voluntary abortion; Doctor prescribed rest during pregnancy; morning sickness; and similar conditions not medically distinct from a difficult pregnancy.

Copayment means a fixed dollar amount that the Covered Person must pay before benefits are payable under the Policy.

Covered Accident means an Accident that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Policy for which benefits are payable.

Covered Expenses means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies not excluded or limited by the Policy. Coverage under the Policy must remain continuously in force from the date the Accident or Sickness occurs until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

Covered Person means any eligible person or an eligible Dependent who applies for coverage, and for whom the required premium is paid to Us.

Deductible means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a Policy Term basis before benefits are payable under the Policy.

Dependent means: 1) an Insured's lawful spouse; or 2) an Insured's unmarried child, from the moment of birth to age 19, 24 if a full-time student, who is chiefly dependent on the Insured for support.

A "child", includes an Insured's: 1) natural child; 2) stepchild; and 3) adopted child, beginning with any waiting period pending finalization of the child's adoption.

Coverage will continue for a child who is 19 or more years old, chiefly supported by his or her parent or dependent on other care providers and incapable of self-sustaining employment by reason of a handicapped condition that occurred before the attainment of the limiting age. Proof of the child's condition and dependence will be requested by Us within 2 months prior to the date the child will cease to qualify as a child as defined above. Such proof must be submitted to Us within 31 days from the date of the request. We may, at reasonable intervals thereafter, require proof of the continuation of such condition and dependence. If proof is not submitted within the 31 days following any such request, coverage for the Dependent will terminate.

With respect to a handicapped child, "dependent on other care providers" means such child requires a Community Integrated Living Arrangement, group home, supervised apartment, or other residential services licensed or certified by the Department of Human Services, the Department of Public Health, or the Department of Public Aid.

The term "spouse" also includes your domestic partner. You and your domestic partner must submit a complete domestic partner affidavit and meet the following criteria to qualify your domestic partner for insurance under this group policy. For at least six consecutive months prior to the effective date of your domestic partner insurance, you and your domestic partner:

1. are and have been each other's sole domestic partner, and have maintained the same principal place of residence and intend to do so indefinitely;
2. are both at least 18 years of age;
3. are not married or related by blood; and
4. are jointly responsible for each other's welfare and financial obligations.

The term also includes the child of your domestic partner. Any such child must be unmarried and under age 19, 24 if a full-time student.

Doctor means a Doctor licensed to practice medicine. It also means any other practitioner of the healing arts who is licensed or certified by the state in which his or her services are rendered and acting within the scope of that license or certificate.

It will not include a Covered Person or a member of the Covered Person's Immediate Family or household.

Elective Surgery or Elective Treatment means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective surgery or elective treatment includes any service, treatment or supplies that:

1. are deemed by the Insurer to be research, investigative, or experimental;
2. are not generally recognized and accepted medical practices in the United States.

Emergency Hospitalization and Emergency Medical Care means hospitalization or medical care:

That is provided for an Injury or a Sickness caused by the unexpected onset of a medical condition with acute symptoms of sufficient severity and pain that would cause a prudent layperson with an average knowledge of health and medicine to expect that the absence of immediate medical care to result in:

1. The Covered Person's health or in the case of a pregnant woman, the health of the woman and her unborn child, being placed in serious jeopardy.
2. Serious impairment of the Covered Person's bodily functions.
3. Serious dysfunction of any of the Covered Person's bodily organs or parts.

Experimental or Investigational means any procedure, treatment, facility, supply, device, or drug that:

1. is not generally accepted by the United States medical community as effective for diagnosis, care or treatment; or
2. is subject to research protocols indicating that the procedure, treatment, facility, supply, device, or drug is "experimental or investigational;" or
3. requires the patient to sign a consent form which indicates that the procedure, treatment, supply, device, or drug is "experimental or investigational" or is part of a research or study program; or
4. requires the provider's institutional review board to acknowledge that the procedure, treatment, facility, supply, device, or drug is "experimental or investigational," and subject to the board's approval.

Important Notice - The insurer may rely upon the advice of medical and dental peer review groups and other medical and dental experts to determine which services and/or supplies are experimental or investigational. The decision whether there is enough scientific data, and the decision whether a service or supply is "experimental or investigational" will be made by the insurer.

The insurer will determine, in its discretion, whether a procedure, treatment, facility, supply, device, or drug is "experimental or investigational"

Home Country means the Covered Person's country of domicile or citizenship named on the enrollment form or the roster, as applicable. However, the Home Country of an eligible Dependent who is a child is the same as that of the eligible participant.

Home Health Care means nursing care and treatment and Daily Living Services provided to a Covered Person in His home as part of an overall extended treatment plan. To qualify for Home Health Care Benefits:

1. the Home Health Care plan must be established and approved in writing by a Covered Person's attending Doctor, including certification in writing by the attending Doctor that confinement in a Hospital or extended care facility would be required in the absence of Home Health Care;
2. nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care agency; and

3. Daily Living Services must be approved in writing by the attending Doctor or by the provider of the nursing care services.

"Daily Living Services" means cooking, feeding, bathing, dressing and personal hygiene services performed by a Home Health Aide, and which are necessary to the care and health of the Covered Person.

Hospital means an institution that:

1. operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons;
2. provides 24-hour nursing service by Registered Nurses on duty or call;
3. has a staff of one or more licensed Doctors available at all times;
4. provides organized facilities for diagnosis, treatment and surgery, either:
   a. on its premises; or
   b. in facilities available to it, on a pre-arranged basis;
5. is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such.

Hospital also means a licensed alcohol and drug abuse rehabilitation facility or a mental hospital. Alcohol and drug abuse rehabilitation facilities and mental hospitals are not required to provide organized facilities for major surgery on the premises on a prearranged basis.

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

Injury means accidental bodily harm sustained by a Covered Person that results directly and independently of disease and any bodily infirmity from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

Insured means a person in a Class of Eligible Persons who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person. An Insured is not a Dependent covered under the Policy.

Medically Necessary means a service, drug or supply which is necessary and appropriate for the diagnosis and treatment of a Covered Injury and Covered Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided. A service, drug or supply will not be considered as Medically Necessary if, it:

1. is investigational, experimental or for research purposes;
2. is provided solely for the convenience of the patient, the patient's family Doctor, Hospital or any other provider:
3. exceeds in scope, duration or intensity the level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment;
4. could have been omitted without adversely affecting the person's condition or the quality of medical care; or
5. involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration.

Out-of-Network means a provider who has not agreed to any prearranged fee schedules. We will not pay charges in excess of the Usual and Customary Charges.

Preferred Allowance means the amount a Preferred Provider will accept as payment in full for covered medical expenses.

Preferred Provider means the Doctors, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

Prescription Drugs mean 1) prescription legend drugs; 2) compound medications of which at least one ingredient is a prescription legend drug; 3) any other drugs that under the applicable state or federal law may be dispensed only upon written prescription of a Doctor; and 4) injectable insulin.

Sickness means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

Usual and Customary Charge means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

We, Our, Us means Companion Life Insurance Company, Inc., or its authorized agent.

Continuous Insurance

This Policy may be replacing a Prior Plan with another insurer. Prior Plan means (a) the Student Health Insurance policy or policies issued to the Policyholder immediately before the current Policy; and (b) other policies providing Creditable Coverage as defined in this 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.

Emergency Medical Evacuation

This benefit is available to International Students or students participating in a Elizabethtown College Study Abroad Program. Combining this benefit with the Repatriation of Remains benefit, we will pay for benefits for the Covered Expenses incurred, up to $10,000 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; orb) for 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. 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 (On Call International). Expenses for special transportation must be: (a) recommended by the attending Physician; 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 Physician.

Repatriation of Remains

This benefit is available to International Students or students participating in a Elizabethtown College Study Abroad Program. In the event of the death of an Insured Person, we will pay the actual charges up to a maximum of $10,000 (in conjunction with the Medical Evacuation Benefit) for preparation and transportation of the Insured Person's remains to his or her home country. This will be 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 expenses for embalming, cremation, coffins, and transportation. Repatriation of remains must be approved in advance by the Company.

Travel Assistance Services

Included in this health insurance program is access to a 24-hour worldwide assistance network 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
6. repatriations.
7. Emergency travel arrangements for disrupted travel as the consequence.
8. of a medical emergency.
9. 7. Referral to legal assistance.
10. 8. Assistance in locating lost or stolen items including lost ticket.
11. 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
www.oncallinternational.com.

Schedule of Medical Benefits

MEDICAL BENEFITS	INJURY	SICKNESS
Coinsurance	Basic Injury & Sickness - 90% of Usual and Customary (U&C) Expenses Major Medical – 70 % of Usual and Customary (U&C)	
Maximum Benefit	Basic Injury - $3,000 per Injury Basic Sickness - $3,000 per Sickness Major Medical Benefit - $47,000 per Injury or Sickness	
Deductible	$50 per Injury or Sickness, waived if treatment rendered at the Student Health Service	
Benefit Period	52 weeks from the date of Injury	52 weeks from the first treatment of Sickness
INPATIENT SERVICES		
Room and Board Expense (daily semi-private room rate, and general nursing care provided by the hospital)	Usual & Customary	Usual & Customary
Miscellaneous Hospital Expense (including operating room, anesthesia, laboratory tests, x-rays, drugs, medicines, therapeutic services, dressings and supplies)	Usual & Customary	Usual & Customary
Surgeon's Fees	Usual & Customary	Usual & Customary
Anesthetist	30% of Surgical Allowance not to exceed $500 per Injury	30% of Surgical Allowance not to exceed $3,000 per Sickness
Physician's Visits (*benefits limited to one visit per day and do not apply when related to surgery*)	Usual & Customary	Usual & Customary
Registered Nurse's Services (private duty nursing care)	Usual & Customary	Usual & Customary
Mental Illness, limited to one visit per day	No Benefits	Paid as any other Sickness, up to a maximum of 30 days per policy year
OUTPATIENT SERVICES		
Surgeon's Fees	Usual & Customary	Usual & Customary
Anesthetist	30% of Surgical Allowance not to exceed $500 per Injury	30% of Surgical Allowance not to exceed $3,000 per Sickness
Outpatient Miscellaneous Expense, includes Medical Emergency Expenses, Diagnostic X-ray & Laboratory, Tests & Procedures, Radiation Therapy & Chemotherapy, Injections and Durable Medical Equipment.	Usual & Customary	Usual & Customary
Physician's Visits including chiropractic care (*benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy*)	100% of U&C after a $15.00 copay; not to exceed $3,000 per Injury	100% of U&C after a $15.00 copay, not to exceed $3,000 per Sickness

Schedule of Medical Benefits (Con't)		
MEDICAL BENEFITS	**INJURY**	**SICKNESS**
OUTPATIENT SERVICES (Con't)		
Physiotherapy	100% of U&C after a $15.00 copay; not to exceed $3,000 per Injury	No Benefit
Prescription Drugs	Usual & Customary	Usual & Customary
Mental Illness, limited to one visit per day	No Benefits	Paid as any other Sickness, up to a maximum of 60 visits per policy year
Immunizations	No Benefits	Immunizations are covered when required for enrollment
OTHER		
Ambulance Services	100% of Usual & Customary	
Consultant Physician Fees (when requested and approved by the attending physician, benefits include services rendered by a specialist)	Usual & Customary	Usual & Customary
Dental Treatment (made necessary by Injury to sound, natural teeth)	Usual & Customary	No Benefits
Allergy Injections	No Benefits	Usual & Customary
PPD Testing	No Benefits	Usual & Customary
Medical Evacuation	$ 10,000	
Repatriation	$ 10,000	
Maternity	No benefits	Paid as any other Sickness
Complications of Pregnancy	No benefits	Paid as any other Sickness
Wellness Benefit, covers physicals, medications, programs for smoking cessation, weight loss, and medical screening.	No benefits	90% of U&C. $500 maximum
Accidental Death & Dismemberment	Principal Sum: $1,000	No Benefit

State Mandated Benefits

BENEFITS FOR SERIOUS MENTAL ILLNESS

Benefits will be paid the same as any other Sickness for treatment of Serious Mental Illness limited to [30] inpatient days annually and [60] days outpatient annually. The Insured Person may convert Inpatient days to outpatient days on a one-to-two basis.

"Serious Mental Illness" means any of the following mental illnesses as defined by the American Psychiatric Association in the most recent edition of the diagnostic and Statistical Manual:

a) schizophrenia;
b) bipolar disorder;
c) obsessive-compulsive disorder;
d) major depressive disorder;
e) panic disorder;
f) anorexia nervosa;
g) bulimia nervosa;
h) schizo-affective disorder;
i) delusional disorder

Benefits are subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR ALCOHOL/DRUG ABUSE AND DEPENDENCY TREATMENT

Benefits will be provided for treatment of Alcohol or Drug Abuse and dependency on the same basis as any other Sickness subject to the following:

Inpatient detoxification will be provided in a Hospital or in an inpatient non-hospital facility which has a written affiliation agreement with a Hospital for emergency, medical and psychiatric or psychological support services, meets minimum standards for client-to-staff ratios and staff qualifications that are established by the Department of Health and is licensed as an alcoholism and/or drug addiction treatment program. Inpatient detoxification is limited to no more than [four] [(4)] admissions per lifetime. Benefits are limited to [seven] [(7)] days of treatment per admission. The following services are covered under inpatient detoxification:

1. Lodging and dietary services.
2. Physician, psychologist, nurse, certified addictions counselor and trained staff services.
3. Diagnostic X-ray.
4. Psychiatric, psychological and medical laboratory testing.
5. Drugs, medicines, equipment use and supplies.

Non-Hospital residential care will be provided for thirty (30) days per policy year in a facility that meets minimum standards for client-to-staff ratios and staff qualifications that are established by the Office of Drug and Alcohol programs and is appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Insureds must be referred to the program by a Physician. Benefits are subject to lifetime maximum of ninety (90) days per person. The following services are covered under residential care:

1. Lodging and dietary service.
2. Physician, psychologist, nurse, certified addictions counselor and trained staff services.

2. Rehabilitation therapy and counseling.
3. Family counseling and intervention.
4. Psychiatric, psychological and medical laboratory tests.
5. Drugs, medicines, equipment use and supplies.

Outpatient care shall be provided in a facility appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Before an Insured may qualify to receive benefits under this section, a licensed Physician or licensed psychologist must certify the Insured as a person suffering from alcohol or other drug abuse or dependency and refer the Insured for the appropriate treatment. The following services shall be provided:

1. Physician, psychologist, nurse, certified addictions counselor and trained staff services.
2. Rehabilitation therapy and counseling.
3. Family counseling and intervention.
4. Psychiatric, psychological and medical laboratory tests.
5. Drugs, medicines, equipment use and supplies.

Treatment shall be provided for a minimum of thirty (30) outpatient, full-session visits or equivalent partial visits per policy year. These visits may not be exchanged for non-hospital, residential alcohol treatment services.

In addition, treatment shall be provided for a minimum of [thirty] [30] outpatient, full-session visits or equivalent partial hospitalization services per policy year. These visits may be exchanged on a two-for-one basis up to fifteen (15) non-hospital, residential alcohol treatment days.

Benefits are limited to [one hundred and twenty (120) outpatient, full session visits or equivalent partial visits.

Definitions:

"Alcohol or Drug Abuse" means any use of alcohol or other drugs which produces a pattern of pathological use causing impairment in social or occupational functioning or which produces physiological dependency evidenced by physical tolerance or withdrawal.

"Detoxification" means the process whereby an alcohol-intoxicated or drug-intoxicated person is assisted, in a facility licensed by the Department of Health, through the period of time necessary to eliminate, by metabolic or other means, the intoxicating alcohol or other drugs, alcohol and other drug dependency factors or alcohol in combination with drugs as determined by a licensed Physician, while keeping the physiological risk to the patient at a minimum.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR MANAGEMENT AND TREATMENT OF DIABETES

Benefits will be paid the same as any other Sickness 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 if prescribed by a Physician legally authorized to prescribe such items under law.

Benefits shall be provided for equipment and supplies including the following: blood glucose monitors, monitor supplies, insulin, injection aids, syringes, insulin infusion devices, pharmacological agents for controlling blood sugar and orthodics.

Diabetes outpatient self-management training and education shall be provided under the supervision of a licensed Physician with expertise in diabetes to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetes, including information on proper diets. Coverage for self-management education and education relating to diet and prescribed by a licensed Physician shall include:

1. visits medically necessary upon the diagnosis of diabetes;
2. visits under circumstances whereby a Physician identifies or diagnoses a significant change in the patient's symptoms or conditions that necessitates changes in a patient's self-management; and
3. where a new medication or therapeutic process relating to the person's treatment and/or management of diabetes has been identified as medically necessary by a licensed Physician.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR POST PARTUM HOME HEALTH CARE

Benefits will be paid the same as any other Sickness for at least one home health care visit within 48 hours after discharge from inpatient care when discharge occurs prior to the time of 48 hours of inpatient care following a normal vaginal delivery and 96 hours of inpatient care following a cesarean delivery. Such visits shall be made by a Physician whose scope of practice includes post partum care. Home health care visits shall include parent education, assistance and training in breast and bottle feeding, infant screening and clinical tests and the performance of any necessary maternal and neonatal physical assessments. At the mother's sole discretion, any visits may occur at the facility of the provider.

The policy Deductible, copayment, coinsurance will not be applied to this benefit. Benefits shall be subject to all other limitations or any other provisions of the policy.

BENEFITS FOR WOMEN'S PREVENTIVE HEALTH SERVICES

Benefits will be paid the same as any other Sickness for: 1) an annual gynecological examination, including a pelvic examination and clinical breast examination; and 2) routine pap smears in accordance with the recommendations of the American College of Obstetricians and Gynecologists.

The policy Deductible and dollar limitations will not be applied to this benefit. Benefits shall be subject to copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR MAMMOGRAPHIC EXAMINATION

Benefits will be paid the same as any other Sickness for mammographic examinations as follows: 1) every year for an Insured 40 years of age or older; and 2) any mammogram based on a Physician's recommendation for an Insured under 40 years of age.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR MASTECTOMY

Benefits will be paid the same as any other Sickness for inpatient care following a Mastectomy for the length of stay that the treating Physician determines is necessary to meet generally accepted criteria for safe discharge.

Benefits will be paid the same as any other Sickness for a home health care visit that the treating Physician determines is necessary within forty-eight (48) hours after discharge when the discharge occurs within forty-eight (48) hours following admission for the Mastectomy.

Benefits will be paid the same as any other Sickness for Prosthetic Devices, physical complications including lymphedemas, and Reconstructive Surgery incident to any Mastectomy in a manner determined in consultation with the attending Physician and the Insured Person.

Mastectomy means the removal of all or part of the breast for medically necessary reasons, as determined by a licensed Physician. Prosthetic devices means the use of initial and subsequent artificial

devices to replace the removed breast or portions thereof, pursuant to an order of the Insured's Physician.

Reconstructive surgery means a surgical procedure performed on one breast or both breasts following a Mastectomy, as determined by the treating Physician, to reestablish symmetry between the two breasts or alleviate functional impairment caused by the Mastectomy. Reconstructive surgery shall include, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy. Symmetry between breasts means approximate equality in size and shape of the nondiseased breast with the diseased breast after definitive reconstructive surgery on the diseased or nondiseased breast has been performed.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR CHILDHOOD IMMUNIZATIONS

Benefits will be paid the same as any other Sickness for the Named Insured who is under 21 years of age, or the Named Insured's spouse who is under 21 years of age, or a Dependent Child for those childhood immunizations, including the immunizing agents, which as determined by the Department of Health conform with the standards of the (Advisory Committee on Immunization Practices of the Center for Disease Control) U.S. Department of Health and Human Services. The benefit will provide coverage for the cost of the immunization of a child, up to 150% of the average wholesale price (AWP), which, as determined by the Department of Health, conform with the standards of the Advisory Committee on Immunization Practices of the Center for Disease Control, the United States Department of Health and Human Services.

The policy Deductible and dollar limitations will not be applied to this benefit. Benefits shall be subject to copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR MEDICAL FOODS

Benefits will be paid the same as any other Sickness for the cost of nutritional supplements (formulas) as medically necessary for the therapeutic treatment of Phenylketonuria (PKU), branched-chain ketonuria, galactosemia and homocystinuria that are aminoacidopathies, rare hereditary genetic metabolic disorders, and administered under the direction of a Physician. Benefits are not for normal food products used in dietary management of these disorders, but are for formulas that are equivalent to a prescription drug, medically necessary for the therapeutic treatment of such rare hereditary genetic metabolic disorders and administered under the direction of a Physician.

Benefits shall be subject to all copayment, coinsurance, limitations, or any other provisions of the policy. The policy Deductible will not be applied to this benefit.

BENEFITS FOR NEWBORN INFANTS

Newborn Infants will be covered under the policy for the first 31 days after birth. Coverage for such a child will be for Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child's parent.

Accidental Death and Dismemberment Benefits

If such Injury shall independently of all other causes and within 365 days from the date of Injury solely result in any one of the following specific losses, the Company will pay the applicable amount below. Payment under this benefit will not exceed the Per Condition Maximum.

For Loss of	**Amount**
Life	$1,000
Two hands	$1,000
Two feet	$1,000
Sight of two eyes	$1,000
One hand and one foot	$1,000
One hand and sight of one eye	$1,000
One foot and sight of one eye	$1,000
One hand or one foot or one eye	$1,000

Loss of hands and feet means the loss at or above the wrist or ankle joints. loss of eyes means total irrecoverable loss of the entire sight. Only one of the amounts named above will be paid for Injuries resulting from any one Injury. The amount so paid shall be the largest amount that applies.

This provision does not cover the loss if it in any way results from or is caused or contributed: (a) By physical or mental illness; medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by this Policy; (b) By an infection, unless it is caused solely and independently by a covered Injury; (c) By participation in a felony; or (d) By the Insured Person being intoxicated or under the influence of any drug unless taken as prescribed by a Physician.

In addition to the above, this provision is subject to the Exclusions and Limitations of this Policy.

Exclusions

The Policy 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. Preventative medicines, serums, immunizations, or vaccines, except as specifically provided;
3. Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports and professional sports;
4. Injury resulting from motor vehicle accident to the extent that benefits are payable under any automobile medical expense insurance or automobile no-fault plans;
5. Correction of congenital defects except as specifically provided;
6. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
7. 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 natural teeth;
8. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
9. Charges for treatment of any Injury or Sickness due to an Insured Person's commission of, or attempt to commit a felony, or a crime which would be considered a felony if prosecuted;
10. Injury due to participation in a riot;
11. 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;
12. Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy,

multiphasic testing, or lasix or other vision procedures except as required for repair caused by a covered Injury;

13. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
14. Expenses for any service or supply not specified in this Policy as a covered service;
15. An amount of a charge in excess of the Reasonable and Customary Expense;
16. Elective Treatment or elective surgery, except as specifically provided;
17. Services not Medically Necessary;
18. 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;
19. Voluntary or elective abortion;
20. Alternative health care, including (but not limited to) acupuncture, except as specifically provided, acupressure, biofeedback, reflexology, and rolfing type services;
21. Hearing aids, including exams for fitting, except as required to correct damage caused by an Injury which occurs while the patient is covered by this Plan, provided they are obtained within four months of the date of the Injury;

Extension of Benefits after Termination

If a Covered Person is confined in a Hospital for a medical condition on the date his insurance ends, expenses Incurred during the continuation of that Hospital stay will be considered a Covered Expense, but only while such expenses are incurred during the 90 day period following the termination of insurance. We will not continue to pay these Covered Expenses if:

1. the Covered Person's medical condition no longer continues;
2. the Covered Person reaches the Lifetime Aggregate Maximum per covered Accident or covered Sickness; or
3. the Covered Person obtains other coverage.
4. the Covered Expenses are incurred more than 3 months following termination of insurance

Rights of Reimbursement and Recovery

RIGHT OF RECOVERY:

If a Covered Person incurs expenses for Sickness or Injury that occurred due to the negligence of a third party: (a) We have the right to reimbursement for all benefits We have paid from any and all damages collected from the third party for those same expenses whether by action at law, settlement or compromise by the Covered person, Covered Person's parents, if the Covered Person is a minor, or Covered Person's legal representative as a result of that Sickness or Injury, and (b) We are assigned the right to recover from the third party, or his or her insurer, to the extent of the benefits paid for that Sickness or Injury.

We shall have the right to reimbursement out of all funds that the Covered Person, the Covered person's parents, if the Covered Person is a minor, or the Covered Person's legal representative, is or was able to obtain for the same expenses we have paid as a result of that Sickness or Injury.

The Covered Person or the Covered Person's parents if the Covered Person is a minor is required to furnish any information or assistance or provide any documents that we may reasonably require in order to obtain our rights under this provision. This provision applies whether the third party admits liability or not.

RIGHT OF RECOVERY:

If We make payments with respect to benefits payable under the Policy in excess of the amount necessary, We shall have the right to recover such payments. We shall notify the Covered Person of such overpayment and request reimbursement from the Covered Person. However, should the Covered Person not provide such reimbursement, We shall have the right to offset such overpayment against any other benefits payable to the Covered Person under the Policy to the extent of the overpayment.

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 or would like additional information or have a complaint concerning the denial, please contact Our Third Party Administrator (TPA) at 1-800-331-1096. The TPA will address concerns and attempt to resolve the complaint. If the TPA is unable to resolve the complaint over the phone, You may file a written internal appeal by writing to Our TPA. 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. The TPA will acknowledge Your appeal within 10 working days of receipt or within 72 hours if the event involves a life-threatening situation. A decision will be sent to You within 30 days. If there are extraordinary circumstances involved, the TPA may take up to an additional 60 days before rendering a decision.

Claims Procedures

In the event of an Injury or Sickness, the Insured Person should:

1. If, at the College, and the Student Health Service is open, report immediately to the Student Health Service so that proper treatment can be prescribed or approved, or
2. If away from the College, and the Student Health Service is closed, consult a Physician and follow his/her advice.
3. 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.
4. 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, Klais & Company, inc. at the address on the back cover.
5. 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.

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. You may ask us to give you a copy of the Privacy Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice upon request. You may request a paper copy of this notice by calling Us at 800-452-5772 or submitting the request to COMPANION LIFE INSURANCE COMPANY, c/o Gallagher Koster, 500 Victory Rd, Quincy, MA 02171, Attn: HIPAA Privacy Office. http://www.companionlife.com/privacypractices.aspx.

Questions? Need More Information?

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

Gallagher Koster
500 Victory Road
Quincy, MA 02171
1-877-355-7114
etown@gallagherkoster.com

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
1-877-349-9017
email: klaisclaims@klais.com
To register for StatusLink Claims Look-Up, go to www.klais.com

This Policy is Underwritten by:
Companion Life Insurance Company
Policy Number: CLSP0015-11
Companion Life Insurance Company
Policy Form Number: BSHP-POL

A Master Policy is available for review at the Elizabethtown College Student Health Service. In the event of any conflict between this description of services provided and the Policy, the Master Policy will govern.