



# ***Student Accident and Sickness Insurance Plan***

*designed for*

## **Colby-Sawyer College 2012-2013**

Policy Number: CLSP0009-I2  
New London, NH

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## Colby-Sawyer Health Service

A student's health care needs can best be met through the organized system of health care in coordination with the health care professionals of the Colby-Sawyer College Health Service. Insured Students are encouraged to visit the Baird Health and Counseling Center if they are ill or injured. The Baird Health and Counseling Center provides treatment of illness and injuries to currently enrolled fulltime students. It is necessary for students to call to set up an appointment. Please call the Baird Health and Counseling Center at 603-526-3621 to make an appointment.

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## Before You Waive Coverage

Before you waive coverage under the Colby-Sawyer College Student Accident and Sickness Insurance Plan, check your current policy carefully to make sure you're fully covered while on campus and throughout the academic year. Often a student covered by a Health Maintenance Organization (HMO) or a managed care policy at home may have limited or no benefits while in New London, other locations in the U.S., or in a foreign country. Employer groups are increasingly ending dependent coverage at age 26. Virtually all students who are 26 years or older or married are no longer covered as dependents under their parent's health insurance policy. Finally, some students declare financial independence to gain eligibility for financial aid programs. This may mean that the student is ineligible for coverage as a dependent under a parent's policy regardless of the student's age.

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## Student Eligibility and Enrollment

All Colby-Sawyer College's full-time students enrolled for at least 12 credit hours or more are automatically enrolled in and billed for the Student Accident and Sickness Insurance Plan, unless proof of comparable coverage is provided. Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased to stay in effect. 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 Accident 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.

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## Online Student Waive/Enroll Process

Students who are currently enrolled in a health insurance plan that provides comparable coverage to the Colby-Sawyer College Student Accident and Sickness Insurance Plan and is in effect during the 2012-2013 academic year can elect to waive the school sponsored Student Accident and Sickness Insurance Plan.

Recognizing that health insurance coverage may change, at the beginning of each academic year students will be asked to provide proof of comparable coverage to the Colby-Sawyer College Student Accident and Sickness Insurance Plan in order to waive coverage.

To document proof of comparable coverage an online Waiver Form must be completed prior to the start of classes.

1. Go to [www.gallagherkoster.com/colby-sawyer](http://www.gallagherkoster.com/colby-sawyer).
2. Click on "Student Waive/Enroll".
3. First Time Users will need to create a unique User Account. Returning students can log in with their existing User Account information.
4. Once an account has been created, click either the green "I want to Enroll" or the red "I want to Waive" button. When waiving the insurance, have your current health insurance ID card ready as you will need this information in order to complete the waiver form.

Immediately upon submitting your enrollment or waiver request, you will receive a confirmation number indicating that the form has been successfully submitted. Print this confirmation number for your records. If you do not receive a confirmation number, you will need to correct any errors and resubmit the form.

Colby-Sawyer College reserves the right to audit and subsequently reject a waiver or enrollment request. If it is determined that a student waived coverage with a health insurance plan that was not comparable coverage or does not meet the eligibility guidelines, the student will be automatically enrolled in the Student Accident and Sickness Insurance Plan or the student's enrollment request will not be processed.

International students can only waive the Student Accident and Sickness Insurance Plan if they are covered by an insurance plan comparable to the Colby-Sawyer College Student Accident and Sickness Insurance Plan and the insurance carrier is based in the United States.

In the event that a student waives the Colby-Sawyer College Student Accident and Sickness Insurance Plan and then loses their current coverage due to a qualifying event, (i.e. parent loss of coverage or the maximum age limit available is attained), students 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. If approved, the premium will not be prorated.

## Waiver Deadline

The deadline for processing the online waiver is September 4, 2012 for students enrolling in the Fall and January 17, 2013 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 Accident 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 Colby-Sawyer for the Spring Term are allowed to waive or enroll for coverage for the Spring Term.

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## Policy Term

Annual Coverage for all Insured Students will become effective on June 29, 2012 and will terminate on June 28, 2013. For New Spring Semester Students, coverage will become effective on January 1, 2013 and will terminate on June 28, 2013.

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## Plan Costs

Period	Annual 06/29/2012 - 06/28/2013	Spring 01/01/2013 - 06/28/2013
Student Only	\$ 636.00	\$ 318.00

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## 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.

## Preferred Provider Network

The Colby-Sawyer College Student Accident and Sickness Insurance Plan provides access to doctors, hospitals and other health care providers through the First Health Preferred Provider Network in New London, NH, as well as throughout the United States. Network Providers are the Physicians, Hospitals and other health care providers who are contracted to provide specific medical care at negotiated prices. When Insured Students use Network Providers, out-of-pocket expenses will be less because Network Providers have agreed to accept a negotiated fee or Preferred Allowances as payment. Non-Network Providers have not agreed to a negotiated fee and are subject to a higher coinsurance. It is important that the Insured Student verify that his or her Doctors are Network Providers when calling for an appointment or at the time of service. The most efficient and accurate way to identify Network Providers is to call First Health at 1-800-226-5116 or at [www.firsthealth.com](http://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. 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.

**Allowable Charge** means the charge which is the lesser of: 1) The actual charge, 2) the negotiated charge that a Preferred Provider has agreed to accept for service, or 3) the Usual and Customary Charge for a covered service.

**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.

**Co-payment** 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.

**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.

**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.

**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.

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## Pre-Existing Conditions

The Policy does not provide coverage for a Pre-Existing Condition until the Covered Person's coverage has been in force for a period of not less than 9 months. This limitation will not apply to pregnancy or coverage provided to newborn or adopted children.

The Pre-Existing Conditions Limitation will be waived if:

1. the Covered Person was insured under Creditable Coverage; and
2. such coverage was continuous to a date not more than 63 days prior to the effective date of coverage under this Policy; and
3. the Covered Person previously met the Pre-Existing Conditions limitation of such policy.

"Pre-Existing Conditions" means any condition, Injury or Sickness for which the Covered Person incurred expenses, received medical treatment, or consulted a health care professional within the 3 months immediately preceding the effective date of coverage.

"Qualifying Previous Coverage" means: (1) Medicare or Medicaid; (2) an

employee welfare plan or group health insurance or health benefit plan; (3) an individual health benefit plan; (4) a state health benefits risk pool; (5) CHAMPUS or CHAMPUS/TRICARE; (6) a medical care program of the Indian Health Service or of a tribal organization; (7) a health plan offered under the federal employees health benefits program (FEHBP); (8) a public health plan; or (9) a health benefit plan of the Peace Corps Act.

Qualifying Previous Coverage does not include accident only, credit, dental, vision, Medicare supplement, long-term care, disability income insurance, coverage issued as a supplement to liability insurance, worker's compensation or similar insurance, automobile medical payment insurance, specified diseases, hospital indemnity, or limited benefit health insurance.

## Creditable Coverage

This term means an individual or group policy, contract or program, that arranges or provides medical, hospital, and surgical coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion coverage: (a) an employee group health plan; (b) health insurance or Health Maintenance Organization coverage; (c) Medicare; (d) Medicaid; (e) Chapter 55 of title 10, United States Code (CHAMPUS); (f) a medical care program of the Indian Health Services or of a tribal organization; (g) a state health benefits risk pool; (h) a health plan offered under the Federal Employee Health Benefits Program; (i) a public health plan as defined under Federal regulations; (j) a health benefit plan under Section 5(e) of the Peace Corps Act; (k) any other similar coverage permitted under State/Federal law or regulations.

## Exceptions

The Pre-Existing Condition exclusion does not apply to any of the following: (a) genetic information, in the absence of a diagnosis of a condition related to such information; (b) a covered newborn dependent child who, as of the last day of the 31-day period beginning with the date of birth, is covered under Creditable Coverage; or (c) a covered adopted dependent child under the age of 18, who, as of the last day of the 31-day period beginning on the date of adoption or placement for adoption, is covered under Creditable Coverage (except this shall not apply to coverage the adopted child may have had before such adoption or placement.)

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## 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.

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## Emergency Medical Evacuation

This benefit is available to International Students or students participating in a Colby-Sawyer Study Abroad Program. We will pay



for benefits for the Covered Expenses incurred, up to \$50,000 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; 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. Expenses for special transportation must be: (a) recommended by the attending Doctor; or (b) required by the standard regulations of the conveyance transporting the Insured Person. Special transportation includes, but is not limited to: air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending Doctor.

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## **Repatriation of Remains**

This benefit is available to International Students or students participating in a Colby-Sawyer 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 \$50,000 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.

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## **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 repatriations.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

Contact *On Call International* for any of these services:  
Toll Free from U.S. and Canada: 1-800-850-4556  
Dial Direct or Call Collect Worldwide: 1-603-328-1713  
Fax: 1-603-898-9172 or  
[www.oncallinternational.com](http://www.oncallinternational.com).

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## **State Mandated Benefits**

### **Mammography Examinations and Pap Smear Test Expense Benefit**

We will pay the covered percentage of the covered expenses incurred by a Covered Person for mammography examinations for the presence of occult breast cancer.

Benefits payable for routine mammography screenings, however, will be limited to the following schedule:

1. one baseline mammography examination for women age 35 through age 39;
2. an annual mammography examination for women age 40 and older.

Benefits are also payable under the group policy for expenses incurred by a covered person for annual cervical or Pap Smear test.

The benefits payable for mammography screening and Pap Smears are payable to the same extent as any other screening or test, and are subject to all of the provisions and limitations of the Policy.

### **Bone Mass Measurement and Osteoporosis Treatment Expense Benefit**

We will pay covered Expenses incurred by a Covered Person for bone mass measurement, and the diagnosis and treatment of osteoporosis.

Benefits are payable to the same extent as for any other covered sickness and subject to all of the provisions and limitations of the Policy.

### **Prostate Cancer Screening Expense Benefit**

We will pay the Covered Expenses incurred by a Covered Person for an annual Prostate Cancer Screening for covered men upon the recommendation of a Doctor, for prostate cancer screening tests as follows.

Benefits cover an annual digital rectal exam and a prostate-specific antigen ("PSA") blood test for:

1. asymptomatic men age 50 and over;
2. African-American men age 40 and over; and
3. men age 40 and over with a family history of prostate cancer.

These benefits are payable to the same extent as any other diagnostic exam; and are subject to all of the provisions and limitations of the Policy.

### **Colorectal Cancer Screening Expense Benefit**

We will pay the Covered Expenses incurred by a Covered Person for colorectal cancer examinations and laboratory tests when ordered or authorized by a Doctor. Such examinations and testing must be consistent with the American Cancer Society guidelines on colorectal cancer screening or other existing colorectal cancer screening guidelines issued by nationally recognized professional medical societies or federal government agencies.

These benefits are payable to the same extent as any other diagnostic exam, and are subject to all of the provisions and limitations of the Policy.

### **Diabetes Coverage**

Benefits will be paid for Covered Expenses incurred by a Covered Person for Medically Necessary equipment and related supplies for the treatment of diabetes when prescribed by a Doctor or other licensed health care provider.

Benefits for such charges will be payable on the same basis as any other illness under the Policy.

Equipment and related supplies which may be Medically Necessary include, but are not limited to, the following:

1. Blood glucose monitors;
2. Blood glucose monitors for the visually impaired;
3. Diabetes data management systems for management of blood glucose;
4. Insulin pumps and equipment for the use of the pump including batteries;
5. Insulin infusion pumps; and
6. Podiatric appliances and therapeutic footwear.

Coverage is also provided for the regular foot care exams of a diabetic patient when provided by a licensed Doctor.

Benefits are payable on the same basis as any other covered Sickness under the Policy.

### **Hospitalization and Anesthesia Related to Dental Procedures**

We will pay the Covered Expenses incurred for Hospital or Ambulatory Surgical Center services and for anesthetics in conjunction with dental procedures for a Covered Person who:

1. Is a dependent child age 6 or under; or
2. Has a medical condition that requires hospitalization or general anesthesia for dental care; or
3. Is disabled.

For purposes of this provision, "disabled" means a person, regardless of age, with a chronic disability that meets all of the following conditions:

1. It is attributable to a mental or physical impairment or combination of both;
2. It is likely to continue; or
3. It results in substantial functional limitations in 1 or more of the following areas of major life activity:
  - a. self-care;
  - b. receptive and expressive language;
  - c. learning;
  - d. mobility;
  - e. capacity for independent living; or
  - f. economic self-sufficiency.

Coverage will be subject to all conditions and limitations of the Policy. Benefits for these services will be payable to the same extent

as when they are provided for any other covered Sickness or Injury. Services for dental care are not covered except as may otherwise be provided by the Policy.

### **Scalp Hair Prostheses**

We will pay the covered percentage of the covered charges incurred for all Medically Necessary expenses for prostheses worn for hair loss suffered as a result of alopecia areata, alopecia totalis, alopecia medicamentosa resulting from the treatment for any form of cancer or leukemia, or permanent loss of scalp hair due to injury. Alopecia medicamentosa to a maximum of \$350 per policy year.

### **Nonprescription Enteral Formulas**

We will pay the covered percentage of the covered charges incurred for all Medically Necessary expenses for nonprescription enteral formulas for the treatment of impaired absorption or nutrients caused by disorders affecting the absorptive surface, functional length, or motility of the gastrointestinal tract and nonprescription enteral formulas and food products required for persons with inherited diseases of amino acids and organic acids. Coverage for inherited diseases of amino acids and organic acids shall, in addition to the enteral formula, include food products modified to be low protein in an amount not to exceed \$1,800 per policy year.

### **Off-Label Prescription Drugs**

We will pay the covered percentage of the covered charges incurred for drugs recognized for treatment of a particular indication in one of the standard reference compendia or in the medical literature as recommended by current American Medical Association policies but not approved by the Food and Drug Administration. Includes Medically Necessary services associated with the administration of the drug.

### **Clinical Trials**

We will pay the covered percentage of the covered charges incurred for all Medically Necessary routine patient care costs incurred as a result of treatment being provided in accordance with a clinical trial to the extent such costs would be covered for noninvestigational treatments if the treatment is being provided or the studies are being conducted for cancer or the treatment is being provided for any other life-threatening condition.

<b>ACCIDENT AND SICKNESS BENEFITS</b>	
Basic Accident & Sickness Maximum (per cause)	100% of Usual & Customary (U&C) up to \$3,000 per Injury or Sickness
Supplemental Accident & Sickness Maximum	80 % of U&C up to \$97,000 not to exceed a combined of \$100,000
Deductible	Supplemental Accident & Sickness: Accident - \$3,000 (satisfied by Basic Accident) Sickness - \$3,000 (satisfied by Basic Sickness)
<b>Inpatient Benefits</b>	
Hospital Room & Board Expense, includes Intensive Care Unit	Semi-Private or Intensive Care room rate not to exceed 21 days
Hospital Miscellaneous Expense – expenses during a hospital confinement or day surgery on an outpatient basis for: (a) anesthesia, anesthesia supplies and services; (b) operating, room and equipment; (c) diagnostic x-ray and laboratory tests; (d) lab studies; (e) prescribed drugs and medicines; (f) radiation and chemotherapy; and (g) other necessary and prescribed hospital expenses.	100% of U&C up to \$3,000 per Sickness

## ACCIDENT AND SICKNESS BENEFITS (Con't)

### Inpatient Benefits (Con't)

Surgical Expense	100% of U&C up to \$3,000
Anesthetist Expense	25% of the Surgical Allowance
Inpatient Physician Expense	100% of U&C
License Nurse Expense, RN or licensed nurse practitioner	100% of U&C
Inpatient Psychiatric Expense, includes Alcohol and Substance Abuse	Paid as any other Sickness

### Outpatient Benefits

Hospital Miscellaneous Expense – use of outpatient x-ray, laboratory tests, the use of an emergency or operating room	100% of U&C up to \$3,000
Prescription Drugs Expense: Through Medco participating pharmacies (including Colonial Pharmacy in New London)	Co-pays of \$10 Generic/\$20 brand up to \$5,000 per Policy Year
Physician Expense	100% of U&C up to a maximum of 30 visits per Policy Year (limited to one visit per day)
Immunizations & STI Testing	100% when provided at Baird Health and Counseling Center
Outpatient Psychiatric Expense, includes Alcohol and Substance Abuse	100% of U&C up to a maximum of 30 visits per Policy Year (limited to one visit per day)

### Additional Benefits

Ambulance Expense	100% of U&C
Accidental Death and Dismemberment	\$5,000
Emergency Medical Evacuation and Repatriation	\$50,000

## Prescription Drug Program

The outpatient prescription drug benefit is available through the Medco Pharmacy Network. The Medco Pharmacy Network includes national pharmacy chains, CVS, Walgreens, Brooks, Colonial Pharmacy and other local pharmacies. After a per prescription co-payment of \$10.00 for a 30 day supply of a generic drug, a per prescription co-payment of \$20.00 for a 30 day supply of a preferred brand name drug, the Expenses incurred for the cost of prescription drugs will be reimbursed at 100%, up to a maximum of \$5,000 per policy year. Insured Persons will print out an ID card to show to the pharmacy as proof of coverage. If a prescription needs to be filled prior to printing an ID card, reimbursement will be made upon submitting a completed Rx claim form (claim forms can be obtained from Gallagher Koster). A listing of Medco Pharmacies is available by calling 1-800-711-0917 or by viewing [www.Medco.com](http://www.Medco.com). Not all medications are covered (See Exclusions Section).

## Mail Service Prescription Drug Program

Medications that are taken for a chronic condition can be filled for up to a 90-day supply using Medco's Mail Service Prescription Drug Program. Using the Mail Service Prescription Drug Program, a 90-day supply of a medication can be filled with a co-payment that is 2 times the co-payment of a 30-day supply. When you use the Mail Service Prescription Drug Program you will need to complete a "Medco By Mail" Order Form and mail it directly to Medco along with your doctor's signed prescription form. After submitting your initial prescription, additional prescriptions can be filled by going online to [www.medco.com](http://www.medco.com). A brochure describing the Mail Service Prescription Drug Program as well as the order form are available at [www.gallagherkoster.com/colby-sawyer](http://www.gallagherkoster.com/colby-sawyer).

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

## Accidental Death and Dismemberment Benefit

When, because of Injury, the Insured Person suffers any of the following losses within 365 days from the date of the accident, we will pay as follows:

For the Loss of	Amount
Life . . . . .	\$5,000
Two hands . . . . .	\$5,000
Two feet . . . . .	\$5,000
Sight of two eyes . . . . .	\$5,000
One hand and one foot . . . . .	\$5,000
One hand and sight of one eye . . . . .	\$5,000
One foot and sight of one eye . . . . .	\$5,000
One hand or one foot or one eye . . . . .	\$2,500

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 Accident. 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 accident; (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.

## 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 Insurance Company. More information is available online at [www.gallagherkoster.com/colby-sawyer](http://www.gallagherkoster.com/colby-sawyer).

### EyeMed Vision Care

The discount vision plan is available through EyeMed Vision Care. EyeMed's provider network offers access to over 45,000 independent providers and retail stores nationwide, including LensCrafters, Sears Optical, Target Optical, JC Penney Optical, and most Pearle Vision locations. You will be able to print 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](http://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](http://www.basixstudent.com).
- Tell the dental office that you are an insured student and have access 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 1-877-320-4347.
- 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](http://www.basixstudent.com). Once at the home page, select the link for your school. You may also contact us via email from our website, or by telephone at (888) 274-9961.

### CampusFit

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

- The Energy Management section of the site allows a student to easily assess how much energy they are consuming, and expending on a daily basis. It also displays the results in the context of the Food Pyramid so students can see how to improve their food choices.

- The Fitness Works section has dozens of downloadable mp3 files and written exercise routines to help students get more active. Want to run your first 5K? We've got a nine week, step-by-step plan to get you there.
- The Wellness Support section has downloadable mp3 files for guided imagery relaxation, and dozens of recordings to reinforce fundamental diet and nutrition ideas — we've even got a 20 minute discussion on the "Freshman 15".

CampusFit is available at no cost to students. To access CampusFit, go to [www.gallagherkoster.com/colby-sawyer](http://www.gallagherkoster.com/colby-sawyer).

## 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. Pre-existing Conditions as defined in this Policy. A condition is no longer considered a Pre-existing Condition per the provision entitled Limitation for Pre-Existing Conditions below;
4. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Insured Person;
5. Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports, intercollegiate club sports, and professional sports;
6. Illness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungi-cord jumping;
7. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
8. 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;
9. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain;
10. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
11. 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;
12. Injury due to participation in a riot;
13. For services or supplies rendered by a close relative of the Insured Person. By "close relative" We mean an Insured Person's spouse, children, parents, brothers and sisters;
14. Expense 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;
15. Routine periodical physical examinations and routine chest x-rays, except as specifically provided;
16. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
17. Expenses for any service or supply not specified in this Policy as a covered service;



18. An amount of a charge in excess of the Reasonable and Customary Expense;
  19. Services not Medically Necessary;
  20. 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;
  21. Expenses incurred for any experimental drug or drug combination which the Federal Food and Drug Administration (FDA) has not approved for any indication, or for any drug which the FDA has determined to be contraindicated for a particular condition;
  22. Alternative health care, including (but not limited to) acupuncture, except as specifically provided, acupressure, biofeedback, reflexology, and rolfing type services.
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## Coordination of Benefits

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

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## Extension of Benefits

If an Insured Person is confined to a Hospital on the date his or her insurance terminates, charges incurred during the continuation of that Hospital Confinement shall also be included in the term "Expense", but only while they are incurred during the 90 day period following such termination of insurance.

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## Benefit Period

When an insured person suffers an Injury or Sickness, We will cover the benefits for a period of 52 weeks from the date of the accident or the date treatment is first sought for a Sickness.

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## Reimbursement and Subrogation

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

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## 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 1-877-349-9017. 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.

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## 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, or the Student Health Service is closed, consult a Doctor 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 last page of this brochure.
  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.
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## HIPAA NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION

***This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.***

This is your Health Information Privacy Notice from COMPANION LIFE INSURANCE COMPANY (referred to as We or Us). This notice is effective April 14, 2003. This notice provides you with information about the way in which We protect Personal Health Information ("PHI") that We have about you. PHI includes individually identifiable information which relates to your past, present or future health, treatment or payment for health care services. This notice also explains your rights with respect to PHI. The Health Insurance Portability and Accountability Act ("HIPAA") requires Us to: Keep PHI about you private; provide you this notice of our legal duties and privacy notices with respect to your PHI; and follow the terms of the notice that are currently in effect.

**Use and Disclosure of PHI:** We obtain PHI in the course of providing and/or administering health insurance benefits for you. In administering your benefits, We may use and/or disclose PHI about you and your dependents. The following are some examples, however, not every use or disclosure in a category will be listed:

**for Health Care Payment Purposes:** For example, We may use and disclose PHI to administer and process payment of benefits under your insurance coverage, determine eligibility for coverage, claims or billing information, conduct utilization reviews, or to another entity or health care provider for its payment purposes.

**for Health Care operations Purposes:** For example, We may use and disclose PHI for underwriting and rating of the plan, audits of your claims, quality of care reviews, investigation of fraud, care coordination, investigate and respond to complaints or appeals, provider treatment review and provision of services.

**for Treatment Purposes:** For example, We may use and disclose PHI to health care providers to assist in their treatment of you. We do not provide health care treatment to you directly.

**for Health Services:** For example, We may use your medical information to contact you to give you information about treatment alternatives or other health related benefits and services that may

be of interest to you as part of large case management or other insurance related services.

**for Data Aggregation Purposes:** For example, We may combine PHI about many insureds to make plan benefit decisions, and the appropriate premium rate to charge.

**To You About Dependents:** For example, We may use and disclose PHI about your dependents for any purpose identified herein. We may provide an explanation of benefits for you or any of your dependents to you.

**To Business Associates:** For example, We may disclose PHI to administrators who are contracted with Us who may use the PHI to administer health insurance benefits on our behalf and such administrators may further disclose PHI to their contractors or vendors as necessary for the administration of health insurance benefits. If your state has adopted a more stringent standard regarding any of the above uses or disclosures of your PHI, those standards will be applied.

**Additional Uses or Disclosures:** We may also disclose PHI about you for the following purposes: To comply with legal proceedings, such as a court or administrative order, subpoena or discovery requests. To law enforcement officials for limited law enforcement purposes. To a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to the Plan to do this. To your personal representatives appointed by you or designated by applicable law. For research purposes in limited circumstances. To a coroner, medical examiner, or funeral director about a deceased person. To an organ procurement organization in limited circumstances. To avert a serious threat to your health or safety or the health or safety of others.

To a governmental agency authorized to oversee the health care system or government programs. To the Department of Health and Human Services for the investigation of compliance with HIPAA or to fulfill another lawful request. To federal officials for lawful intelligence, counterintelligence, national security purposes and to protect the president. To public health authorities for public health purposes. To appropriate military authorities, if you are a member of the armed forces. In accordance with a valid authorization signed by you.

**Your Rights Regarding PHI That we Maintain About You:** You have various rights as a consumer under HIPAA concerning your PHI. You may exercise any of these rights by writing to Us in care of Gallagher Koster Student Insurance, 500 Victory Rd, Quincy, MA 02171, Attn: HIPAA Privacy Office. You have the right to inspect and copy your PHI. If you request a copy of the information, We may charge a fee for the costs of copying, mailing or other supplies associated with your request. You have the right to ask Us to amend the PHI that is contained in a "designated record set", e.g., information used to make enrollment, eligibility, payment, claims adjudication and other decisions. You have the right to request an amendment for as long as we maintain the PHI. Requests must be made in writing and include the reason for the request. We may deny the request if the PHI is accurate and complete or if we did not create the PHI. You have the right to request a list of our disclosures of the PHI. Your request must state a time period, may not include dates before April 14, 2003 and may not exceed a period of six years prior to the date of your request. If you request more than one list in a year,

We may charge you the cost of providing the list. We will notify you of the cost and you may withdraw or modify your request before any costs are incurred. Any list of disclosures provided by Us will not include disclosures made for payment, treatment or healthcare operations; made to you or persons involved in your care; incidental disclosures, authorized disclosures, for national security or intelligence purposes or to correctional institutions. You have the right to request to restrict the way We use or disclose PHI regarding treatment, payment or health care operations. You also have the right to request to restrict the PHI We disclose about you to someone who is involved in your care or the payment for your care. We are not required to agree to your request. If We do agree, We will comply with your request unless the information is needed to provide you emergency treatment. Your request must be in writing and state (1) what information you want to restrict; (2) whether you want to restrict our use, disclosure or both; and (3) to whom you want the restrictions to apply. Uses and disclosures of your PHI, other than those listed above, require prior written authorization from you. You may revoke that authorization at any time by writing to Us at the address at the end of this notice.

You have the right to request that We communicate personal information to you in a certain way or at a certain location. Your request must specify how or where you wish to be contacted. We will comply with reasonable requests. You have the right to a paper copy of this notice. You may ask us to give you a copy of this 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.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with Us. When filing a complaint, include your name, address and telephone number and We will respond. All complaints must be submitted in writing to COMPANION LIFE INSURANCE COMPANY, c/o Gallagher Koster, 500 Victory Rd, Quincy, MA 02171, Attn: HIPAA Privacy Office. You may also contact the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

**Changes To This Notice:** We reserve the right to modify this Privacy Notice and our privacy policies at any time. If We make any modifications, the new terms and policies will apply to all PHI before and after the effective date of the modifications that We maintain. If We make material changes, We will send a new notice to insureds. If you have any questions regarding this notice, please call 800-452-5772 or send your written questions to the address at the end of this notice. Please include your name, the name of your insurance plan, your policy/ID number or copy of ID card, your address and telephone number and We will respond.

**ALL QUESTIONS AND REQUESTS REGARDING YOUR RIGHTS UNDER THIS NOTICE SHOULD BE SENT TO:**

**COMPANION LIFE INSURANCE COMPANY**

**c/o Gallagher Koster**

**500 Victory Rd**

**Quincy, MA 02171**

**Attn: HIPAA Privacy office**

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## Questions? Need More Information?

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

**Gallagher Koster**

500 Victory Road

Quincy, MA 02171

1-877-320-4347

Email: [colby-sawyerstudent@gallagherkoster.com](mailto:colby-sawyerstudent@gallagherkoster.com)

[www.gallagherkoster.com/Colby-Sawyer](http://www.gallagherkoster.com/Colby-Sawyer)

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](mailto:klaisclaims@klais.com)

To register for StatusLink Claims Look-Up, go to [www.klais.com](http://www.klais.com)

This Policy is underwritten by:

**Companion Insurance Company**

A Division of Blue Cross Blue Shield of South Carolina

Policy Number: CLSP0009-12

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