



Student Accident and Sickness Insurance Plan

designed for

Loyola University New Orleans 2012-2013

Policy Number: USO10097

Form #: LOYN012

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Student Accident and Sickness Insurance Plan

The following is a summary of coverage of the Student Accident and Sickness Insurance Plan for the students of Loyola University New Orleans. The exact provisions governing this insurance are contained in the Master Policy issued to Loyola University New Orleans. The Master Policy shall control in the event of any conflict between this brochure and the Policy. This Plan is underwritten by **United States Fire Insurance Company** and administered by Gallagher Koster, 500 Victory Rd, Quincy, MA 02171. **The Policy Number is USO10097.**

Student Eligibility and Enrollment

All Loyola University New Orleans domestic students who are registered in 9 credit hours or more are eligible to enroll on a voluntary basis in the Student Accident and Sickness Insurance Plan. Students enrolled in the insurance plan must actively attend classes for at least the first 31 calendar days after the date for which coverage is purchased.

Online Enrollment Process

Students interested in purchasing the Voluntary Student Accident and Sickness Insurance Plan can do so by completing an online Enrollment Form at www.gallagherkoster.com/LOYNO. First time users will need to create a unique User Account identifying a USERNAME and PASSWORD of their choice, plus student's first and last name, the student's ID number and email address. The USERNAME and PASSWORD can be any combination of letters and/or numbers between 4 to 15 characters. Once the User Account is created, click on "Student Direct Pay Enroll."

For students enrolling in the fall or annual coverage, the enrollment deadline is October 5, 2012. If this deadline is not met, students will have to wait until the spring term in order to enroll. The enrollment deadline for students enrolling for the spring/summer term is February 15, 2013. If this deadline is not met, students interested in enrolling will have to wait until the next enrollment period.

Plan Costs and Period of Coverage

	New Student Annual	Academic Annual	New Student Fall Only	Academic Fall Only	Spring Summer
Coverage	6/15/12 - 6/14/13	8/15/12 - 6/14/13	6/15/12 - 1/1/13	8/15/12 - 1/1/13	1/2/13 - 6/14/13
Student	\$1,306	\$1,087	\$723	\$504	\$599
Spouse	\$3,536	\$2,938	\$1,945	\$1,347	\$1,607
Per Child	\$2,262	\$1,880	\$1,247	\$865	\$1,031

Dependent Eligibility and Enrollment

Eligible dependents of students enrolled in the Plan may participate on a voluntary basis. Dependents must be enrolled at the time of the Participant's enrollment or within 31 days of marriage or birth of the newborn. Please see the definition of "Eligible Dependents" on page 2. Dependent Eligibility expires concurrently with that of the Insured student.

It is the student's responsibility to enroll eligible dependents by the deadline each year. Dependents are not automatically re-enrolled. Previously enrolled dependents must be re-enrolled for coverage by September 14, 2012, in order to avoid a break in coverage.

Dependent coverage is available only:

- When the student is also insured under this plan. Students need to purchase coverage for their eligible dependent(s) at the same time of their initial plan enrollment, must purchase the same period of coverage as the student's period of coverage, and cannot exceed coverage purchased by the student. For example, a student enrolled for annual coverage cannot purchase dependent coverage for the spring semester unless a qualifying event, as defined below, occurs.
- When the Dependent Enrollment Form is received by the deadline stated on this form above.
- Students can add eligible dependent(s) if they experience one of the following qualifying events: (a) marriage (b) birth of a child, (c) divorce or (d) if the dependent is entering the country for the first time. If dependent enrollment meets one of these qualifying events, this Dependent Enrollment form, supporting documentation, and payment must be received by Gallagher Koster within 31 days of the qualifying event. If not received within 31 days of the qualifying event, the effective date of coverage will be the date this form and payment are received at Gallagher Koster. Once a dependent is enrolled, coverage cannot be terminated unless the student loses eligibility.

A newborn child, of an Insured, will be automatically covered for the first 31 days after birth. An adopted child or child placed with an Insured in anticipation of adoption will be automatically covered for 31 days from the date of placement.

An Insured will have the right to continue such coverage for the child beyond the first 31 days. To continue the coverage the Insured must, within the 31 days after the date of birth, adoption, or placement for adoption: a) Enroll such dependent; and b) Pay the required additional premium for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's birth, adoption, or placement for adoption.

To enroll a Dependent, the Insured student must complete and return the Dependent Enrollment Form, with additional payment, directly to Gallagher Koster within 31 days of the child's birth or marriage. To submit dependent information online, go to www.gallagherkoster.com/LOYNO, and click on "Dependent Enroll". Payment for Dependent coverage is in addition to the fee for your individual student coverage. Coverage is not effective until the start date shown in the Plan Costs and Period of Coverage section.

Policy Term

The insurance under the Loyola University New Orleans Student Accident and Sickness Coverage becomes effective on June 15, 2012. An Insured Person's coverage becomes effective on that date or the date that the application and full premium are received by the Company or Plan Administrator, whichever is later. The annual policy terminates June 14, 2013 or the end of the period for which premiums have been paid.

Premium Refund Policy

Any Insured Student withdrawing from the University 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 premium will be made. Insured Students withdrawing after 31 days will remain covered under the Plan for the full period for which premium has been paid and no refund will be made available. Premiums received by the Company are non-refundable except as specifically provided. 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 of premium upon written request.

Preferred Provider Network

The Loyola University New Orleans Student Accident and Sickness Insurance Plan provides access to hospitals and health care providers locally through the PPO Plus Preferred Provider Network 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 within Louisiana is to call the PPO Plus Network toll-free at 1-888-965-1180 or visit their website at www.ppoplus.com. To contact a Preferred Provider outside Louisiana call the First Health Network toll free at 888-685-7774 or visit their website at www.firstthehealth.com.

Student Health Center

All students are eligible to use Loyola University's Student Health Center located on the Loyola University New Orleans campus, located in the basement of the Danna Student Center. The telephone number is 504-865-3326.

Definitions

Accident means a specific unforeseen event, which happens while the Insured Person is covered under this Policy and which directly, and from no other cause, except terrorism, results in an Accident.

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

Complications of pregnancy means conditions, which require Hospital stays before the pregnancy ends, and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are: acute nephritis or nephrosis; and cardiac decompensation or missed abortion; and similar medical and surgical conditions of comparable severity; and non-elective caesarean section; and termination of an ectopic pregnancy; and spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.) Not included are: (a) false labor, occasional spotting or doctor prescribed rest during the period of pregnancy; (b) morning sickness; (c) hyperemesis gravidarum and preeclampsia; and (d) similar conditions not medically distinct from a difficult pregnancy.

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

Deductible means the amount of Expenses for covered services and supplies, which must be incurred by the Insured Person before specified benefits become payable.

Dependent or Eligible Dependent means the Insured's Spouse under age 70; or Child who: (a) Is under 26 years of age; and (b) Is not provided coverage as a named subscriber, insured, enrollee, or coverage person under any other group or individual health benefits plan, group health plan, church plan, or health benefits plan, or entitled to benefits under Title XVIII of the Social Security Act, Public Law 89-97, 42 U.S.C. section 1395 et seq.; or (c) A Child of any age who is medically certified by a Physician as having an intellectual disability or a physical disability and is dependent upon the Insured. "Spouse" means the lawful Spouse, under age 70 (unless otherwise stated in the Application), of an Insured. "Child" can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child. **Child** includes stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child. Dependent also includes the covered student's lawful spouse.

Doctor means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of residence of such practitioner, including chiropractors and podiatrists; (c) a certified nurse midwife while acting within the scope of that certification; (d) a certified nurse practitioner while acting within the scope of that certification and while working under the direct supervision of a physician; (e) a registered nurse certified as a nurse anesthetist while acting within the scope of that certification; (f) a licensed certified social worker-clinical while acting within the scope of that license and certification; (g) an optometrist; or (h) a psychologist.

Hospital means a facility which meets all of these tests: (a) it provides inpatient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located.

Hospital does not include a place run mainly: (a) for alcoholics or drug addicts; (b) as a convalescent home; (c) as a nursing or rest home; or (d) as a hospice facility.

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

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

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

Nurse means either a professional, licensed, graduate registered Nurse (R.N.) or a professional, licensed practical Nurse (L.P.N.). Nurse also includes a midwife who is certified as such by the American College of Nurse Midwives and licensed as a Registered Nurse (RN).

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

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

Sickness means sickness or disease which is the sole cause of the

Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

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

SCHEDULE OF BENEFITS

Maximum Benefit	\$75,000 Per Accident or Sickness	
Deductible	\$150 per policy Period (In-Network); (waived if seen at by SHC first) \$150 per policy Period (Out-of-Network)	
Coinsurance Preferred Providers	80% of Preferred Allowance or as noted below	
Coinsurance Out of Network	60% of Usual, Reasonable & Customary Expenses (URC) or as noted below	
The Preferred Provider Network for this plan is PPO Plus Network (Inside Louisiana) and First Health Network (Outside Louisiana). If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used. All benefit maximums are combined Preferred Provider and Out-of-Network, unless otherwise noted below. The benefits payable are as defined in and subject to all provisions of this policy and any endorsements thereto. Benefits will be paid up to the Maximum Benefit for each service as scheduled below.		
INPATIENT BENEFITS	Preferred Providers	Out-of-Network Providers
Hospital Room and Board Expense , When Your Accident or Sickness requires Hospital confinement, We will pay the Hospital room and board expense up to the semi-private rate.	80% of Preferred Allowance	60% of Usual, Reasonable & Customary (URC) Expenses/ \$1,500 Aggregate max per day
Intensive Care	Paid under Hospital Expense	
Routine Newborn Care , while Hospital Confined and routine nursery care provided immediately after birth. (4 days Hospital Confinement expense max)	Paid as any other Sickness	
Physiotherapy	80% of Preferred Allowance	60% of URC Expenses
Surgical Expense , When your Accident or Sickness requires surgery, We will pay the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 80th percentile. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.	80% of Preferred Allowance/ \$5,000 maximum	60% of URC Expenses/ \$3,500 maximum
Anesthetist Expense , If the surgery requires the services of an anesthetist who is not employed or retained by the Hospital in which the surgery is performed, We will pay the Expense.	25% of Surgery Allowance	
Registered Nurse's Services	80% of Preferred Allowance	60% of URC Expenses
In-Hospital Physician's Fees Expense , (non-surgical visit) If, while confined to a Hospital, Your Accident or Sickness requires the services of a Physician, We will pay the Expenses for such services limited to one visit per day.	80% of Preferred Allowance	60% of URC Expenses
Assistant Surgeon , If the surgery requires the services of an assistant surgeon, We will pay the Expense.	No Benefits	
Pre-Admission Testing , payable within 3 working days prior to admission.	80% of Preferred Allowance	60% of URC Expenses
Psychotherapy , Psychiatric Hospitals are not covered. Benefits are limited to one visit per day.	Paid as any other Sickness	
OUTPATIENT EXPENSE BENEFITS		
Surgical Expense , When your Accident or Sickness requires surgery, We will pay the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 80th percentile. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.	80% of Preferred Allowance/ \$5,000 maximum	60% of URC Expenses/ \$3,500 maximum

SCHEDULE OF BENEFITS (CON'T)

OUTPATIENT EXPENSE BENEFITS (Con't)	Preferred Providers	Out-of-Network Providers
Outpatient Hospital Services for Surgery Expense , We will pay the Expenses incurred by You as an outpatient for day surgery for services provided by a Hospital ambulatory surgical center or ambulatory medical center, We will pay for anesthesia, Operating room, laboratory tests, x-rays, oxygen, drugs, medicines, dressings and other Medically Necessary Expenses.	80% of Preferred Allowance	60% of URC Expenses/ \$1,500 maximum
Assistant Surgeon , Covered Medical Expenses for the charges of an assistant surgeon during a surgical procedure	No Benefits	
Anesthetist Expense , If the surgery requires the services of an anesthetist who is not employed or retained by the Hospital in which the surgery is performed, We will pay the Expense.	25% of Surgery Allowance	
Physician's Fees Expense , benefits are limited to one visit per day and do not apply when related to surgery.	80% of Preferred Allowance	60% of URC Expenses
Physiotherapy , benefits are limited to one visit per day.	Paid under Physician's Visits	
Medical Emergency Expenses . Use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. \$1,000 maximum benefit if not admitted.	80% of Preferred Allowance	60% of URC Expenses
X-Ray and Laboratory : Covered Medical Expenses for diagnostic x-ray and laboratory services, \$800 maximum	80% of Preferred Allowance	60% of URC Expenses
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays & lab procedures.	80% of Preferred Allowance	60% of URC Expenses
Radiation Therapy & Chemotherapy	80% of Preferred Allowance	60% of URC Expenses
Injections	No Benefits	
Prescription Drug Benefit : (Within policy maximum). Prescription Drug Benefit must be associated with a covered Sickness or covered Accident which occurs during the Policy year \$15 Deductible per prescription / \$1,000 maximum Per Policy Year	80% of R&C Expenses	80% of URC Expenses
MENTAL HEALTH EXPENSE BENEFITS		
Inpatient Psychotherapy Psychiatric Hospitals are not covered. Benefits are limited to one visit per day.	80% of Preferred Allowance	60% of URC Expenses
Inpatient Severe Mental Illness Benefits will be limited to forty five (45) inpatient days per policy year.	80% of Preferred Allowance	60% of URC Expenses
Outpatient Psychotherapy \$75 maximum per day / 10 visit maximum Per Policy Year. Benefits are limited to one visit per day.	80% of Preferred Allowance	60% of URC Expenses
Outpatient Severe Mental Illness Benefits will be limited to fifty two (52) visits per policy year.	80% of Preferred Allowance	60% of URC Expenses
OTHER		
Ambulance Services , \$500 maximum per Accident or Sickness	80% of Preferred Allowance	80% of URC Expenses
Durable Medical Equipment , \$700 maximum	80% of Preferred Allowance	80% of URC Expenses
Consultant Physician Fees	80% of Preferred Allowance	60% of URC Expenses
Dental Treatment , made necessary by Injury to Natural Teeth	80% of R&C Expenses	80% of URC Expenses
Alcoholism/Drug Abuse , \$500 maximum per Accident or Sickness	80% of Preferred Allowance	60% of URC Expenses
Maternity/Complications of Pregnancy	80% of Preferred Allowance	60% of URC Expenses
Elective Abortion	No Benefits	
Intercollegiate Sports	No Benefits	
Routine STD Testing , includes on annual screening for Chlamydia, Gonorrhea, Syphilis, HPV, Hepatitis, Herpes and HIV	80% of Preferred Allowance	60% of URC Expenses

Prescription Drug Benefit

Prescription drugs are covered up to \$1,000 after a \$15 deductible per prescription has been met. Students will need to initially pay for a prescription and send in their receipts with a Prescription Drug Reimbursement form. This form can be found by visiting www.gallagherkoster.com/LOYNO and clicking on the "Claims Company" link or by calling Gallagher Koster at 1-877-320-4347.

Gallagher Koster is pleased to offer the Gallagher Koster Prescription Savings Card for students who do not have any other prescription drug coverage or have gaps in coverage. This program provides prescription discounts at over 5,100 Rite Aid Pharmacies located in 31 states. While the amount of the prescription discount varies by the actual medication and quantity dispensed, the savings are often between 20% and 30%, with the greatest saving being on generic medications. To find the nearest Rite Aid Pharmacy, please go to www.riteaidhealthsolutions.com and access 'FIND A PHARMACY' at the top of the page. Please note that this is NOT an insurance program. To take advantage of these immediate savings, a Gallagher Koster Prescription Savings Card can be printed by visiting www.gallagherkoster.com/LOYNO, and selecting the 'Discounts and Wellness' link.

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 United States Fire Insurance Company. More information is available at www.gallagherkoster.com/LOYNO under the "Discounts and Wellness" link.

EyeMed Vision Care

The discount vision plan is available through EyeMed Vision Care. EyeMed's provider network offers access to over 45,000 independent providers and retail stores nationwide, including LensCrafters, Sears Optical, Target Optical, JC Penney Optical, and most Pearle Vision locations. You will receive a separate EyeMed ID card. There is no waiting period; you can take advantage of the savings immediately upon receipt of your EyeMed ID card. You can purchase prescription eyeglasses, conventional contact lenses or even non-prescription sunglasses at savings between 15% and 45% off regular retail pricing. In addition, you can receive discounts from 5% to 15% off laser correction surgery at some of the nation's most highly qualified laser correction surgeons. You can call 1-866-8EYEMED 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 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 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. 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/LOYNO.

Fairmont Specialty Travel Assist Plan

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

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

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

For Assistance call:

In the U.S., toll free - 1-866-509-7715

Worldwide, collect - 1-603-328-1728

Additional Benefits

Benefits are payable subject to the Policy limitations for the following additional benefits: medical and low protein food; pap smear; temporomandibular joint dysfunction; mammography screening; home health care; reconstructive breast surgery incident to a mastectomy; osteoporosis prevention screening; prostate cancer screening; colorectal cancer screening; diabetes expense; patient care cost in medical clinical trials; general anesthesia for dental care for certain insureds; chlamydia

screening; home visit expense following a mastectomy or orchiectomy; breast prosthesis following a mastectomy; hair prosthesis due to cancer treatment; in vitro fertilization; morbid obesity; child hearing aids; child wellness; child habilitative services; and nicotine replacement therapy drugs.

Benefits for the Treatment of Attention Deficit Hyperactivity Disorder

Benefits will be payable for diagnosis and treatment for attention deficit/hyperactivity disorder (ADHD) when rendered or prescribed by a Physician. Benefits provided for an initial diagnosis shall not exceed \$600. Services rendered on an outpatient basis shall not exceed \$50 per visit. Total benefits shall be limited to \$10,000 during a person's lifetime and shall not exceed twenty-five hundred dollars (\$2,500) in any policy year.

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

Excess Policy Provision

This Plan is subject to the Excess Policy provision outlined in the Master Policy. For a complete description, please see the Master Policy.

Pre-Existing Conditions Limitation

"Pre-Existing Condition" relates to a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care, or treatment was recommended or received within the six (12) month period ending on the Effective Date of the Insured Person's coverage under this Policy. The Pre-Existing Condition Waiting Period is twelve (12) months. If an Insured Person receives treatment or service for a Pre-Existing Condition: (1) We will not pay benefits for such condition until the day after a twelve (12) consecutive month period has passed from the Insured Student's effective date, and (b) We will pay only for Loss or expense incurred after such twelve (12) consecutive month period. Payment will be in accord with the provisions of this Policy. If the Insured Person has a lapse in coverage of more than sixty-three (63) days, the Pre-Existing Condition Waiting Period will have to be satisfied again.

If the Insured Person has a lapse in coverage of sixty-three (63) days or less, the Pre-Existing Condition Waiting Period shall be reduced by the portion already satisfied by the Insured Person prior to such lapse.

Credit will be given for the time an Insured Person was covered under Continuous Insurance.

Continuously Insured

This Plan may be replacing a Prior Plan with another insurer. Prior Plan means (a) the Student Health Insurance policy or policies issued to the Loyola University New Orleans immediately before the current Plan; and (b) other policies providing Creditable Coverage as defined in this Plan. Accident or Sickness shall include an Accident sustained, or a Sickness first manifesting itself, while the Insured Person is continuously insured under the Prior Plan and became insured under this Plan without a break in coverage. But no benefits shall be payable for such Accident 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 Plan. Also, the total amount of benefits payable for Accident or Sickness under this Plan and the Prior Plan cannot exceed the Per Condition Aggregate Maximum.

Exclusions and Limitations

No benefits will be paid for loss or expense caused by or resulting from:

1. Acne; acupuncture; allergy, including allergy testing;
2. Assistant Surgeon Fees;
3. Hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation;
4. Biofeedback;
5. Chronic pain disorders;
6. Circumcision;
7. Congenital conditions, except as provided for in Benefits for Treatment of Cleft Lip and Cleft Palate; except as specifically provided for Newborn or adopted Infants;
8. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children;
9. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
10. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
11. Elective Surgery or Elective Treatment;
12. Elective abortion;
13. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
14. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
15. Health spa or similar facilities; strengthening programs;
16. Hearing examinations or hearing aids, except as specifically provided in Benefits for Child Hearing Aid Coverage; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
17. Hirsutism; alopecia;
18. Hypnosis;
19. Immunizations; except as specifically provided in the policy or except as specifically provided for in Benefits for Childhood Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
20. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
21. Injury sustained while (a) participating in any intercollegiate or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
22. Investigational services;
23. Lipectomy;
24. Organ transplants, including organ donation;

25. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
 26. Pre-Existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months; The Pre-Existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy;
 27. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy;
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
 - b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use;
 - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - d) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs, except as specifically provided in the policy under Benefits for Clinical Trial for Cancer Treatment;
 - e) Products used for cosmetic purposes;
 - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - g) Anorectics - drugs used for the purpose of weight control;
 - h) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - i) Growth hormones; or
 - j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
 28. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
 29. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study;
 30. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
 31. Routine physical examinations and routine testing; screening exams or testing in the absence of Injury or Sickness; except as provided for in Benefits for Mammography, Benefits for Pap Smear, Benefits for Osteoporosis Screening, Benefits for Detection of Prostate Cancer, and Benefits for Routine Colorectal Cancer Screening; or except as specifically provided in the policy;
 32. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
 33. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;
 34. Sleep disorders;
 35. Speech therapy; naturopathic services;
 36. Supplies, except as specifically provided in the policy;
 37. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
 38. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
 39. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
 40. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, except as specifically provided in the policy.
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Claims Procedures

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

1. A claim form is not required to submit a claim. However, an itemized medical bill, HCFA 1500, or UB-92 form should be used to submit expenses. The Insured Student/Person's name and identification number need to be included.
 2. The form(s) should be mailed within 90 days from the date of Accident 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.
 3. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator, Klais & Company, Inc.
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Right to Appeal

An Insured Person has a right to file an appeal or grievance on any coverage decision or adverse decision rendered while insured under this policy. An Insured Person may contact our Claim Administrator, Klais and Company at 877-349-9017. Klais and Company will address concerns and attempt to resolve them satisfactorily. If Klais and Company is unable to resolve a concern over the phone, they will request submission of the concern in writing to pursue a formal appeal.

Right to Recovery

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on medical necessity.

Privacy Statement

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling us toll-free at 877-320-4347 or by visiting us at www.Klais.com.

Questions? Need More Information?

For general information on benefits, how to enroll, student ID cards, or service issues:

Gallagher Koster

500 Victory Road

Quincy, MA 02171

1-877-320-4347 or 1-617-769-6085

Email: loyolastudent@gallagherkoster.com or

www.gallagherkoster.com/LOYNO

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

1-877-349-9017

Email: Klaisclaims@klais.com or

To review claims online, go to www.klais.com and register StatusLink

This plan is underwritten by:

United States Fire Insurance Company By Fairmont Specialty

A Part of Crum & Forster Group

Policy Number USO10097

Master policy is based on form # AH27261-LA

Please keep this Certificate as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this certificate. The Master Policy is the contract and will govern and control the payment of benefits. This certificate is based on the Master Policy