TRINE
UNIVERSITY

Student Accident and Sickness Insurance Plan

designed for

Trine University 2013-2014

Policy Number: CLSP0050-13
Angola, IN

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Your student health insurance coverage, offered by Companion Life Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are $1.25 million for policy years before September 23, 2012; and $2 million for policy years beginning on or after September 21, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are $100,000 for policy years before September 23, 2012, $500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage put an annual limit of $500,000 that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified. If you have any questions or concerns about this notice, contact Customer Service at (877) 320-4347. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

The Student Accident and Sickness Insurance Plan

This brochure describes the insurance coverage under the Student Accident and Sickness Insurance Plan available to Insured Students at Trine University.

This Plan is underwritten by Companion Life Insurance Company. The exact provisions governing this Student Accident and Sickness Insurance Plan are contained in the Master Policy issued to the University.

Student Eligibility and Enrollment

All registered, full-time, main campus, domestic and international students will be automatically enrolled in and billed for the Student Accident and Sickness Insurance Plan. The premium for coverage is added to their Student Account unless proof of comparable coverage is furnished through an online waiver at www.gallagherkoster.com/trine.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet, and television (TV) courses do not fulfill the eligibility requirements that the student actively attend classes.

International students can waive the student accident and sickness coverage only if they are covered by a U.S. based insurance carrier.

Online Enrollment/Waiver Process

Students can elect to either enroll in the Student Accident and Sickness Insurance Plan or waive the Student Accident and Sickness Insurance plan if they can document proof of comparable coverage from another health insurance plan that will be in effect until August 1, 2014. Recognizing that health insurance coverage may change, at the beginning of each academic year students will be asked to notify the University of their Insurance Selection. To document proof of comparable coverage, students need to complete the Online Waiver Form and submit it by the deadline.

To Enroll or Waive:

1. gallagherkoster.com/trine.
2. Click on "Student Waive/Enroll" and create your own unique username and password.
3. Click the Red "I want to Waive" or Green "I want to Enroll" button. If you are waiving the insurance, please have your current health insurance ID card ready as you will need this information in order to complete the form.

Immediately upon submitting the online Waiver or Enrollment Form, you will be asked to review your information and click "Submit". Immediately upon submitting your online form you will receive a confirmation number confirming that the Online Waiver Form has been submitted. The Online Waiver process is the only accepted process for making your insurance selection.

Waiver Deadline

The deadline for domestic students to complete the Online Waiver Form for Annual coverage is August 2, 2013 and the deadline for students newly enrolled for the Spring Semester is January 31, 2014. Students who waive the Student Accident and Sickness Insurance Plan in the Fall, waive coverage for the entire policy year.

Students who do not submit the Online Waiver Form by the deadline will remain enrolled in the Student Accident and Sickness Insurance Plan and the fee will remain on their Student Account.

In the event that you waive the Student Accident and Sickness Insurance Plan and then lose your current 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 31 days, the effective date of coverage will be the date that the petition is received at Gallagher Koster. If the petition is approved, the premium will not be prorated. **If it is later determined that a student waived coverage with a plan that was not comparable to the Student Accident and Sickness Insurance Plan, that student will be automatically enrolled in the student insurance plan, effective the date that the determination was made and there will be no pro-rata of premium.**

Plan Costs and Periods of Coverage

	Annual	Fall	Spring
	8/1/2013 - 7/31/2014	8/1/2012 - 1/30/2014	1/31/2014 - 7/31/2014
Student Only	$1,410	$705	$705
Spouse Only	$2,479	$1,215	$1,264
Each Child	$1,910	$932	$979

Dependent Eligibility and Enrollment

Eligible students who enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 26 years of age who are chiefly dependent on the insured for support.

Dependent eligibility expires concurrently with that of the Insured student. Students enrolled in the Student Accident and Sickness Insurance Plan may also enroll their dependent(s) as defined. "Dependent" means: 1) an Insured's lawful spouse; or 2) under 26 years of age who who are chiefly dependent on the insured for support.

Dependent eligibility expires concurrently with that of the Insured student. A "child", includes an Insured's: 1) natural child; 2) stepchild; and 3) adopted child, beginning with any waiting period pending finalization of the child's adoption. Coverage will continue for an unmarried child 26 years of age chiefly supported by his or her parent or dependent on other care providers and incapable of self-sustaining employment by reason of a handicapped condition that occurred before the attainment of the limiting age. Proof of the child's condition and dependence will be requested by Us within 2 months prior to the date the child will cease to qualify as a child as defined above. Such proof must be submitted to Us within 31 days from the date of the request . We may, at reasonable intervals thereafter, require proof of the continuation of such condition and dependence. If proof is not submitted within the 31 days following any such request, coverage for the Dependent will terminate.

The term "spouse" also includes your domestic partner. You and your domestic partner must submit a complete domestic partner affidavit and meet the following criteria to qualify your domestic partner for insurance under this group policy. For at least six consecutive months prior to the effective date of your domestic partner insurance, you and your domestic partner: 1. are and have been each other's sole domestic partner, and have maintained the same principal place of residence and intend to do so indefinitely; 2. are both at least 18 years of age; 3. are not married or related by blood; and 4. are jointly responsible for each other's welfare and financial obligations.

The term also includes the child of your domestic partner. Any such child must be unmarried under 26 years of who are chiefly dependent on the insured for support. Dependent eligibility expires concurrently with that of the Insured student. To continue the child's dependent

benefits past the first 31 days, the Insured Student must complete an Online Dependent Enrollment Form and submit it and any applicable premium to Gallagher Koster within 31 days of the child's birth or date of placement for adoption.. To submit an online Dependent Enrollment Form, go to gallagherkoster.com/trine and click on "Dependent Enroll". Payment for the Dependent coverage is in addition to the fee for your individual student coverage.

Policy Term

The Trine University Student Accident and Sickness Insurance Plan is effective on August 1, 2013. An eligible student's coverage becomes effective on that date or the date the application and full premium are received by the University or Gallagher Koster, whichever is later. The Policy terminates on August 14, 2014 or at the end of the period through which the premiums are paid, whichever is earlier. The insurance for the Spring Semester is effective on January 31, 2014 or the date the application and full premium are received by the University or Gallagher Koster, whichever is later and terminates on August 14, 2013 whichever is earlier.

Premium Refund Policy

Except for a withdrawal due to an Accident or Sickness, any Insured Student withdrawing from the College 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. Insured 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 is true for students on leave for medical or academic reasons, graduating students, and students electing to enroll in a separate comparable plan during the policy year. Premiums received by the Company are fully earned upon receipt and 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 refund of premium upon written request.

Gallagher Koster Complements

Exclusively from Gallagher Koster, enrolled students have access to the following menu of products at no additional cost. More information is available at gallagherkoster.com/trine 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 a savings of 15% to 45% off regular retail pricing. In addition, you can receive discounts from 5% to 15% off laser correction surgery at some of the nation's most highly qualified laser correction surgeons. You can call 1-866-8EYEMED or go online to www.eyemedvisioncare.com and choose the Access network from the drop down network option.

Basix Dental Savings

Maintaining good health extends to taking care of your teeth, gums and mouth. The Basix Dental Savings Program provides a wide range of dental services. It is important to understand the ***Dental Savings Program is not dental insurance***. Basix contracts with dentists that agree to charge a negotiated fee to students covered under your Gallagher Koster plan. You must pay for the services received at the time of service to receive the negotiated rate.

Savings vary but can be as high as 50% depending upon the type of service received and the contracted dentist providing the service. To use the program, simply:

- Make an appointment with a contracted dentist. Contracted dentists and their fee schedules are listed on our website, www.basixstudent.com.
- Tell the dental office that you are an insured student and have 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 dieticians and certified fitness instructors to help teach and reinforce mainstream ideas about diet, nutrition, fitness and general wellness.

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

CampusFit is available at no cost to students. To access CampusFit, go to gallagherkoster.com/trine. This plan is not underwritten by Companion Life Insurance.

Network Providers

The Trine University Student Insurance Plan provides access to hospitals and health care providers locally through the Signature Care (within the state of Indiana) and across the country through the First Health Network (outside the state of Indiana).

You are not required to use a Network Provider. However, the advantage to using a Network Provider is that Network Providers have agreed to accept as payment for their services a negotiated fee or Preferred Allowance. Non-Network Providers have not agreed to a Preferred Allowance and consequently your out-of-pocket costs may be greater. Students should be aware that Network Hospitals may be staffed with Non-Network Providers. Receiving services or care from a Non-Network Provider at a Network Hospital means that those charges will not be paid at the Network Provider level of benefits.

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 Signature Care toll-free 800-666-4449 x 39100 (while in the state of Indiana) or First Health toll-free at 800-226-5116 (outside the state of Indiana) or visit their websites at www.signaturecareppo.com or www.firsthealth.com.

Prescription Drug Program

The outpatient prescription drug benefit is available through the Express Scripts Pharmacy Network. The Express Scripts Pharmacy Network includes national pharmacy chains, CVS, Walgreens, Brooks and local pharmacies. After a per prescription copayment of $15.00 for a 30 day supply of a generic drug, a per prescription copayment of $30.00 for a 30 day supply of a brand name drug, and a per prescription copayment of $50.00 for a 30 day supply of a non-formulary drug, up to the policy year maximum. Insured Persons will be given an ID card to show to the pharmacy as proof of coverage. If a prescription needs to be filled prior to receiving 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 Express Scripts Pharmacies is available by calling 1-800-711-0917 or by viewing www.ExpressScripts.com. Not all medications are covered (See Exclusion Section). Prescriptions are also available through a Mail Service Program. Through the Mail Service Program you will pay the cost of a 60-day supply for a 90-day supply of your prescription drug. Click on "Pharmacy Program" at gallagherkoster.com/trine to learn the details of the pharmacy program, including the Mail Service Program. Students who take maintenance drugs are encouraged to use the Mail Service Program to be able to receive the maximum benefit available.

Extension of Benefits after Termination

The coverage provided under this policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

Emergency Medical Evacuation Expense Benefit

This benefit is available to students insured under this Plan. We will pay for benefits for the Covered Expenses incurred, up to $100,000 if any Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person. Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate Transportation from the place where the Insured Person is injured or ill to the nearest Hospital or home residence where appropriate medical treatment can be obtained; orb) for International Students after being treated at a local Hospital; the Insured Person's medical condition warrants Transportation to his/her Home Country to obtain further medical treatment to recover. All Transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical conveyance; and (b) approved in advance by the Company (On Call International). Expenses for special transportation must be: (a) recommended by the attending Physician; or (b) required by the standard regulations of the conveyance transporting the Insured Person. Special transportation includes, but is not limited to: air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending Physician.

Repatriation of Remains Expense Benefit

This benefit applies to Students insured under this Plan. In the event of the death of an Insured Person, We will pay the actual charges for preparation and transportation of the Insured Person's remains to her home country up to a combined maximum $50,000 with any Medical Evacuation covered expenses. This will be in accord with all legal requirements in effect at the time the bodily remains are to be returned to his/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 (On Call International).

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 through On Call International. 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 or
www.oncallinternational.com.

24-hour Nurse Advice Line

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

Definitions

Accident means a specific unforeseen event, which happens while You are covered under this Policy and which directly, and from no other cause, results in an Injury.

Coinsurance means the percentage of Reasonable and Customary Expenses for which You are responsible for a covered service. **Copayment** means the specified dollar amount that You must pay for specified charges. The copayment is separate from and not a part of the Deductible or Coinsurance.

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

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

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

1) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;

2) Serious impairment to bodily functions; or

3) Serious dysfunction of any bodily organ or part.

Pre-Existing Condition means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the six months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the six months immediately prior to the Insured's Effective Date under the policy.

Usual and Customary Charges means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder locality where service is rendered. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

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.

Accidental Death & Dismemberment Benefits

Accidental Death and Dismemberment Insurance covers You for a Loss as shown below. The Loss must result from an Accident, directly and independently of all other causes. The Accident must take place while You are insured under the policy. Also, the Loss must take place within 52 weeks after the Accident.

The following table shows the amounts We will pay:

For the Loss of	Amount
Life	$10,000
Both hands or both feet or sight of both eyes	$10,000
One hand and one foot	$10,000
One hand and sight of one eye	$10,000
One foot and sight of one eye	$10,000
One hand or one foot or sight of one eye	$5,000

The most We will pay for all Losses to an Insured as the result of one Accident is $10,000. Loss to hands and feet means severance at or above the wrist orankle joints. Loss of sight means total and irrecoverable loss of sight.

Schedule of Benefits

Maximum Benefit	$500,000 Per Policy Year	
Deductible Per Insured Person Per Policy Year *(waived if referred by the Student Health Center.)* **The Policy Year (PY) Deductible applies unless otherwise noted**	$150 for In-Network Providers	$250 Out-of-Network Providers
Out of Pocket Maximum	$6,250 per Insured Per Policy Year	
Inpatient	**In-Network**	**Out-of-Network**
Room & Board, limited to semi-private room	80% of Preferred Allowance	60% of Usual & Customary
Intensive Care	80% of Preferred Allowance	60% of Usual & Customary
Hospital Miscellaneous	80% of Preferred Allowance	60% of Usual & Customary
Routine Newborn Care	80% of Preferred Allowance	60% of Usual & Customary
Physiotherapy	80% of Preferred Allowance	60% of Usual & Customary
Surgery	80% of Preferred Allowance	60% of Usual & Customary
Assistant Surgeon	80% of Preferred Allowance	60% of Usual & Customary
Anesthetist	80% of Preferred Allowance	60% of Usual & Customary
Registered Nurse's Services	80% of Preferred Allowance	60% of Usual & Customary
Physician's Visits, limited to one visit and does not apply when related to surgery	80% of Preferred Allowance	60% of Usual & Customary

Schedule of Benefits (Con't)

Inpatient (Con't)	**In-Network**	**Out-of-Network**
Pre-admission Testing	80% of Preferred Allowance	60% of Usual & Customary
Psychotherapy	80% of Preferred Allowance	60% of Usual & Customary
Substance Abuse	80% of Preferred Allowance	60% of Usual & Customary
Outpatient	**In-Network**	**Out-of-Network**
Surgery	80% of Preferred Allowance	60% of Usual & Customary
Day Surgery Miscellaneous	80% of Preferred Allowance	60% of Usual & Customary
Assistant Surgeon	80% of Preferred Allowance	60% of Usual & Customary
Anesthetist	80% of Preferred Allowance	60% of Usual & Customary
Emergency Room (If the Covered Medical Expense is incurred Out-Of-Network due to a Medical Emergency, benefits will be paid at In-Network level of benefits.)	80% of Preferred Allowance; $150 Copay, waived if admitted (PY deductible does not apply)	60% of Usual and Customary; $150 Copay, waived if admitted (PY deductible does not apply)
Urgent Care (If the Covered Medical Expense is incurred Out-Of-Network due to a Medical Emergency, benefits will be paid at In-Network level of benefits.)	After $50 Copay, 80% of Preferred Allowance; (PY deductible does not apply)	After $50 Deductible, 60% of Usual and Customary; (PY deductible does not apply)
Physician (Primary) Visits	After $25 Copay, 100% of Preferred Allowance; (PY deductible does not apply)	60% of Usual and Customary
Specialist/Consultant Visits	After $40 Copay, 100% of Preferred Allowance; (PY deductible does not apply)	60% of Usual and Customary
X-rays & Laboratory	80% of Preferred Allowance	60% of Usual & Customary
Radiation Therapy & Chemotherapy	80% of Preferred Allowance	60% of Usual & Customary
Tests & Procedures	80% of Preferred Allowance	60% of Usual & Customary
Injections	80% of Preferred Allowance	60% of Usual & Customary
Physiotherapy	After $25 Copay, 80% of Preferred Allowance	After $25 Copay, 60% of Usual & Customary
Psychotherapy	After $25 Copay, 100% of Preferred Allowance (PY deductible does not apply)	60% of Usual and Customary
Substance Abuse	After $25 Copay, 100% of Preferred Allowance; (PY deductible does not apply)	60% of Usual and Customary
Prescription Drugs, 30 day supply. Prescriptions must be filled at a ExpressScripts participating pharmacy	$ 15 for Generic drugs, $30 for Brand Name drugs, $ 50 for Non-Formulary Drug	
Other	**In-Network**	**Out-of-Network**
Ambulance Services	80% of Preferred Allowance	80% of Usual and Customary
Durable Medical Equipment	80% of Preferred Allowance	60% of Usual and Customary
Dental Treatment, $500 Maximum per Accident (Injury to Sound, Natural Teeth only)	80% of Preferred Allowance	60% of Usual and Customary
Maternity/Complications of Pregnancy	80% of Preferred Allowance	60% of Usual and Customary
Preventive Services **Includes preventive services such as screenings, exams, and immunizations as specified by the Patient Protection and Affordable Care Act (PPACA). For more information visit: http://www.healthcare.gov/prevention/index.html**	100% of Preferred Allowance, no Deductible or Copay	60% of Usual and Customary $400 Maximum Benefit per Policy Year
Intercollegiate Sports	100% of U&C up to $10,000 Lifetime Maximum for each Injury	
Intramural & Club Sports	Paid as any other Injury	Paid as any other Injury
Hospice Care	80% of Preferred Allowance	60% of Usual and Customary
Skilled Nursing	80% of Preferred Allowance	60% of Usual and Customary

IMPORTANT NOTE ABOUT YOUR BENEFITS

Should state law and/or federal law require certain benefits to be included in the Master Policy that are not included in this brochure, such benefits shall be deemed to be included in this brochure to the extent necessary to satisfy the minimum requirements of such law. For more information about your benefits, please read the Summary of Benefits and Coverages available at www.gallagherkoster.com/Trine and the Glossary of Terms available at www.cciio.cms.gov, or you may request a copy by calling (877) 320-4347.

State Mandated Benefits

The state mandated benefits for Trine University are as follow: Breast Reconstruction after Mastectomy Expense, Colorectal Cancer Screening Expense, Diabetes Expense, Mammography Expense, Maternity Expense, Newborn Coverage, Pervasive Development Disorder Expense and Prostate Cancer Screening Expense.

Intercollegiate Sports

$10,000 Maximum Benefit (For Each Injury)

All Trine University student athletes who are members of the intercollegiate athletic teams sponsored by the Policyholder are covered for sports injury. Benefits will be paid for 100% of the usual and Customary Charges incurred under the Schedule of Benefits for intercollegiate sports Injury up to $10,000 for each Injury.

Pre-Existing Condition Limitation

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 6 months. This limitation will not apply to pregnancy or coverage provided to newborn or adopted children. This limitation also does not apply to an insured under the age of 19 years.

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 6 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.

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.

Exclusions and Limitations

This Plan does not cover nor provide benefits for:

1. Services normally provided without charge by the Policyholder's student health service center, infirmary, or Hospital, or by Health Care Providers employed by the Policyholder;
2. Pre-existing Conditions as defined in this Policy;
3. 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;
4. Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports, and professional sports, unless as specifically provided;
5. Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, reconstructive surgery following a mastectomy as provided for in the B*reast Reconstruction* E*xpense* B*enefi* and reconstructive surgery because of congenital disease or anomaly of a covered Dependent newborn child which has resulted in a functional defect or to the extent specifically covered under this Policy;
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. Correction of congenital defects except as specifically provided;
8. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
9. 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;
10. Medical services that are not Medically Necessary or that do not conform with medical standards of practice within the community. Also services and supplies in connection with Experimental or Investigational Care for the terminally ill;
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. Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage;
14. For services or supplies rendered by a close relative of the Insured Person. By "close relative" We mean an Insured Person's spouse, children, parents, brothers and sisters;
15. Expenses incurred in connection with family planning, the enhancement of fertility, fertility tests, correction of infertility, in-vitro fertilization, artificial insemination, and services or supplies for inducing conception;

16. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity;
17. 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;
18. Routine periodical physical examinations and routine chest x-rays, except as specifically provided;
19. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
20. Elective Treatment or elective surgery, except as specifically provided;
21. Services not Medically Necessary;
22. 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 es-tablished route;
23. Expense incurred for: tubal ligation; vasectomy; breast implants; breast reduction; sexual reassignment surgery; impotence (organic or otherwise); non-cystic acne; non-prescription birth control; submucus resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism;
24. 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;
25. Alternative health care, including (but not limited to) acupuncture, except as specifically provided, acupressure, biofeedback, reflexology, and rolfing type services;
26. Hearing aids, including exams for fitting, except as required to correct damage caused by an Injury which occurs while the patient is covered by this Plan, provided they are obtained within four months of the date of the Injury.

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.

Coordination of Benefits

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

Inquiry and Grievance Procedures

If a claim is wholly or partially denied, a written notice or a message on the Explanation of Benefits (EOB) will be sent to the Insured Person containing the reason for the denial. The notice or message will include a reference to the provision in the Plan and a description of any additional information, which might be necessary for reconsideration of the claim.

If an Insured Person or the Insured Person's provider would like additional information or has any complaints concerning the basis upon which payment was made, they may contact Us or Our Third Party Administrator ("TPA") at 1-877-349-9017. The TPA will address concerns and attempt to resolve them satisfactorily. If the TPA is unable to resolve a concern over the phone, it will request submission of the concern in writing to pursue a formal appeal.

A formal appeal must be submitted, in writing to Us or Our Administrator at the following address:

Companion Life Insurance Company
c/o HealthSmart known as Klais & Company, Inc.
1867 West Market Street
Akron, OH 44313-6977

A formal appeal should include:

- The Insured Person's name, security number, and home address;
- policy number; and
- any other information, documentation, or evidence to support the appeal.

A formal appeal must be submitted within sixty (60) days of the event that resulted in the complaint. The TPA will acknowledge a formal appeal within ten (10) working days of its receipt or within seventy-two (72) hours if the appeal involves a life-threatening situation. A decision will be sent to the Insured Person in writing within thirty (30) days following receipt of the formal appeal. If there are extraordinary circumstances requiring a more extensive review, the TPA may take up to an additional sixty (60) days to review the formal appeal before rendering a decision.

Claims Procedures

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

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

Any provisions of this Policy, which on its effective date, is in conflict with the statutes of the state in which the Policy is issued will be administered to conform with the requirements of the state statutes.

HIPAA Notice of Privacy Practices for Personal Health Information

Under HIPAA's Privacy Rule, We are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with your enrollment materials. If, at anytime, you wish to request a copy of Companion Life Insurance Company's Privacy Notice, write to Companion Life Insurance Company, P.O. Box 100102, Columbia, SC 29202-3102. To view it online, go to http://www.companionlife.com/privacypractices.aspx.

Questions? Need More Information?

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

Gallagher Koster
500 Victory Road
Quincy, MA 02171
(877) 320-4347
Email: TrineStudent@gallagherkoster.com or
www.gallagherkoster.com/Trine

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

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

HealthSmart known as Klais and Company, Inc.,
Internal #:
1867 West Market Street
Akron, OH 44313-6977
1-877-349-9017
Email: KlaisClaims@klais.com
To review claims online, go to www.klais.com and register for StatusLink

CLAIM INFORMATION RECEIVED REGARDING MEDICAL TREATMENT IS STRICTLY CONFIDENTIAL

This Policy is Underwritten by:
Companion Life Insurance Company
Policy Number: CLSP0050-13

A Master Policy is available for review at the Trine University Business Office. In the event of any conflict between this description of services provided and the Policy, the Master Policy will govern.